DARWEN ST JAMES

Nurturing Ambition
Through a Living Faith

Medical Policy

School Ethos & Vision

Mission Statement: Nurturing ambition through a living faith.

Vision Statement: Our academy delivers a purposeful curriculum through its living Christian faith. We nurture ambition in all of our learners in order for them to become positive citizens of tomorrow.

Bible Verse: *"Let us not love with words or speech alone, but with actions and truth."* — 1 John 3:18

Policy Statement

Under Section 100 of the **Children and Families Act 2014**, the staff and Local Governing Committee (LGC) of Darwen St James' C of E Primary Academy are fully committed to providing an inclusive environment that supports pupils with medical conditions. We aim to ensure that children with medical needs enjoy full access to education, including school trips and physical education, and that their attendance is supported effectively. No child with a medical condition will be denied admission or prevented from accessing education due to lack of support.

1. Statutory Framework & National Guidance

This policy complies with all relevant legislation and statutory guidance, including:

- Section 100 of the **Children and Families Act 2014** (Duty to support pupils with medical conditions)
- DfE Statutory Guidance: **Supporting Pupils at School with Medical Conditions**

- DfE Guidance: **Guidance on the Use of Adrenaline Auto-Injectors in Schools**
- DfE Guidance: **Guidance on the Use of Emergency Salbutamol Inhalers in Schools**
- **Equality Act 2010** (Reasonable adjustments and protection against discrimination)
- **Data Protection Act 2018 & UK GDPR**

2. Roles and Responsibilities

- **The Local Governing Committee (LGC):** Ensures that arrangements are in place to support pupils with medical conditions and that staff are appropriately trained.
- **The Headteacher:** Ensures that school staff are aware of this policy, that Individual Healthcare Plans (IHPs) are implemented, and that sufficient trained staff are available to administer medication and cover absences.
- **School Staff:** While staff have a general duty to act in *loco parentis* to safeguard pupils, administering medication is a voluntary role (unless explicit in job roles). Staff who volunteer to administer medication will receive appropriate training from qualified healthcare professionals before doing so.
- **Parents / Carers:** Primary responsibility for their child's health rests with parents/carers. Parents must provide up-to-date medical details, complete written consent forms, supply non-expired medication in original pharmacy-labelled packaging, and collect unused medicines at the end of the academic year.

- **Healthcare Professionals & School Nurse:** Provide expert advice, assist in drawing up IHPs, and lead staff training on specific conditions (e.g., anaphylaxis, epilepsy, diabetes).

3. Individual Healthcare Plans (IHPs)

3.1. IHPs are implemented for pupils with long-term, complex, or potentially life-threatening medical conditions.

3.2. Plans are drawn up in collaboration with parents, the pupil (where appropriate), healthcare professionals, and school staff.

3.3. **An IHP must detail:**

- The medical condition, triggers, signs, symptoms, and treatments.
- Specific daily needs (e.g., dietary considerations, pre-activity precautions).
- Medication requirements (dosage, storage, administration, side effects).
- Emergency procedures, including key contacts and specific steps to take.
- Staff training requirements and agreed level of support.

3.4. IHPs are reviewed at least annually, or sooner if medical needs change.

4. Administration & Storage of Medication

4.1. Prescribed Medication

- Prescribed medicines will only be administered at school when it would be detrimental to a child's health or attendance not to do so.
- Medicines must be brought in by parents/carers in the original container dispensed by a pharmacist, clearly displaying the child's name, dosage, frequency, and expiry date.
- Written parental consent (*Administration of Medicine Form*) must be completed prior to administration.

4.2. Non-Prescribed Medication

- Non-prescribed medication (e.g., analgesia) will only be administered with prior written parental consent and verbal phone confirmation on the day.
- **Aspirin** will never be given to a child under 16 unless specifically prescribed by a doctor.
- **Ibuprofen** will never be administered to pupils with asthma due to adverse reaction risks.

4.3. Administration & Record Keeping

- Before administering any medicine, staff must check: child's identity, medicine name, prescribed dose, expiry date, and written instructions.
- All administrations are logged immediately in the school's central medical record.
- If a pupil refuses medication, staff will not force them; the refusal will be logged, and parents will be notified immediately.

4.4. Storage & Disposal

- **Controlled / Non-Emergency Medicines:** Stored securely in the school office (or staffroom refrigerator if cold storage is required).
- **Emergency Medicines:** Devices such as asthma inhalers, spacer devices, and Adrenaline Auto-Injectors (AAIs / EpiPens) must **never** be locked away. They are stored in clearly labeled containers within the pupil's classroom and must be immediately accessible to staff and the pupil at all times.
- **Disposal:** Parents are responsible for retrieving expired medication and collecting all medication at the end of the academic year. Sharp objects (needles, lancets) must be disposed of in yellow sharps boxes supplied by parents and returned to a pharmacy.

5. Specific Medical Conditions & Emergency Protocols

5.1. Asthma

- Parents must inform the school if their child has asthma and supply a spare, labelled reliever inhaler (and spacer where applicable).
- Inhalers must accompany pupils to PE, outdoor activities, and educational visits.
- In line with DfE guidance, the academy maintains emergency spare salbutamol inhalers for pupils who have written consent and a diagnosed asthma condition in case their primary device is missing or depleted.
- Usage is logged, and parents are informed whenever an inhaler is administered.

5.2. Anaphylaxis & Severe Allergies

- Emergency AAIs (e.g., EpiPens) are kept un-locked in class medical storage.
- Staff receive annual training on recognizing anaphylaxis and administering AAIs.
- The academy maintains spare emergency AAIs for emergency use on pupils with known allergies and written consent.
- Photos and allergy details of pupils with severe food allergies are displayed confidentially in the catering office to ensure food safety.

5.3. Head Injuries

- Any pupil sustaining a head injury must be evaluated by a trained First Aider.
- Parents are notified promptly (via phone call/text) and issued a Head Injury Advice notice detailing observation symptoms.
- All incidents are recorded in the academy accident log.

6. Educational Visits & Off-Site Activities

6.1. The academy actively encourages pupils with medical conditions to participate in all educational visits, residential trips, and sporting activities.

6.2. Risk assessments are conducted prior to trips to plan reasonable adjustments and ensure emergency procedures and equipment are in place.

6.3. Copies of IHPs, medical consent forms, and required emergency/routine medications are carried by trained staff accompanying the visit.

7. Medical Emergencies

7.1. In a medical emergency, trained staff will administer immediate first aid and call 999 for an ambulance. Emergency guidance display charts are posted by the first aid stations.

7.2. Parents/carers will be contacted immediately.

7.3. If a parent is unable to reach the school in time, a member of staff will accompany the child to the hospital in the ambulance and remain with them until a parent/carer arrives. Healthcare professionals assume clinical responsibility for medical decisions when parents are absent.

8. Staff Training & Record Maintenance

8.1. The academy maintains a register of qualified First Aiders, Paediatric First Aiders, and staff trained in specific medical procedures. First Aid qualifications are renewed every three years.

8.2. Specialized training (e.g., AAI administration, diabetes management, catheter care, seizure support) is delivered by qualified health professionals prior to staff supporting pupils with those needs.

8.3. Medical information forms are distributed to parents annually to ensure all class and office medical registers remain accurate and up to date.

Appendix: Parental Agreement to Administer Medicine

Child's Name: _____ Date of Birth: _____

Class / Year Group: _____ Medical Condition: _____

Medication Details

- **Name of Medication: _____**
- **Dosage & Frequency: _____**
- **Time(s) to be Administered in School: _____**
- **Special Storage Requirements (e.g., Refrigeration): _____**
- **Expiry Date: _____**

Parental Declaration

I request and authorize Darwen St James' C of E Primary Academy staff to administer the medication specified above to my child. I confirm that the medicine is provided in its original pharmacy container, correctly labelled, and unexpired. I will inform the academy immediately in writing of any changes to treatment or dosage.

Parent/Carer Signature: _____ Date: _____

Contact Telephone Number: _____