

# Regina Coeli Catholic Primary School



## Regina Coeli's Supporting Children with Medical Conditions Policy

*(including Children with Health Needs Who Cannot Attend School)*

|               |           |                                                                                     |                                                 |
|---------------|-----------|-------------------------------------------------------------------------------------|-------------------------------------------------|
| Scope:        |           | Regina Coeli Catholic Primary School                                                |                                                 |
| Date Adopted: |           | Spring 2016                                                                         |                                                 |
| This Review:  |           | Summer Term 2025                                                                    | Full Policy: Every 3 Years<br>Procedure: Annual |
| Next Review:  |           | Summer Term 2028                                                                    |                                                 |
| Approved      | EHT:      |  | Health, Safety & Wellbeing<br>Committee         |
|               | Governor: |  |                                                 |

# **Regina Coeli Catholic Primary School**

**‘Where there is love, there is God’**

Regina Coeli Catholic School will give every child the best possible education because each individual is uniquely created and precious to God. As a Catholic community, guided by the Holy Spirit, we will follow the example of Jesus Christ in all aspects of daily life.

With the help of God’s love, Regina Coeli Catholic School will seek to develop the whole ‘child. Each child is uniquely created and precious to God and it is the School’s mission, guided by the Holy Spirit, to nurture each child’s spiritual, moral and academic growth.

## **Inspired by the teachings of Christ we will...**

- Develop our children’s faith, spirituality and joy in the love of God
- Educate our children to the highest standards thus realising their own potential
- Instil in our children the knowledge, skills and confidence to succeed and take pride in their achievements recognising we each have special gifts and talents
- Encourage everyone to be more than they thought possible, in a secure and loving environment
- Promote a caring community where we will all behave well. We will be dignified in our actions, demonstrating good manners, tolerance, kindness and generosity to ourselves and others
- Prepare our children today to become tomorrow’s responsible and independent individuals equipped to face life’s challenges
- Ensure our school is a happy, safe and welcoming place where we all enjoy learning, work hard, support one another and do our best
- Create an active partnership of love, joy and high expectations between children, parents, carers, staff, governors, parishes and the wider community

## **Inclusion statement**

The school community will ensure that ALL children irrespective of race, ethnicity, nationality, gender (including those who identify as transgender), sexual orientation, ability, special educational need, disability, faith or religion, age, culture, socio-economic or home background will have equal access to the breadth of this policy.

The achievements, attitudes and well-being of all our children matter and the school will endeavour to promote their individuality. Children with learning disabilities and gifted and talented children will be allowed to express themselves according to their ability. Work will be differentiated to meet their needs and achievements will be celebrated.

This Policy will be implemented through on going consultation with all members of the school community and developments in law or statutory guidance.

## **AIMS**

- To ensure pupils at school with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.

- To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.
- To ensure children receive suitable full-time (or part-time when appropriate for the child's needs) who, because of health needs, would otherwise not receive a suitable education.

This policy should be read in conjunction with the First Aid advice in the Health and Safety Policy and, if applicable, the SEND policy. This policy sets out how support for Children with Medical Needs, in line with statutory legislation and guidance.

Regina Coeli Catholic School is an inclusive community that supports and welcomes pupils with medical conditions.

- The school is welcoming and supportive of pupils with medical conditions.
- They provide children with medical conditions with the same opportunities and access to activities (both school based and out of school) as other pupils.
- No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- The schools will listen to the views of pupils and parents.
- Pupils and parents feel confident in the care they receive from this school and the level of care that meets their needs.
- The schools will ensure all pupils joining at normal transition times will have arrangements in place to manage their medical condition by the beginning of that term. Any pupil joining the school mid-term will have arrangements in place within no longer than two weeks.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.
- Staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- Where appropriate the school will ask parents to complete an Individual Health Care Plan with a healthcare professional or complete a plan such as an asthma plan themselves. Both these documents will provide information regarding children's triggers and treatment in case of an attack or emergency.
- The whole school and local health community understand and support the medical conditions policy.
- The school understands that all children with the same medical condition will not have the same needs.

**This policy is written in line with the requirements of:**

- Children and Families Act 2014 - section 100
- Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Aug 2017 <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>
- 0-25 SEND Code of Practice, DfE Sept 2024 <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>
- Mental Health and behaviour in schools: departmental advice for school staff, DfE Nov 2018 <https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>
- Equalities Act 2010 <https://www.gov.uk/guidance/equality-act-2010-guidance>
- Schools Admissions Code, DfE 2021 <https://www.gov.uk/government/publications/school-admissions-code--2>
- Keeping Children Safe in Education (KCSIE), DfE 2021 <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

- Ensuring a good education for children who cannot attend school because of health needs (DfE 2013) <https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>

**The Head Teacher and Deputy Head Teacher (Inclusion) are responsible for ensuring that whenever the school is notified that a pupil has a medical condition:**

- sufficient staff are suitably trained
- all relevant staff are made aware of a child's condition
- cover arrangements in case of staff absence/turnover is always available
- supply teachers/peripatetic teachers/outside trainers such as sports clubs are briefed
- risk assessments for visits and activities out of the normal timetable are carried out
- individual healthcare plans are monitored (at least annually)
- transitional arrangements between schools are carried out
- Liaison is made with the school nursing service
- if a child's needs change, the above measures are adjusted accordingly

Where children are joining the school at the start of a new academic year, these arrangements should be in place for the start of term. Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.

Any pupil with a medical condition requiring medication or support in school should have an individual healthcare plan which details the support that child needs. If the parents, healthcare professional and school agree that a healthcare plan is inappropriate or disproportionate, a record of the child's medical condition and any implications for the child will be kept in the school's medical record and the child's individual record.

All staff including kitchen staff, supply and cover staff, peripatetic teachers, outside agencies are aware of children's medical needs if deemed appropriate.

If the school is informed that a child has a medical condition that will mean an absence of more than 15 days, the school will liaise with parents and medical professionals and apply for the out of school provision, if appropriate. Should children require this service, the school will make an application to the local authority in which family is resident.

### **Individual Healthcare Plans**

If the parents, healthcare professional and school agree that a healthcare plan is appropriate the school nurse will write an Individual Health Plan.

Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed, if possible the plan will be developed with the pupil. This is important because different children with the same health condition may require very different support. The school has a system in place for those children who have asthma or have been prescribed an inhaler. Where a child has SEND but does not have an EHC plan, their special educational needs should be mentioned in their individual healthcare plan where this is relevant. The following information should be considered when writing an individual healthcare plan:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed (some children will be able to take responsibility for their own health needs). If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring (children should not be

- left unsupervised);
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents/carer for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g., risk assessment;
- The school recognises the need to keep staff informed of medical conditions but equally the confidential nature of this information. The IHP will be easily accessible during school hours and a copy should be kept in the class pupil support folder. This folder should be locked away at the end of each day. and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that should be used.

#### **Governing Body responsibilities:**

- Ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made;
- Take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. They will often be long-term, on-going and complex and some will be more obvious than others. The governing body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life and provide emotional support if appropriate at any stage during their illness;
- Ensure that their arrangements give parents confidence in the school's ability to support their child's medical needs effectively. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, increase their confidence and promote self-care. In line with their safeguarding duties, the governing body will not place other pupils at risk or accept a child in school where it would be detrimental to the child and others to do so;
- Must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk;
- Ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
- Governing bodies should ensure that written records are kept of all medicines administered to children.
- The Head teacher has overall responsibility for the development of individual healthcare plans.

**Healthcare Professionals:** The school can refer to the **Community Nursing Team** for support with drawing up Individual Healthcare Plans, providing or commissioning specialist medical training, liaising with lead clinicians and providing advice and support in relation to pupils with medical conditions.

**Other healthcare professionals, including GPs and paediatricians** should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy)

**Pupils** with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

**Parents/carers** should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

**Local authorities** are commissioners of school nurses for maintained schools and academies, under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the year). Please see Appendices A and B.

**Providers of health services** should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

**Clinical commissioning groups (CCGs)** commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEND, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

### **Staff training and support**

- Parents at this school are asked if their child has any medical conditions as part of the admissions process.
- A record will be kept by the school of staff training for administration of medicines and /or medical procedures.
- All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professionals qualified to do so. The training need will be

identified by the healthcare professional during the development or review of the individual healthcare plan.

- Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- School nurses can provide training when appropriate, and specialist school nurses can offer training for more complex health needs, but cannot assess competency of staff. The school will keep records of attendees on such courses.
- Staff must not give specialist medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication.
- All staff will receive induction training and regular whole school awareness training will be held so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. Michelle Spain, Deputy Head Teacher (Inclusion), will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.
- The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, and should be able to provide clinic letters and advice, but should not be the sole trainer.

### **Training approach / offer of the school**

School staff are training according to the following levels:

- **Level 1 - All staff are aware of the medical conditions policy, emergency procedures and are encouraged to undergo further training**
  - The school ensures that all staff, including temporary staff, are aware of this 'Supporting Pupils with Medical Conditions' policy and their role in implementing the policy as part of induction.
  - The school encourages all staff to undertake awareness raising opportunities as part of its comprehensive programme of Continuing Professional Development (CPD), including First Aid training, as well as accredited online training modules
- **Level 2 -The school has a sufficient number of trained first aiders**
  - The school carries out risk assessments as appropriate and has sufficient numbers of trained first aiders.
  - The first aiders (including paediatric first aiders as appropriate) are trained in the management of common medical emergencies and Basic Life Support, including Cardiopulmonary Resuscitation (CPR)
- **Level 3 - the school supports staff who take on specific responsibilities for supporting pupils with medical conditions**
  - The school has members of staff trained to manage specific individual needs, such as anaphylaxis, diabetes and epilepsy

### **The child's role in managing their own medical needs**

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, they will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the cupboard in their classroom to ensure that the safeguarding of other children is not compromised.

The school does also recognise that children who take their medicines themselves and/or manage procedures will require an appropriate level of supervision.

A member of staff must be present to supervise and be prepared to intervene if necessary to ensure the child's health and safety are not compromised. Whilst pupils will be encouraged to keep themselves healthy, and self-care is to be promoted, this school recognises that some pupil's needs may be complex and some medical conditions can be fatal if not managed well

If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them. A child can deteriorate quickly and should not be left unsupervised.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

### **Managing medicines on school premises and record keeping**

At school the following procedures are to be followed:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- Off the counter medication may only be administered for a short period if the parent has signed the appropriate paperwork (Appendix 1) giving written permission for the office staff to administer the medicine to their child. Parents are reminded that should symptoms persist it is advisable that they make an appointment with their doctor.
- Parents may be permitted to come into school during school hours to administer a single dose of analgesic and/or antipyretic medicine such as paracetamol or ibuprofen if they feel it is necessary.
- Medicines will only be administered at school when it would be detrimental to the pupil's health not to do so and where it is not clinically possible to arrange doses to be taken solely outside of school hours.
- Generally, children at this school will not administer their own medication, unless they have received appropriate training and it is the wish of the pupil and their parent. This will be recorded on their IHP.
- Medication, e.g. for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken.

### **Parents should be informed that:**

- They should let the school know immediately if their child's needs change and provide enough information to ensure their needs are met.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- Staff administering medicines should do so in accordance with the prescriber's instructions. The Federation will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed;
- When no longer required, medicines should be returned to the parent/carer to

arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

- They must notify the school when their child has been identified as having a medical condition that will require support at school
- They must provide the school with sufficient and up-to-date information about their child's medical needs
- They should carry out any action they have agreed to as part of the IHP implementation
- They must maintain up to date prescribed medication for use in school including replacements when they are used.
- The school will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container;
- Children should know where their medicines are at all times and be able to access them quickly. EpiPens and asthma inhalers are kept in the child's classroom.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available and not locked away. Asthma inhalers should be marked with the child's name. Records will be kept of medicine expiry dates and reminders sent to parents but it is the parents responsibility to ensure their child's medicine is in date.
- During school trips, school staff will hold the any medicine's needed by the pupils in their group.
- By agreeing that you want medication to be administered in school you have read the staff indemnity section of this policy.

## **Emergency procedures**

The Head Teacher alongside the governing body will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Where an emergency ambulance is not readily available or is not appropriate and the child's emergency contacts cannot attend school in a timely manner, a senior member of staff may authorise the use of a staff car or school vehicle to transport the child to hospital or appropriate medical professional.

In these circumstances, there will always be two staff members present, at least one of whom will be a paediatric first aider.

The office or accompanying staff member will ensure that the family are kept aware of the child's treatment and location until they are able to travel to be with the child personally.

Health professionals are responsible for any decisions on medical treatment until a parent arrives.

### **Dietary and allergen requirements**

The school aims to cater for all pupils' dietary and allergen requirements. All products used in catering and cooking are checked before being used by pupils for the specific current pupil needs at the school.

The school is nut free both in the food that we offer and in the use in lessons e.g. science and cooking, and caters for gluten free pupils (coeliac) by the use of gluten free products and separate cooking equipment. The school caters for lactose intolerant pupils by offering lactose free products.

The staff who are involved in the preparation of food are always briefed on the dietary and allergen requirements of a pupil before they join the school by the Deputy Head Teacher (Inclusion) and the information is linked to their individual accounts when purchasing a school meal to provide warnings and available in the pupil dietary requirement booklet shared with staff.

### **Day trips, residential visits, and sporting activities**

We will actively support pupils with medical conditions to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents / carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

### **Other issues for consideration**

#### **Procedures for Children with Asthma or in Need of an inhaler**

- Parents will complete an Asthma form showing the symptoms and treatment that their child needs and return it to the office (Appendix 2).
- Teachers will be provided with a copy to be placed in the class pupil support file.
- An inhaler will be kept in the classroom and taken on school trips for children to use with support if appropriate.
- Staff will note when the child uses their inhaler and report usage to the parent/carer if there is any change to the frequency.
- Parents are responsible for providing an inhaler that is in date. The school will send a reminder to parents when the expiry date approaches.
- Due to the seriousness of Asthma, the school asks that if a doctor or medical practitioner has prescribed an inhaler to a pupil, the parent will provide an inhaler to be kept in school as a precaution for any subsequent asthma attacks.

### **Transport:**

Where a pupil with medical needs uses home-to-school transport arranged by the Local Authority, the school will share the pupil's individual healthcare plan with the local authority. This may be helpful in developing transport health care plans for pupils with life-threatening conditions

## **Unacceptable practice**

Although staff at the school should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Administer prescribed medication to anyone other than the named child on the prescription;
- Ignore the views of the child or their parents/carers; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, to send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working or be present in school because the school is failing to support their child's medical needs; or
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

## **Liability and indemnity**

Regina Coeli Catholic Primary School fully indemnifies its staff against claims for alleged negligence, provided they are acting within the scope of their employment, having been provided with adequate instruction, and are following the school guidelines. For the purposes of indemnity, the administration of medicine falls within this definition and hence the staff can be reassured about the protection their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice indemnity means the school and not the employee would meet the cost of damages should a claim or alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent and the employer.

## **Complaints**

Should parents be dissatisfied with the support provided to their child they should discuss their concerns directly with the school. If for whatever reason this doesn't resolve the issue, they may make a formal complaint via the school's complaints procedure.

## **Procedures for Children with Allergies**

- Parents fill in the additional needs form and give information about allergies and medication; this is kept in the office.
- A child with a diagnosis which means they are at risk of anaphylaxis will have an IHP which will be completed by a medical professional (Appendix 1).
- Specialist training is provided to the whole school on an annual basis regarding the administration of auto-injectors such as Epi-pens by a specialist.
- Any letters from the hospital or doctor are kept in office and in the classroom pupil support folder.
- Auto-injectors are stored in class with a copy of the Individual Health Care Plan.

Photographs and a brief description of the allergy are available to all staff including kitchen staff, supply and cover staff, peripatetic teachers, and outside agencies so they are aware of children's medical needs if deemed appropriate.

- Teachers are informed about children with allergies through the additional needs form/ pupil support file/parents.
- Senior midday meals supervisor ensures meal supervisors' team are aware.
- Teachers ensure that the child's medication is taken on any trip out of school.
- The school office checks auto-injector pens termly and informs parents if they are about to become out of date.
- In the event of a suspicion that a child may be having a first anaphylactic reaction the school will ring 999 and inform the parents.

#### **EMERGENCY CARE PROCEDURES (e.g. asthma crisis; an allergic reaction; serious injury etc.)**

- In the event of the child showing any physical symptoms for which there is no obvious alternative explanation, their condition will be immediately reported to a paediatric first aider and a senior member of staff. On receipt of such a report, the senior member of staff will ensure that the emergency services are contacted with the following information:
- The child's location; the telephone number; the child's condition and presenting symptoms, stating a severe allergic reaction if necessary; when / if an auto-injector or other medication has been administered; the child's name and their date of birth.
- The office will then call the family contacts to advise them.
- A member of staff will accompany a child taken to hospital in an ambulance, and will stay there until a parent arrives. Health professional are responsible for any decisions on medical treatment until a parent arrives.

#### **URGENT CARE PROCEDURES**

- Where an emergency ambulance is not readily available or is not appropriate and the child's emergency contacts cannot attend school in a timely manner, a senior member of staff may authorise the use of a staff car or school vehicle to transport the child to hospital or appropriate medical professional.
- In these circumstances, there will always be two staff members present, at least one of whom will be a paediatric first aider.
- The office or accompanying staff member will ensure that the family are kept aware of the child's treatment and location until they are able to travel to be with the child personally.
- Health professional are responsible for any decisions on medical treatment until a parent arrives.

#### **FOLLOW- UP CARE**

- Parents are responsible for maintaining up to date prescribed medication for use in school including replacements when they are used.
- School to ensure all administered medications are appropriately documented on Template: 'Record of Medicine Administered to an Individual Child' form in accordance with the 'Supporting Pupils at School with Medical Conditions' policy. Teachers will make parent's aware when there has been a higher than average use of a child's inhaler in the classroom or on a trip.
- School to ensure that staff attend adequate training
- Parents responsible for informing school nurse and school regarding any changes to health condition such as dosage/frequency or if medication has been stopped.
- School to regularly check any medication stored on the premises.

### **The Governing Body**

- Must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented
- Must ensure sufficient staff receive suitable training and are competent to support children with medical conditions
- Must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk

### **The Head Teacher and Deputy Head Teacher (Inclusion)**

- Should ensure all staff are aware of this policy and understand their role in its implementation
- Should ensure all staff who need to know are informed of a child's condition
- Should ensure sufficient numbers of staff are trained to implement the policy and deliver IHPs, including in emergency and contingency situations, and they are appropriately insured
- Is responsible for the development of IHPs
- Should contact the school nursing service in the case of any child with a medical condition who has not been brought to the attention of the school nurse

### **School Staff**

- Any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so
- Should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions
- Any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help

### **School Nurses**

- Are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school
- May support staff on implementing a child's IHP and provide advice and liaison

### **Other healthcare professionals**

- Should notify the school nurse when a child has been identified as having a medical condition that will require support at school
- May provide advice on developing healthcare plans
- Specialist local teams may be able to provide support for particular conditions (eg. Asthma, diabetes)

### **Pupils**

- Should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP

### **Parents**

- Must notify the school when their child has been identified as having a medical condition that will require support at school
- Must provide the school with sufficient and up-to-date information about their child's medical needs
- Are the key partners and should be involved in the development and review of their child's IHP
- Should carry out any action they have agreed to as part of the IHP implementation
- Must maintain up to date prescribed medication for use in school including replacements when they are used.

- By agreeing that you want medication to be administered in school you have read the staff indemnity section of this policy.

**Notes**

- The school does not have to accept a child identified as having a medical condition at times when it would be detrimental to the health of that child or others to do so.

## Appendix 1

# Regina Coeli Catholic Primary School



## INDIVIDUAL HEALTH CARE PLAN

### FOR CHILDREN WITH MEDICAL CONDITIONS AT SCHOOL

#### 1. CHILD INFORMATION

Child's name:

Date of Birth:

#### 2. CONTACT INFORMATION

Child's address:

##### Family Contact 1

Name:

Relationship with child:

Phone (day)

Mobile:

##### Family Contact 2

Name :

Relationship with child:

Phone (day)

Mobile:

##### GP

Name of Practice:

Phone:

### 3. DETAILS OF CHILD'S MEDICAL CONDITIONS

Name of condition:

Signs & Symptoms of condition:

Triggers or things that make the condition worse:

**ROUTINE HEALTHCARE REQUIREMENTS** (eg, dietary, therapy, nursing needs or before physical activity)

### 4. REGULAR MEDICATION TAKEN DURING SCHOOL HOURS

Name of medication:

Dose:

When is it taken?

Are there any side effects that may affect the pupil in school

Are there any signs that this medication should not be given?:

Can the pupil administer the medication themselves?    Yes    ☐    No    ☒

Yes, with supervision    ☐

Medication expiry date:

### 5. ANY OTHER INFORMATION RELATING TO THE PUPIL'S HEALTHCARE IN SCHOOL e.g Arrangements for school visits/trips etc

## 6. FOLLOW- UP CARE

- Parents are responsible for maintaining up to date prescribed medication for use in school including replacements when they are used.
- School to ensure all administered medications are appropriately documented on the Template, 'Record of Medicine Administered to an Individual Child' form in accordance with the "Supporting Pupils at School with Medical Conditions" policy (Department of Education, 2014).
- School to ensure that staff attend adequate training
- Parents responsible for informing school nurse and school regarding any changes to health condition such as dosage/frequency or if medication has been stopped.
- School to regularly check any medication stored on the premises.

### STAFF INDEMNITY

Regina Coeli Catholic Primary School fully indemnifies its staff against claims for alleged negligence, provided they are acting within the scope of their employment, having been provided with adequate instruction, and are following the school guidelines. For the purposes of indemnity, the administration of medicine falls within this definition and hence the staff can be reassured about the protection their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice indemnity means the school and not the employee would meet the cost of damages should a claim or alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent and the employer.

### PARENTAL AGREEMENT

I give permission for staff at Regina Coeli Catholic Primary School to administer the actions as laid out in this care plan.

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

### HEADTEACHER AGREEMENT

It is agreed that (name of child) \_\_\_\_\_

☐

Will receive the above listed medication at the above listed time

☐

Will receive the above listed medication in an emergency

Headteacher's signature \_\_\_\_\_ Date \_\_\_\_\_

# Regina Coeli Catholic Primary School



## Record of Medicine Administered to an Individual Child

|                                  |                                      |
|----------------------------------|--------------------------------------|
| Name of school/setting           | Regina Coeli Catholic Primary School |
| Name of child                    |                                      |
| Date medicine provided by parent |                                      |
| Group/class/form                 |                                      |
| Quantity received                |                                      |
| Name and strength of medicine    |                                      |
| Expiry date                      |                                      |
| Quantity returned                |                                      |
| Dose and frequency of medicine   |                                      |

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

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| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

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| Dose given              |  |  |  |
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| Staff initials          |  |  |  |

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## Regina Coeli Catholic Primary School



### INDIVIDUAL HEALTH CARE PLAN

#### FOR CHILDREN WITH MEDICAL CONDITIONS AT SCHOOL

## Asthma

### 1. CHILD INFORMATION

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### 2. CONTACT INFORMATION

Child's address \_\_\_\_\_  
\_\_\_\_\_

#### Family Contact 1

Name \_\_\_\_\_ Relationship with child \_\_\_\_\_

Phone (day) \_\_\_\_\_ Mobile \_\_\_\_\_

#### Family Contact 2

Name \_\_\_\_\_ Relationship with child \_\_\_\_\_

Phone (day) \_\_\_\_\_ Mobile \_\_\_\_\_

**GP**

Name of Practice \_\_\_\_\_ Phone \_\_\_\_\_

**3. DETAILS OF CHILD'S MEDICAL CONDITIONS**

Name of condition \_\_\_\_\_

Signs & Symptoms of condition \_\_\_\_\_

\_\_\_\_\_

**Triggers** or things that make the condition worse \_\_\_\_\_

\_\_\_\_\_

**4. ROUTINE HEALTHCARE REQUIREMENTS** (eg, dietary, therapy, nursing needs or before physical activity)

\_\_\_\_\_

\_\_\_\_\_

**5. REGULAR MEDICATION TAKEN DURING SCHOOL HOURS**

Name of medication \_\_\_\_\_ Dose \_\_\_\_\_

When is it taken? \_\_\_\_\_

Are there any side effects that may affect the pupil in school? \_\_\_\_\_

Are there any signs that this medication should not be given? \_\_\_\_\_

Can the pupil administer the medication themselves?    Yes   ☐    No   ☐

Yes, with supervision   ☐

Medication expiry date \_\_\_\_\_

## 6. EMERGENCY MEDICATION (e.g. Epipen)

Name of medication \_\_\_\_\_

**Signs & Symptoms** which indicate an emergency for **this** child

My Blue reliever inhaler isn't helping,

I can't talk or walk easily,

I'm breathing hard and fast,

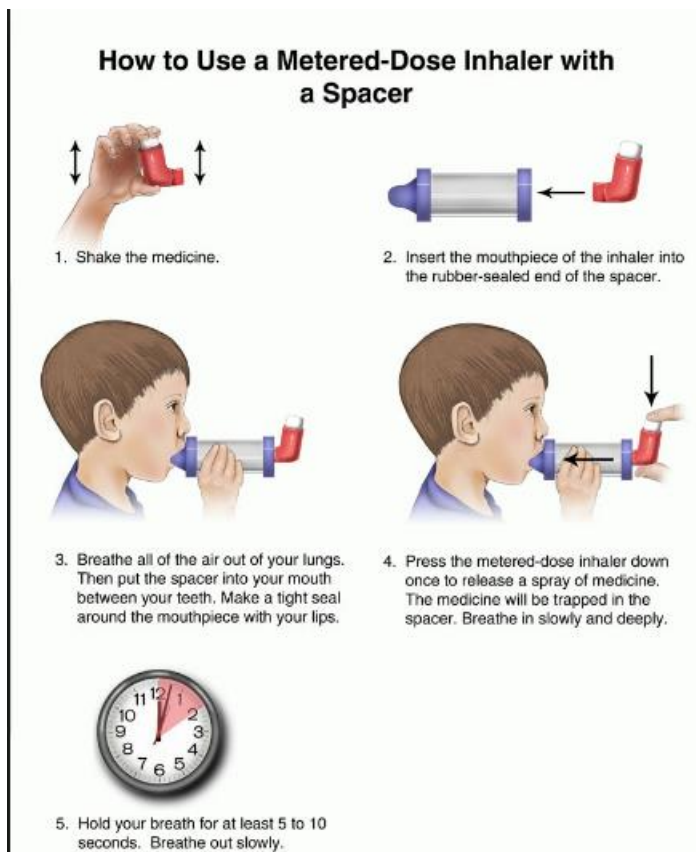
I'm coughing and wheezing a lot

**Dose and method of administration** (how the medication is taken and the amount)

Sit me up

Take one puff of my inhaler every 30-60 seconds for up to a TOTAL of 10 puffs

If I don't feel better and I've taken 10 puffs call 999 straight away. If I have to WAIT longer than 15 minutes I should take another \_\_\_\_\_ of my Blue inhaler every 30-60 seconds (for up to another 10 puffs)



Are there any signs when the medication should not be taken? \_\_\_\_\_

\_\_\_\_\_

Are there any side effects of the medication? \_\_\_\_\_

\_\_\_\_\_

Can the pupil administer the medication themselves?    Yes    ☐    No    ☐

Yes, with supervision    ☐

Is any follow up care necessary?

\_\_\_\_\_

Who should be notified? Parents    ☐    GP    ☐    Specialist    ☐

## 7. WHAT TO DO IN AN EMERGENCY

In the event of your child showing any physical symptoms for which there is no obvious alternative explanation, his/her condition will be immediately reported to the head/ teacher in charge. On receipt of such a report, the person in charge will instruct a staff member to contact in order of priority:

Dial **999**, ask for an ambulance and say:

**This is Regina Coeli Primary School South Croydon. Our telephone number is 0208 688 4582. We have a child who has had \_\_\_\_\_ . We need a paramedic team urgently. The child's name is \_\_\_\_\_ and their date of birth is \_\_\_\_\_.**

Then call the family contacts on the numbers above.

## 8. MEMBERS OF STAFF TRAINED TO ADMINISTER MEDICATIONS FOR THIS PUPIL

Regular medication \_\_\_\_\_

Emergency medication:

## 9. ANY OTHER INFORMATION RELATING TO THE PUPIL'S HEALTHCARE IN SCHOOL

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## STAFF INDEMNITY

Regina Coeli Primary School fully indemnifies its staff against claims, for alleged negligence, provided they are acting within the scope of their employment, having been provided with adequate instruction, and are following the school guidelines. For the purposes of indemnity, the administration of medicine falls within this definition and hence the staff can be reassured about the protection their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice indemnity means the school and not the employee would meet the cost of damages should a claim or alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent and the employer.

## PARENTAL AGREEMENT

I give permission for Regina Coeli Primary School staff to administer the actions as laid out in this care plan.

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

## HEADTEACHER AGREEMENT

It is agreed that (name of child) \_\_\_\_\_

☐

Will receive the above listed medication at the above listed time (see part 5)

☐

Will receive the above listed medication in an emergency (see part 6)

Headteacher's signature \_\_\_\_\_ Date \_\_\_\_\_

# Regina Coeli Catholic Primary School



## Record of Medicine Administered to an Individual Child

Name of school/setting

Name of child

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

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Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date

Time given

Dose given

Name of member of staff

Staff initials

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Dose given

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## Appendix A

### London Borough of Croydon

Croydon offer for children with medical conditions is through Springboard.

### SPRINGBOARD

#### *Who is the service for?*

Springboard Tuition Service provides education for those pupils who are unable to attend school because of short-term medical needs.

Pupils who are receiving regular (recurring admissions) or long-term treatment in hospital are also entitled to tuition

Springboard contact: 020 3252 2020 and email: [springboard@saffronvalleycollegiate.co.uk](mailto:springboard@saffronvalleycollegiate.co.uk)

#### *How will my child qualify for the service?*

Your child must be absent from school for a minimum of fifteen school-days (during this time your child's school will remain responsible for their education)

Medical evidence of your child's inability to attend school must be provided by a consultant (eg. consultant paediatrician, community paediatrician, CAMHS consultant, etc) not just your GP

#### *How will the service find out about my child?*

Referrals to our service happen via several routes:

A member of staff from school can refer your child to Springboard Tuition Service. This may be a Class Teacher, Head of Year, Special Needs Teacher, or the person who has responsibility for children with medical needs. In a Primary School, the head teacher or class teacher may make the referral.

Education Welfare Officers refer pupils who have been absent from school for three weeks or more, for medical reasons, to Springboard Tuition Service.

Hospitals refer school-age patients who will need to be absent from school following hospital treatment.

CAMHS (The Child and Adolescent Mental Health Service) may refer pupils who have mental health problems which prevent them from attending school.