

# Saint Augustine's Catholic Primary School



## Part of Mater Ecclesiae Catholic Multi Academy Trust Medical Needs Policy

SENDCo & Inclusion Leader: Mrs Sarah  
Bennett

[senco@staugustinespreston.co.uk](mailto:senco@staugustinespreston.co.uk)

Updated: January 2024

Agreed by Governors: January 2024

Agreed by Staff: January 2024

Review Date: January 2026

*Our Catholic school is united in God's love, enabling everyone to grow in love for one another and to develop in faith. We strive for all children to achieve their best by becoming active and confident learners in a nurturing and caring environment. We guide everyone to shine in their own unique way.*

*Our school motto: 'Unique and United in God's love. We let our light shine'*

St. Augustine's Catholic Primary School believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

## Definition

Pupils' medical needs may be broadly summarised as being of two types:

- a. Short-term affecting their participation in school activities, which they are on a course of medication.
- b. Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. Schools must make arrangements for supporting pupils at schools with medical conditions and in meeting that duty they must have regard to the statutory guidance issued by the Secretary of State.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. The school takes advice and guidance from the Lancashire County Council Medicines in Schools Handbook which encourages self-administration of medication when possible.

Contact details for our School Nurse can be found on the school website which also contains a copy of this policy.

### **Aims**

St. Augustine's Catholic Primary School will ensure that children with medical conditions are well supported. We have experience of dealing with children who require additional support including diabetics, coeliac, asthma and allergies.

- a. The School SENDCo (Mrs Bennett) is the named person with responsibility for supporting these children and for ensuring that sufficient staff are suitably trained.
- b. Any staff member providing support to a pupil with medical conditions receives suitable training.
- c. Staff do not undertake healthcare procedures or administer medication without appropriate training.
- d. We provide cover arrangements in case of staff absence or staff turnover to ensure someone is always available.
- e. We brief supply teachers.
- f. We undertake risk assessments for school visits, holidays, and other school activities outside of the normal timetable.
- g. We monitor individual healthcare plans in liaison with the health practitioners

## Procedure to be followed when notification is received that a pupil has a medical condition

Procedures to be followed when St. Augustine's is notified that a pupil has a medical condition:

- We will liaise with a new school when we know of a child coming to or going from St. Augustine's and ensure arrangements are in place for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.
- We will not wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

## Individual healthcare plans

Some children need IHPs (Individual healthcare plans) which help to ensure that St. Augustine's can effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and

complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher is best placed to take a final view.

The format of individual healthcare plans may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have an EHC plan, their special educational needs should be mentioned in conjunction with their individual healthcare plan. Mrs. Bennett is the person responsible for these plans.

Individual healthcare plans, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who

will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Where the child has a special educational need identified in an EHC plan, the individual healthcare plan should be linked to or become part of that EHC plan.

IHPs include the following information:

- a. The medical condition, its triggers, signs, symptoms and treatments.
- b. 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 eg crowded corridors, travel time between lessons;
- c. The support needed for the pupil's educational, social and emotional needs.
- d. The level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- e. 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.
- f. Cover arrangements for when the named supporting staff member is unavailable.
- g. Who needs to be made aware of the pupil's condition and the support required.

- h. Arrangements for obtaining written permission from parents/carers and the headteacher for medicine to be administered by school staff or self-administered by the pupil.
- i. Separate arrangements or procedures required during school trips and activities.
- j. Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- k. What to do in an emergency, including contact details and contingency arrangements.

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHP. IHPs are easily accessible to those who need to refer to them, but confidentiality is preserved. IHPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

### **Managing medicines**

In accordance with the school's **Administering Medication Policy**, medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

Pupils are not given prescription or non-prescription medicines without their parent/carer's written consent. Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

The following procedures are adhered to:

- No pupil is given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.
- Parents/carers are informed any time medication is administered that is not agreed in an IHP.
- The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.
- All medicines are stored safely either in the Head Teachers Office, Classroom Cupboards or in the fridge in the staffroom. Pupils know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, pupils are informed of who holds the key to the relevant storage facility.

- When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered.
- The school holds asthma inhalers for emergency use. The inhalers are stored in the child's classroom and their use is recorded. Inhalers are always used in line with the school's Asthma Policy.
- Staff may administer a controlled drug to a pupil for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.
- Records are kept of all medicines administered to individual pupils – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.

### **Adrenaline auto-injectors (AAIs)**

The administration of AAIs and the treatment of anaphylaxis will be carried out in accordance with the information below:

- Register of AAIs will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

- Where a pupil has been prescribed an AAI, this will be written into their IHP. For pupils who have prescribed AAI devices, these are stored in a suitably safe and central location: the classroom cupboard and school hall.
- Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAI's will only be administered by these staff members.
- In the event of anaphylaxis, a designated staff member will be contacted
- Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.
- If necessary, other staff members may assist the designated staff members with administering AAI's, such as where the pupil needs restraining.
- The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date and will be replaced when the expiry date approaches.
- The spare AAI will be stored in the Head Teachers office, ensuring that it is protected from direct sunlight and extreme temperatures.
- The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained.
- Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used.

- Where a pupil who does not have a prescribed **AAI** appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare **AAI** is appropriate.
- Where a pupil appears to be having a severe allergic reaction, the emergency services will be contacted even if an **AAI** device has already been administered.
- In the event that an **AAI** is used, the pupil's parents/carers will be notified that an **AAI** has been administered and they will be informed whether this was using the pupil's or the school's device.
- Where any **AAIs** are used, the following information will be recorded on the **CPOMS**
  - Where and when the reaction took place
  - How much medication was given and by whom
- For children under the age of six, a dose of **150** micrograms of adrenaline will be used.
- For children aged **6-11** years, a dose of **300** micrograms of adrenaline will be used.
- **AAIs** will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own **AAI** with them and the school will give consideration to taking the spare **AAI** in case of an emergency.

## **Record keeping**

Written records are kept of all medicines administered to pupils. Proper record keeping protects both staff and pupils, and provides evidence that agreed procedures have been followed. The forms for record keeping can be found at the end of this policy.

## **Emergency procedures**

Medical emergencies are dealt with under the school's emergency procedures.

Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Pupils are informed in general terms of what to do in an emergency, such as telling a teacher. If a pupil needs to be taken to hospital, a member of staff remains with the pupil until their parents/carers arrive. When transporting pupils with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

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

Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits. Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals. The school

will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

### **Unacceptable practice**

The school will never:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil and/or their parents/carers.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.

- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

## Complaints

Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the **Complaints Procedure Policy**. If the issue remains unresolved, the complainant has the right to make a formal complaint to the **DfE**. Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

## Defibrillators

The school has a **Lifepak CRPlus** automated external defibrillator (**AED**). The **AED** is stored in the school entrance hall. All staff members and pupils are aware of the **AED**'s location and what to do in an emergency. A risk assessment regarding the storage and use of **AEDs** at the schools has been carried out.

No training is needed to use the **AED**, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members are trained in cardiopulmonary resuscitation (**CPR**), as this is an essential part of first-aid and **AED** use.

The emergency services will always be called where an AED is used, or requires using. Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

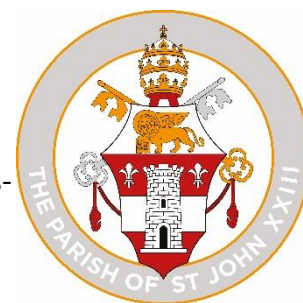
Maintenance checks will be undertaken on AEDs on a weekly basis by the Site Supervisor, with a record of all checks and maintenance work being kept up-to-date by the designated person.

### **Policy review**

This policy is reviewed on a bi-yearly basis by the Headteacher, school nurse and the SENDCo. The scheduled review date for this policy is September 2023.



St. Austin's Place, Avenham, Preston, PR1 3YJ. Tel: 01772 253851  
Headteacher: Mr John Entwistle (BEng(Hons), PGCE, Dip Ed.)  
emails: office@st-augustines-pri.lancs.sch.uk, head@st-augustines-pri.lancs.sch.uk



## Parental Agreement to Administer Prescribed Medicine

**PLEASE READ THIS INFORMATION FROM THE SCHOOL MEDICAL  
NEEDS' POLICY BEFORE COMPLETING THE FORM**

### **MEDICINES**

**NO CHILDREN SHOULD BE GIVEN PRESCRIPTION OR NON-PRESCRIPTION MEDICINES WITHOUT THE PRIOR WRITTEN CONSENT OF THEIR PARENT OR BRING THEM INTO SCHOOL WITHOUT THE KNOWLEDGE OF THE INCLUSION LEADER/HEAD TEACHER.**

Children should not bring in any medicines into school in their book bags or pockets.

- School will not store large volumes of medicines
- School will only store and administer/supervise the administration of medicine that has been specifically prescribed for an individual child and after discussion with parents and a written agreement made (completion of Form 3)
- In the event of a **short-term illness** (e.g. an ear infection), and where the child is fit enough to attend school, parents/carers are asked to meet with the Inclusion Leader/Head Teacher/Deputy Head Teacher **before** or after school to provide up-to date information and sign the necessary forms
- School will only administer medication such as antibiotics if **four doses** a day are required and the second dose corresponds with dinner time
- Parents are expected to administer medicines at home before school and straight after school if three doses are required
- Any medication brought into school for **short-term illness** must be handed to the Head Teacher immediately by the parent
- Medicines are secured in a cupboard in the Head Teacher's office or, if appropriate, in the refrigerator in the staff room

## Medical Needs Policy 2024-26

- Medicines will only be accepted in the original container in which it has been dispensed, clearly labelled with the child's name, with clear instructions about administration, dosage and frequency
- John Entwistle, Sarah Bennett, Elaine Goulding or Lindsey Walsh will administer/supervise the self-administration of medicines
- This will be logged on Form 5 and witnessed by another member of staff. Children should know where their medication is at all times (dependent on age, understanding and maturity)
- With the agreement of the SENCo/Head Teacher/Deputy Head Teacher, children can use prescription emollient creams for the relief of skin conditions such as eczema
- Children will be encouraged to self-administer wherever possible (with due consideration of age, maturity and understanding)

**FORM 3**

Date		
Name of child		
Date of birth		
Class		
Name of adult		
Relationship to child		
Address		
Contact telephone number(s)		
Medical condition/illness		
Type of medicine <small>e.g. antibiotic</small>		
Name of prescribed medicine		
Date dispensed		
Expiry date		
Quantity received		
Dosage and method <small>e.g. oral</small>		
Timing		
Self-administration?	<b>YES</b>	<b>NO</b>
Side effects?		
Special precautions?		
Agreed review date		
Quantity returned <small>(at review date)</small>		

## FORM 4 STAFF

It is agreed that the child named above will receive the medicine as detailed above.

They will be given/supervised whilst they take the medication by:

- John Entwistle
- Sarah Bennett
- Elaine Goulding
- Lindsey Walsh
- Rosheen O'Boyle

This arrangement will continue until \_\_\_\_\_ (either the end date of the course of medicine or until instructed by parents/carers).

Signed					
Name	Mr Entwistle	Mrs Bennett	Mrs Goulding	Mrs Walsh	Mrs O'Boyle
Role	Head Teacher	SENDCo	Assistant Head	Assistant Head	Office Admin
Date					

## FORM 4 PARENTS/CARERS

The above information is, to the best of my knowledge, accurate at the time of writing and I give my consent to the setting staff administering medicine in accordance with school policy. I will inform the setting immediately, either verbally or in writing if there is any change in the dosage or frequency of the medication or if the medicine is stopped.

I understand that I must deliver the medicine personally to the school office and pick it up at the end of the school day

Signed	
Date	

If more than one medicine is to be administered, a separate form should be completed for each one

# FORM 5: Record of medicine administered to child

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Staff Name

--	--	--

Staff initials

--	--	--

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Staff Name

--	--	--

Staff initials

--	--	--

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Staff Name

--	--	--

Staff initials

--	--	--

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Staff Name

--	--	--

Staff initials

--	--	--