



Our Lady of Lourdes Catholic Primary School

Supporting Pupils with Medical Conditions Policy – including Administration of Medicines Policy

June 2022



Our Lady of Lourdes Catholic Primary School

Supporting Pupils with Medical Conditions Policy and Administration of Medicines Forms

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

School Ethos

Schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils so that they can access their full and equal entitlement to all aspects of the curriculum. In this case, individual procedures may be required.

Our Lady of Lourdes is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support that pupils with medical conditions (long or short term) may need.

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. Pupils with medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act 'in loco parentis' and must ensure the safety of all pupils in their care. To this end, we reserve the right to refuse admittance to a child with an infectious disease, where there may be a risk posed to others or to the health of the child involved. This duty also extends to teachers leading activities taking place off the school site.

Our Aims

- To support pupils with medical conditions, so that they have full access to education, including physical education and educational visits
- To ensure that school staff involved in the care of children with medical needs are fully informed and adequately trained by a professional in order to administer support or prescribed medication
- To comply fully with the Equality Act 2010 for pupils who may have disabilities or special educational needs.
- To write, in association with healthcare professionals, Individual Healthcare Plans where necessary
- To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support
- To keep, monitor and review appropriate records

Entitlement

Our Lady of Lourdes provides full access to the curriculum for every child wherever possible. We believe that pupils with medical needs have equal entitlement and must receive necessary care and support so that they can take advantage of this. However, we also recognise that employees have rights in relation to supporting pupils with medical needs.

Employees will receive adequate training and appropriate updates in order for them to support pupils with medical needs.

Implementation

- The Headteacher is responsible for ensuring that sufficient staff is suitably trained

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Communicating Medical Conditions to Relevant Staff

The following methods will be used to ensure all relevant staff are aware of the pupil's medical condition (with appropriate consideration of pupil confidentiality and data protection):

- A list of all children within a class with any known medical condition will be placed in each classroom in Class Information file.
- A central register will be placed in the staffroom to ensure that all teaching staff, lunchtime supervisors and support staff have access to the information
- When supply staff are asked to cover a classroom, it will be the responsibility of the member of staff showing the supply teacher to the room, to explain where the list is held and where medications are kept.

Information

- Children with serious medical conditions will have their photo and brief description of condition, along with any other necessary information, in a code-named folder in the office. Children with medical conditions which may require emergency attention, e.g. epilepsy, diabetes, will have their names and an Individual Healthcare Plan (IHP) clearly accessible in a folder in the office and all adults dealing with the child will have their attention drawn to this information. All other medical conditions will be noted from children's SIMs records and this information will be provided or updated to class teachers annually or when needed.
- Cover arrangements in case of staff absence or staff turnover to ensure someone is always available - A child's IHP will have named staff who are qualified and trained to assist that child alongside others for contingency.
- Risk assessments for school visits, holidays and other school activities outside of the normal timetable – All Risk Assessments are completed for every outside school activity and co-ordinated by the Risk Assessment co-ordinator to ensure every child's needs are covered to ensure inclusivity.
- Individual Healthcare Plans will be written, monitored and updated by the Inco with the support of the Headteacher and relevant health professionals annually or as required.

Procedure

Parents / Carers have the prime responsibility for their child's health and as such, should provide Our Lady of Lourdes Catholic Primary School with information about their child's medical condition, either upon admission or when their child first develops a medical need.

Medical professionals involved in the care of children with medical needs will fully inform staff beforehand, with parental consent, of the child's condition, its management and implications for the school life of that individual.

Our Lady of Lourdes Catholic Primary School will ensure that, where appropriate, children are involved in discussing the management and administration of their medicines and are able to access and administer their medicine if this is part of their Individual Healthcare plan (for example, an inhaler)

School staff will liaise as necessary with Healthcare professionals and services in order to access the most up-to-date advice about a pupil's medical needs and will seek support and training in the interests of the pupil

In organising transition arrangements between schools, Our Lady of Lourdes will ensure that with parental consultation and consent, full disclosure of relevant medical information, Healthcare plans and support needed for the child will be transferred in advance (wherever possible) for the child's receiving

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school to adequately prepare for their arrival and integration. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks – a transitional phone call between schools will be made immediately.

Individual healthcare plans

Where a pupil is identified as having a chronic or long-term medical condition, a health care plan will be drawn up in conjunction with parents/carers and all health care professionals involved. A model Health Care Plan is provided at the end of this policy. All prior meetings and information will be co-ordinated by the Inco who will be responsible for the writing of, monitoring and updating.

Please see Annex A: Model process for developing Individual Healthcare Plan.

Individual Healthcare plans will be written, monitored and reviewed regularly and at least annually and will include the views and wishes of the child and parent in addition to the advice of relevant medical professionals.

Roles and Responsibilities

Governing Body

The Governing Body will ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions. An essential requirement for any policy will be to identify collaborative working arrangements between all those involved (school staff, healthcare professionals, social care professionals, local authorities, parents and pupils). The Governing Body will make arrangements to support pupils with medical conditions in school including making sure that this policy is monitored and evaluated. They will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. The Governing Body will ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They will 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.

Headteacher

The Headteacher will ensure that the school's policy is developed and effectively implemented with partners. This includes that ensuring all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. This will be part of all Induction processes for new staff. The Headteacher will ensure that all staff who need to know are aware of the child's condition. The Headteacher will also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all IHPs including in contingency and emergency situations. The Headteacher has an overall responsibility for the development of IHPs. The Headteacher will also make sure that school staff are appropriately insured and are aware that they are insured to support children in this way. They should contact the school nursing service in the case of any child who has a medical condition that requires support at the school who has not yet been brought to the attention of the school nurse.

Parents / Carers

The prime responsibility for a child's health lies with the parent, who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of sources, including the School Nurse, Health professionals and the child's GP in addition to the information provided by parents in the first instance. This enables us to ensure we assess and manage risk and minimise disruption to the learning of the child and others who may be affected (for example, class mates).

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- Parents will inform school of any medical condition which affects their child.
- Parents will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container
- Parents will ensure that medicines to be given in school are in date and clearly labelled
- Parents should not send a child to school if they are unwell or infectious
- Where medication is required to be administered by school staff, this must be agreed and the Parent / Carer must sign a Consent Form (verbal instructions cannot be accepted)
- If it is known that pupils are self-administering medication in school on a regular basis, a completed Consent Form is still required from the Parent / Carer (verbal instructions cannot be accepted)
- All medicines must be in their original packaging with the pharmacists dispensing label
- Parents / Carers need to ensure there is sufficient medication and that the medication is in date
- An appropriate medicine spoon, medicine pot or oral medicines syringe must be provided by the Parent / Carer
- Medication must be replaced by Parents / Carers at the request of relevant school/health professional
- Parents should collect medicines held by the school at the end of each term and are responsible for ensuring that expired or out of date medicines are returned to a pharmacy for safe disposal

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils will be fully involved in discussions about their medical support needs (where appropriate) and contribute as much as possible to the development of, and comply with, their Individual Healthcare Plan. Other pupils will often be sensitive to the needs of those with medical conditions.

School Staff

At Our Lady of Lourdes Catholic Primary School the person responsible for the management of meeting the medical needs of pupils/ administration of medication is Kim Breckell, SBM. The head teacher maintains the overall responsibility for implementing the policy.

The following staff have a role in the management of medication at the schools:

Role	Name and Job Title
Administration of medication	Kim Breckell, SBM Joanne Dow, School Administrator
Managing storage of medication	Kim Breckell, SBM Joanne Dow, School Administrator
Returning medication to parents/ guardians for disposal	Kim Breckell, SBM Joanne Dow, School Administrator
Checking that medication has been removed at the end of each half term	Kim Breckell, SBM Joanne Dow, School Administrator

There is no legal duty on non-medical staff to administer medicines or to supervise a child taking it, however some staff may have it included within their job description. Where staff do undertake to agree to administer medication:

- Each request should be considered on individual merit and staff have the right to refuse to be involved
- Staff should understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise

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- Regular training relating to emergency medication and relevant medical conditions should be undertaken

School nurse

The 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. Wherever possible, school nurses should do this before the child starts at the school. They will support staff on implementing a child's IHP and provide advice and liaison to school and parents, for example, on training. School nurses will liaise with lead clinicians locally on appropriate support for the child and associated staff training needs. Community nursing teams will be approached where necessary for advice and support.

Other healthcare professionals

Other healthcare professionals including GPs and paediatricians, will notify the school nurse when a child had been identified when a child have been identified as having a medical condition that will require support at the school. They may also provide advice on developing IHPs. Where necessary, specialist local health teams will be consulted to provide support and advice with particular conditions.

The Local Authority

See DFE 'Supporting pupils at school with medical conditions' Statutory Guidance, page 15.

Clinical Commissioning Groups

See DFE 'Supporting pupils at school with medical conditions' Statutory Guidance, page 16.

Providers of health services

See DFE 'Supporting pupils at school with medical conditions' Statutory Guidance, page 16.

Ofsted

See DFE 'Supporting pupils at school with medical conditions' Statutory Guidance, page 17.

Staff training and support

- Any staff required to administer medicines will receive appropriate training.
- Where applicable (e.g. for some intimate medical interventions) a nurse/ medical practitioner will deliver the training and sign off a 'Confidence to practice' statement (See the councils 'Delivery of Medical Interventions by Non Medical Staff Guidance' available on the health & safety resource pages on BEEM for further information)
- Staff will receive annual refresher training where required (e.g. as indicated in the care plan or confidence in practice statement).

Trained Staff

School First Aiders (full certificate) are:

Anita Philbrook, Karina Golawska, Pier Ancombe, Emily Hamilton, Charlotte Nicholson, Kim Breckell, Joanne Dow, Vera McAteer, Megan Hall, Becky Penfold, Claire Price, Maria Franklin, Louise Gordon, Tracey Joyce, Hari Littlejohn, Simon Hoad

Paediatric First Aid: Pier Ancombe, Vera McAteer, Megan Hall, Becky Penfold

BLS/AED & Anaphylaxis Kim Breckell, Maria Franklin, Vera McAteer, Monica Llave Gomez, Becky Penfold, Tracey Joyce, Liz Broadley

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Defibrillation

Anita Philbrook, Karina Golawska, Pier Anscombe, Emily Hamilton, Charlotte Nicholson, Kim Breckell, Joanne Dow, Vera McAteer, Megan Hall, Becky Penfold, Claire Price, Maria Franklin, Louise Gordon, Tracey Joyce, Hari Littlejohn

Teaching Staff: Anita Philbrook, Karina Golawska, Pier Anscombe, Emily Hamilton, Charlotte Nicholson

Support Staff: Kim Breckell, Joanne Dow, Vera McAteer, Megan Hall, Becky Penfold, Claire Price, Maria Franklin, Louise Gordon, Tracey Joyce, Hari Littlejohn

Training:

Suitable training will have been identified during the development or review of an IHP. Some staff may already have some knowledge of the specific support needed by a child with a medical condition, so extensive training may not be required. Staff providing support to pupils with medical conditions will be included in meetings where this is discussed. The relevant healthcare professional will lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. Training will ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in the IHPs. Staff will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. Healthcare professionals, including the school nurse when required will provide confirmation of the proficiency of staff in a medical procedure or when providing medication.

Where appropriate, awareness training will be provided to all staff regularly as part of staff meetings, inset days etc. Following a child's IHP, this will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The child's family will provide relevant information to school staff about how their child's needs can be met and update and inform when necessary. Parents/carers should provide specific advice, but should not be the sole trainer.

Staff training needs will be assessed following Statutory Guidance and advice for healthcare and other relevant professionals regarding specific medical needs in school. Where First Aid training is provided, this will be conducted and assessed by a Brighton & Hove City Council Accredited Training Provider following LA recommendations.

The child's role in managing their own medical needs

Parents will co-operate in training their children to self-administer medicine if this is appropriate, and that staff members will only be involved if this is not possible.

Older pupils with a long-term illness should, whenever possible, assume complete responsibility for their medication, under the supervision of their Parents / Carers.

It should be noted, however, that children develop at different rates and so the ability to take responsibility for and to manage their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made.

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There may be circumstances where it is not appropriate for a child of any age to self-manage. Health Professionals need to assess, with Parents / Carers and children, the appropriate time to make this transition.

Where it is appropriate for pupils to self-manage, Parents / Carers will be required to complete a “Self-Management” form which will detail where the medicines are to be stored during the school day.

Managing medicines on school premises

Our Lady of Lourdes Catholic Primary School aims to effectively support individual children with medical needs and to enable pupils to achieve regular attendance. We also ensure that all children are given the opportunity to participate fully in all aspects of school life, including Physical Education (PE), Science, educational visits, outings, field trips and extracurricular activities. This is in line with our Special Educational Needs and our Equality, Diversity and Inclusion Policies.

It is the policy of Our Lady of Lourdes Catholic Primary School to administer prescribed medication only to pupils where doing so will enable the individual to participate fully in all aspects of school life.

Any medicines stored and administered within school are handled in a safe and monitored environment. This section of the policy has been written using guidance from the DFE [‘Supporting pupils with medical conditions at school’ guide](#) and Brighton and Hove City Council Administration of Medicines Standard HS-S-32.

Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs e.g. finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled asthma, epilepsy or cystic fibrosis. In line with government guidelines we would ask that children are not sent to school when they are clearly unwell or infectious.

Procedures for the Administration of Medicines

Storing Medicines

- All medicines will be stored in a lockable cabinet during the day or a fridge in a lockable office where necessary
- When items such as asthma inhalers and automatic adrenaline injectors (AAIs) need to be readily available to pupils at all times, these will be kept in clearly named zipper bags/box in the child’s classroom. Where children need to have an AAI on their person at all times (as advised by healthcare professionals) they will use a waist belt.
- Controlled medication (e.g. Class 1 and 2 drugs such as “Ritalin” prescribed for Attention Deficit Syndrome) are kept in clearly named zipper bags/box in a locked cupboard in the school office and a written stock record is kept to comply with the Misuse of Drugs Act legislation.

Administering Medication

- The dose of a liquid medicine must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent
- Tablets or capsules must be given with a glass of water
- The record of medication administered will be completed each time medication is given including the time and dose given.

Prescribed Medicines

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- Medicines should only be taken to school where it would be detrimental to a child’s health if the medicine were not administered during the school day
- Our Lady of Lourdes Catholic Primary School can only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber’s instructions for administration – the following must be clearly shown on the label as follows:
 - Child’s name, date of birth
 - Name and strength of medication
 - Dose
 - Expiry dates whenever possible
 - Dispensing date/pharmacists detail
- Some medicines, such as antibiotics, must be taken at a specific time in relation to food – this will be written on the label, and the instructions on the label must be carefully followed
- The Parent / Carer should make arrangements to collect the medicine from the school office at the end of the day unless alternative arrangements are made with the school staff. The medication in/ out log will be completed to document that medication has been removed/ disposed of.
- Medicines will not be handed to a child to bring home unless agreed as in the Self-Management section of this policy.

‘Spare’ Emergency Medication

Schools are now permitted to keep a salbutamol inhaler and/or an automatic adrenaline injector (AAI) on their premises, bought from a pharmaceutical supplier without prescription to use in emergencies when a child cannot access their own inhaler or AAI. The following arrangements are in place to manage the spare medication in the school:

Where the salbutamol inhaler / AAI will be stored	Clearly marked zipper bags/box in the school office
Who checks the salbutamol inhaler / AAI to ensure it is in date and when	Kim Breckell Joanne Dow Checks undertaken every half term
Who will administer it in an emergency	Kim Breckell Joanne Dow
How the school will ensure it is only used for children that have been prescribed their own salbutamol inhaler / AAI	Ensuring all First Aiders are aware of the names of the relevant children and can recognise them by sight; there is a readily accessible list of pupils affected in the school office, staff room and classroom
Who is responsible for disposing of and replacing the salbutamol inhaler / AAI	Kim Breckell Joanne Dow

The school will now keep its own stock of Paracetamol tablets/ suspension for general use (e.g. Calpol). This reduces the risk of pupils carrying medicines and avoids confusion over what may and may not be administered.

When not to administer Paracetamol

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- Following a head injury
- Where a child is already on some other medication
- Where a child has taken Paracetamol or paracetamol-containing medicine within the last 4 hours, or if the child has taken 4 doses within the previous 24 hours
- If the child is allergic
- Consent from the child's parent/guardian has not been obtained both verbally and in writing (for children under 16)

Any frequently recurring need to give Paracetamol must be reported directly to the parents. This guidance advises that school should only administer Paracetamol three times in a term to an individual child. If a child requests more than this, parents should be advised to seek medical assessment, unless parents have specifically requested it because of a medical condition for a limited period of time. Paracetamol must be stored securely as all other medicines are stored, and should not be kept in first aid boxes.

Only one member of staff at any one time should be responsible for giving medicines, to avoid the risk of giving a double dose. They must be relieved from other duties while preparing or giving the medicine, to reduce the likelihood of error.

Before giving the child Paracetamol

1. The child is first encouraged to get some fresh air/have a drink/something to eat/take a walk/sit in the shade/lie down (as appropriate) and Paracetamol is only considered if these actions do not work.
2. There must be written parental consent, with verbal consent from the parent or carer on the day.
3. Only standard Paracetamol may be administered. Combination drugs, which contain other drugs besides Paracetamol, must not be administered.

Administering Paracetamol

1. Prior to administering paracetamol we would seek to contact the parent.
- 2. Children can only be given one dose of Paracetamol during the school day for the indication of pain:** If this does not relieve the pain, contact the parent or the emergency contact.
2. The member of staff responsible for giving medicines must witness the child taking the Paracetamol, and make a record of it. The school must write to the parent on the day, stating the time and the amount of the dose.
3. The child should be made aware that Paracetamol should only be taken when absolutely necessary.

Record Keeping

When a child is given any medicine, a written record of must be kept. See Appendix K-
The record must include:

- The name of the child
- Child's date of birth
- The name of the medicine
- The strength of the medicine
- The dose given, and the form
- The time and date of administration
- Name and signature of the person giving the medicine to the child.

After giving the child Paracetamol

- Send the child back to class with a note informing the teacher.
- If the child improves – send a note home in the book bag at home time to inform parents.

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- If the child does not improve or gets worse – call parents to collect the child.

Aspirin or preparations containing aspirin must never be given

Aspirin should NOT be given to children under 16 years old as its use is associated with Reye's syndrome (a severe neurological disorder).

Refusal of Medicine

If a child refuses to take medicine, we will not force them to do so, but this will be recorded on the 'Record of medication administered' and the parents /carers will be informed as soon as possible, on the same day. If a refusal to take medicines results in an emergency then our emergency procedures will be followed.

Equality, Diversity and Inclusion

At Our Lady of Lourdes Catholic Primary School, we aim to ensure that no member of the school community experiences harassment, less favourable treatment or discrimination within the learning environment because of their age; any disability they may have; their ethnicity, colour or national origin; their gender; their religion or beliefs.

We value the diversity of individuals within our school and do not discriminate against anyone because of 'differences'. We believe that all our children matter and we value their families too. We give our children every opportunity to achieve their best by taking account of our children's range of life experiences when devising and implementing school policies and procedures.

Confidentiality

Medical information will be kept secure in line with Data Protection requirements and will only be shared with those staff that need to know i.e. those that provide day to day support and/or medication to the individual and those that may be required to act in the event of an emergency.

Medical information will be kept secure but readily accessible in the event of an emergency.

Record keeping

Should medicine need to be administered, staff will complete Appendices B – the Individual Healthcare Plan, C - Protocol for School's Administration of Medicine, F – Record of Medicine Administered to Children, and ensure that parents/carers have completed D – Parent's Consent Form or E – Parental Consent for Children to carry out their own Medication. Once parents/carers/school/health care professionals have completed the relevant forms, the Headteacher will sign and send Appendix G – The Agreement to Administer Medicine.

Emergency Procedures

In a medical emergency, teachers have been appropriately trained to administer emergency paediatric first aid if necessary. If possible, the school's First Aiders will be asked to attend.

If an ambulance needs to be called, staff will:

- Provide as many details as possible about the situation and how it occurred
- Give details regarding the child's date of birth, address, parents' names and any known medical conditions.

Children will be accompanied to hospital by a member of staff if this is deemed appropriate. Staff cars should not be used for this purpose. Parents must always be called in a medical emergency, but do not need to be present for a child to be taken to hospital.

See also Appendix C

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Educational Visits

In line with the requirements of the Equalities Act, Our Lady of Lourdes Catholic Primary School will make reasonable adjustments so far as is reasonably practicable, to enable children with medical needs to participate fully and safely on visits. Educational Visits include any outing from school, both residential and non-residential, for the purposes of this policy.

- Risk assessments will be undertaken and will allow for children with medical needs. Where necessary an individual pupil risk assessment will be completed.
- Staff supervising excursions will be aware of any medical needs and the relevant emergency procedures that need to be followed.
- A copy of any Health Care Plans will be taken on visits in the event of the information being needed in an emergency.
- If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they will seek parental views and medical advice from the School Health Service and/or the child's GP/ specialist (in consultation with the parent/carer).

Sporting Activities

In line with the Equalities Act, Our Lady of Lourdes Catholic Primary School will make reasonable adjustments to enable children with medical needs to participate fully and safely in physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental and physical health and well-being.

- There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities
- Any restrictions on a child's ability to participate in physical activity and sport should be recorded in their individual Health Care Plan
- The school is aware of issues of privacy and dignity for children with particular needs
- Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as Asthma inhalers.

Unacceptable Practice

While school staff will use their professional discretion in supporting individual pupils, it is unacceptable to:

- Prevent children from accessing their medication
- Assume every child with the same condition requires the same treatment
- Ignore the views of the child or their parents / carers; ignore medical advice
- Prevent children with medical conditions accessing the full curriculum, unless specified in their Individual Healthcare plan.
- Penalise children for their attendance record where this is related to a medical condition. In these circumstances each case will be looked at on an individual basis in consultation with appropriate agencies.
- Prevent children from eating, drinking or taking toilet breaks where this is part of effective management of their condition
- Require parents to administer medicine where this interrupts their working day
- Require parents to accompany their child with a medical condition on a school trip as a condition of that child taking part

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Liability and Indemnity

The Governing Body of Our Lady of Lourdes Catholic Primary School ensures that an appropriate level of insurance is in place and reflects the level of risk presented by children with medical conditions. See Commercial Combined policy which is held by the School Business Manager, Kim Breckell.

See also Appendix C

Complaints

Should parents be unhappy with any aspect of their child's care at Our Lady of Lourdes, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be managed. If this does not resolve the problem or allay concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parents must make a formal complaint in line with the school's Complaints Procedure.

Home to school transport

Where necessary the school will liaise with the Local Authority whose responsibility it is to ensure that pupils are provided with transport from home to school in accordance with their IHP especially with respect to emergency situations. This will assist the school in developing Transport HealthCare plans for children with Life threatening conditions.

Defibrillators

Sudden Cardiac Arrest is when the heart stops beating and can happen to people of any age without warning. The school has a defibrillator located in the reception lobby. It is used to give an electric shock to re-start a patient's heart when they are in cardiac arrest. Staff members appointed as First Aiders in the use of CPR and are able to administer First Aid with the use of a defibrillator:

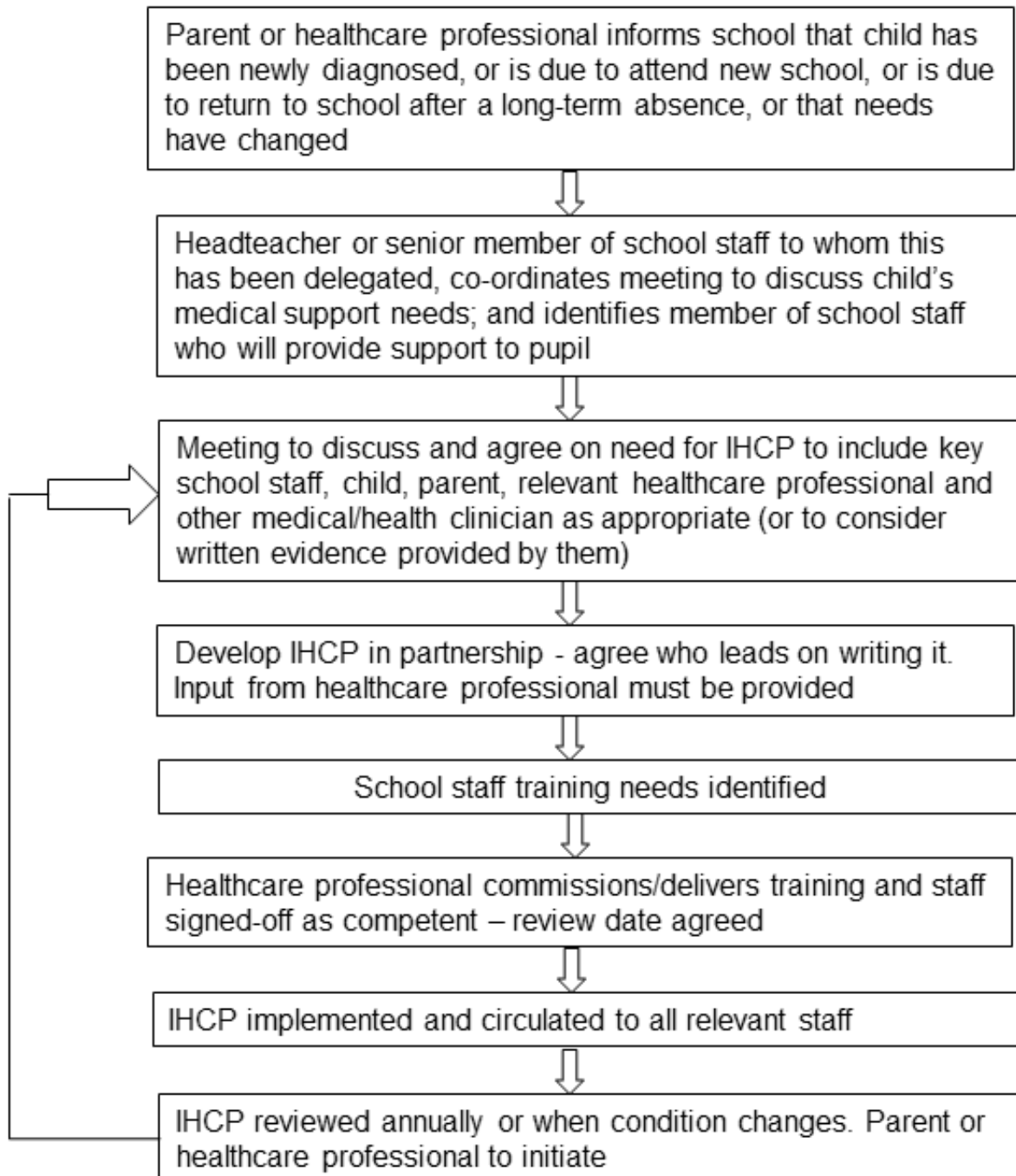
Teaching Staff: Anita Philbrook, Karina Golawska, Pier Anscombe, Emily Hamilton, Charlotte Nicholson

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This training will be reviewed and updated as necessary.

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Annex A: Model process for developing individual healthcare plans



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B

HEALTH CARE PLAN

Name of Child	
Date of Birth	
Condition	
Date	
Class/Form	
Review Date	

Contact Information

Family/Carer Contact 1

Name	
Phone: Work	
Mobile	
Home	
Relationship	

Family/ Carer Contact 2

Name	
Phone: Work	
Mobile	
Home	
Relationship	

Clinic/Hospital Contact

Name	
Tel. No	

GP

Name	
Tel. No.	

Describe condition and give details of pupil's individual symptoms:

--

Daily care requirements (e.g. before sport/at lunchtime):

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Describe what constitutes an emergency for the pupil and the action to take if this occurs:

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Follow-up Care (e.g. after a medical episode such as a seizure, fainting, vomiting etc):

--

Who is responsible in an emergency: (state if different on off-site activities):

--

Form copied to:

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C SAMPLE PROTOCOL FOR SCHOOLS ADMINISTRATION OF MEDICATION
1 Background

(Insert child's name) has been diagnosed with/has the following condition(s) and therefore may require access to the following medication:

Medical Condition	Medication
Add medical condition	List medication
Allergens	Resultant behaviour/ physical appearance/ reaction
Add allergen	Describe the pupils reaction(s)

The arrangements set out below are intended to assist (insert child's name), their parents/carer and the school in achieving the least possible disruption to their education but also to make appropriate provision for their medical requirements.

The Head teacher will arrange for all relevant staff (e.g. class teacher, general assistant, midday supervisory assistants, catering staff where applicable) to be briefed about (insert child's name) condition and necessary arrangements as outlined in this document.

Pupils with Allergies (Delete or add details as necessary)

Where the pupil has a food allergy/ sensitivity whether through digestion or touch etc, the School staff will take all reasonable steps to ensure that (insert child's name) does not come into contact with/ eat those identified allergens. All necessary information including emergency procedures/ location of emergency medication will be shared with the schools catering staff.

(insert child's name) parents will remind them regularly of the need to refuse any food items which might be offered to them by other pupils. In particular, parents will provide the following for them:

- a suitable mid morning snack;
- a suitable packed lunch;

Whenever the planned curriculum involves cookery or experiments that may involve (insert name of allergen(s)) prior discussions will be held between the school and parents to agree measures and suitable alternatives. Where necessary, an individual pupil risk assessment will be undertaken.

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During the planning for offsite visits/ trips, prior discussions will be held between the school and **(insert child's name)** parents/ carers to assess the risk of the pupil coming into contact with the allergen(s) and what measures will be needed on the trip.

Pupil Requiring Medication (Delete or add details as necessary)

The school will hold, under secure conditions, **(add pupils name)** medication. The Medicine(s) will be provided by the parent/ carer in their original packaging and all prescribed medication must have a dispensing pharmacy label which lists the dose, frequency of dosing and any instructions for administration. All medication will have an expiry date and only medication in date will be administered.

The medication is stored: **(add location)**.

The parents/carer accepts responsibility for maintaining appropriate supplies of medication.

Emergency Response

When a pupil displays known symptoms relating to their condition that requires an emergency response, the appropriate medication will be administered following staff training/instruction (e.g. use of an asthma inhaler or automatic adrenaline injector (AAI),

In the event of **(insert child's name)** showing any physical symptoms for which there is no obvious alternative explanation, their condition will be immediately reported to **(insert name of person nominated to take control of the situation - this person could be the class teacher, first-aider or head teacher)**.

On receipt of such a report, this person, if agreeing that their condition is a cause for concern will instruct a member of staff to contact (in direct order of priority):

- AMBULANCE – Emergency Services 999
Message to be given – **(name of child) (insert medical condition)**
- Parents/ carer
Name – number **(insert)**

Whilst awaiting medical assistance, **(insert name of nominated person)** will assess **(insert child's name)** condition and **administer the appropriate medication** in line with perceived symptoms and following their training/instructions and as detailed on the consent form.

The administration of this medication is safer for **(insert child's name)** than doing nothing - even if it is given through a misdiagnosis it will do them no harm.

On the arrival of a qualified medical staff, the nominated person will tell them of the medication given to **(insert child's name)**. All used medication will be handed to the medical staff.

After the incident, a debriefing session will take place with all members of staff involved. Parents will replace any used medication.

Staff Training

A training session was held by **(school nurse)** which was attended by **(insert names of staff/trained in procedure.) (insert name)** was nominated as the key person to take control of a situation and **(insert name)** was nominated to perform this role in the event of their absence.

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The training included details of (insert name of child) condition, the symptoms of (insert medical condition); the stages and procedures for the administration of medication and emergency procedures to follow.

Further advice is available to the school staff at any point in the future if they feel the need for further assistance. In any case, the medical training will be repeated every (add frequency e.g. six months.)

Staff Indemnity

In order to give staff reassurance about the protection their employment provides, Brighton & Hove City Council agrees to fully indemnify its staff at the school against claims of negligence from (insert child's name) parents/pupils providing the staff are acting within the terms of this protocol. In practice, the indemnity means the Council and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and the action will usually be between the parent and the employer (the Council).

Agreement

A copy of these notes will be held by the school and the parents/ carer and a copy sent to (insert child's GP/doctor's name and address) and (insert school nurse's name and address) for information.

Any necessary revisions will be the subject of further discussions between the school and the parents/ carers and appropriate medical practitioners.

On a termly basis, any changes in routine will be noted and circulated.

Agreed & Signed on behalf of the school:

Head teacher:

Date:

Parents/Carer:

Date:

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D
PARENTAL CONSENT FORM**

TO BE COMPLETED BY THE PARENT/GUARDIAN OF ANY CHILD TO WHOM DRUGS MAY BE ADMINISTERED UNDER THE SUPERVISION OF SCHOOL STAFF.

If you need help to complete this form, please contact the School or the Health Visitor attached to your doctor's surgery. Please complete in block letters.

Name of Child		Doctor's Name	
Date of Birth		Doctor's Phone No.	
School		Doctor's 24hour contact No.	
Home Address		Doctor's Address	

The Doctor has prescribed (as follows) for my child:

a) Regularly:

Name of Drug/Medicine to be given	How Often (e.g. lunchtime, after food?)	How much? (e.g. 5ml/ 1 tablet)

b) In special circumstances:

Describe what circumstances would require the administration of the medicine(s) or treatment details of the necessary dosage:

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c) Special Procedures

Describe under what circumstances medical/ intimate (including tube feeding, catheter care, tracheotomy care or nasopharyngeal suctioning etc) procedures will be undertaken:
List any necessary equipment:

I request that the treatment be given in accordance with the above information by a responsible member of the school staff who has received any necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with any necessary medical equipment and the drugs, medicines, food my child requires in properly labelled containers and keep the school informed of any material facts or information which may affect medication being given to the child. I will dispose of unused equipment, drugs and/ or medication at the end of each term or sooner if the drugs/ medication has expired..

I accept that whilst my child is in the care of the School, the School staff stand in the position of the parent and that the school staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Name of Parent/ Carer	
Signature of Parent/Carer	
Date	

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Home telephone number	
Daytime telephone number	
Relationship to child	
Phone number	

I undertake to provide advice if any changes in medication/ medical procedures are necessary.

Name of Doctor/Consultant Paediatrician	
Signature	
Date	

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E

PARENTAL CONSENT FORM FOR PUPIL TO CARRY THEIR OWN MEDICATION

This form must be completed by parents/carer

Please complete in block letters

Name of child:	
Class:	
Address:	
Condition or illness:	
Name of Medicine(s):	
Procedure to be taken in an emergency:	

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Contact Information

Name:	
Daytime telephone number:	
Relationship to child:	

I would like **add pupil name** to keep their medication on them for use as necessary.

Signed:

Date:

Relationship to child:

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F RECORD OF MEDICINE ADMINISTERED TO CHILDREN/YOUNG PEOPLE

Date Discontinued:

Date Commenced:

Record of Medicine Administered

Date	Childs Name	Name of Medication	Strength and Form	Frequency	Special Instructions	Dose Given	Time	Any Reactions	Refused	Signature of Staff	Print Name

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G

**EXAMPLE HEADTEACHER/ HEAD OF SETTING AGREEMENT TO ADMINISTER
MEDICINE**

Dear

I agree that (name of child) will receive (quantity and name of medicine) every (add time medicine to be administered, e.g. lunchtime or afternoon break).

(Name of child) will be given/supervised whilst they take their medication by (name of member of staff).

This arrangement will continue until (either end date of course of medicine or until instructed by parents).

Date:

Signed:

(Headteacher/ Settings Manager)

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H EXAMPLE OF FORM FOR RECORDING MEDICAL TRAINING FOR STAFF

Name	
Type of Training received	
Date Completed	
Training Provided By	

I confirm that **add name** has received the training detailed above and is competent to carry out **add details of medication and/or procedure**.

Trainer's Signature	
Date	

I confirm that I have received the training detailed above.

Staff Signature	
Date	
Suggested Review Date	

I INSTRUCTIONS FOR THE ADMINISTRATION OF RECTAL DIAZEPAM

Guidelines for the administration of rectal Diazepam in epilepsy and febrile convulsion for non-medical/ non-nursing staff.

NAME OF CHILD/YOUNG PERSON:	
D.O.B	

<p>SEIZURE CLASSIFICATION AND/OR DESCRIPTION OF SEIZURES WHICH MAY REQUIRE RECTAL DIAZEPAM</p> <p>Record all details of seizures e.g. goes stiff, falls, convulses down both sides of body, convulsions last 3 minutes etc. Include information re: triggers, recovery time etc.</p>	
USUAL DURATION OF SEIZURE	
OTHER USEFUL INFORMATION	
DIAZEPAM TREATMENT PLAN	
<p>WHEN SHOULD RECTAL DIAZEPAM BE ADMINISTERED</p> <p>Include whether it is after a certain length of time or number of seizures. e.g. For a tonic/clonic seizure lasting 5 minutes or 2 tonic/clonic seizures without recovery in-between</p>	
INITIAL DOSAGE: How much rectal Diazepam given initially	
USUAL REACTION(S) TO RECTAL DIAZEPAM	
ACTION TO TAKE IF THERE ARE DIFFICULTIES IN THE ADMINISTRATION OF RECTAL DIAZEPAM e.g. constipation or diarrhoea	
CAN A SECOND DOSE OF RECTAL DIAZEPAM BE GIVEN	
<p>IF YES, AFTER HOW LONG CAN A SECOND DOSE OF RECTAL DIAZEPAM BE GIVEN</p> <p>(State the time to have elapsed before re-administration takes place)</p>	
HOW MUCH RECTAL DIAZEPAM IS GIVEN AS A SECOND DOSE	

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WHEN SHOULD THE PERSON'S USUAL DOCTOR BE CONSULTED	
WHEN SHOULD 999 BE DIALLED FOR EMERGENCY HELP e.g. if the full prescribed dose of rectal Diazepam fails to control the seizure	
WHO SHOULD WITNESS THE ADMINISTRATION OF RECTAL DIAZEPAM? (e.g. another member of staff of the same sex)	
PRECAUTIONS - UNDER WHAT CIRCUMSTANCES SHOULD RECTAL DIAZEPAM NOT BE USED e.g Oral diazepam already administered within the last X minutes.	
DETAILS OF WHO/WHERE NEEDS TO BE INFORMED e.g. Prescribing GP/ Parents/ carers	

All occasions when rectal Diazepam is administered must be recorded.

THIS PLAN HAS BEEN AGREED BY THE FOLLOWING:

	Signature	Date
PRESCRIBING DOCTOR		
AUTHORISED PERSON(S) TRAINED TO ADMINISTER RECTAL DIAZEPAM		
PARENT/CARER		
HEAD OF SCHOOL/SETTING		

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J

MEDICATION IN/ OUT LOG INCLUDING DISPOSAL DETAILS

Medication IN/ OUT Log										
OUT		Signature								
		Quantity								
		Strength & Form								
		Name of Medicine								
		Name								
IN		Signature								
		Quantity								
		Strength & Form								
		Name of Medicine								
		Name								
		Date								