



Supporting Pupils with Medical Needs & Administration of Medicines policy

Responsible for policy;
Review:
Chair of Directors

CC3 Quality, Performance and Standards
Biennial

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Definitions

In this **Supporting Pupils with Medical Needs and Administration of Medicines Policy**, unless the context otherwise requires, the following expressions shall have the following meanings:

- i 'The Romero Catholic Academy' means the Company named at the beginning of this **Supporting Pupils with Medical Needs and Administration of Medicines Policy** and includes all sites upon which the Company is undertaking, from time to time, being carried out. The Romero Catholic Academy includes; **Corpus Christi, Good Shepherd, Sacred Heart, Blue Sky, SS Peter and Paul, St Gregory, St John Fisher, St Patrick, Cardinal Wiseman, Shared Services Team.**
- ii 'Romero Catholic Academy' means the Company responsible for the management of the Academy and, for all purposes, means the employer of staff at the Company.
- iii 'Board' means the board of Directors of the Romero Catholic Academy.
- iv 'Governance Professional' means the Governance Professional to the Board or the Governance Professional to the Local Governing Body of the Academy appointed from time to time, as appropriate.
- v 'Chair' means the Chair of the Board of the Directors, or the Local Governing Body appointed from time to time.
- vi 'Chief Education Officer (CEO)' means the person responsible for performance of all Academies and Staff within the Multi Academy Company and is accountable to the Board of Directors.
- vii 'Diocesan Schools Commission' means the education service provided by the diocese, which may also be known, or referred to, as the Birmingham Diocesan Education Service.
- viii 'Local Governing Body' means the governing body of the School.
- ix 'Governing Body Representatives' means the governors appointed and elected to the Local Governing Body of the School, from time to time.'
- x 'Principal' means the substantive Principal, who is the person with overall responsibility for the day-to-day management of the school.
- xi 'School' means the school or college within The Romero Catholic Academy and includes all sites upon which the school undertaking is, from time to time, being carried out.
- xii 'Shared Services Team' means the staff who work in the central team across the Company (e.g. HR/ Finance)
- xiii 'Vice-Chair' means the Vice-Chair of the Local Governing Body elected from time to time.
- xiv 'Local Authority Designated Officer (LADO)' means the officers working on behalf of Coventry City Council and the Coventry Safeguarding Children Partnership to address, advise and manage allegations and concerns against staff, carers and volunteers by addressing matters of safety and wellbeing of pupils and young people
- xv 'Designated Safeguarding Lead (DSL)' means the person appointed to take lead responsibility for childprotection issues in school
- xvi Pupils means Pupils (EYFS), Pupils (KS1-KS4), Students (KS5). For the purposes of the policy, we will use pupil throughout.

This Policy follows this DfE guidance. Click on the image to access the document.



1. The Romero Catholic Academy Framework

The policy framework describes the essential criteria for how the school can meet the needs of pupils and young people with long-term medical conditions. Our schools are inclusive communities that support and welcome pupils with medical conditions.

- The Romero Catholic Academy provide pupils with medical conditions with the same opportunities and access to activities (both schools based and out-of-school) as other pupils. No pupil will be denied admission or prevented from taking up a place in our schools because arrangements for their medical conditions have not been made
- The schools will listen to the views of pupils and parents/ carers
- Pupils and parents need to feel confident in the care they receive from our schools and that the level of care meets their needs
- Staff should understand the medical conditions of pupils in our schools and that they may be serious, adversely affect a pupil's quality of life and impact on their ability to learn
- All staff understand their duty of care to pupils and young people and know what to do in the event of an emergency
- Our schools understand that all pupils with the same medical condition may not have the same needs
- The school recognises that duties in the Pupils and Families Act (England only), the Equality Act (England, Wales and Scotland) and the Disability Discrimination Act (Northern Ireland only) relate to pupils with disability or medical conditions and are anticipatory
- This policy is drawn up in consultation with a range of stakeholders including pupils, parents, school nurses, school staff, Academy representatives, the Board of Directors and relevant local health services and supporter organisations

2. Aims

The Romero Catholic Academy 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
- To ensure the needs of pupils with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves
- To provide guidance to all staff, ensuring they are fully supported in carrying out their role to support pupils with medical conditions and trained where appropriate
- To identify the roles and responsibilities of all parties involved in the arrangements made to support pupils at school with medical conditions

3. Legislation and Statutory Requirements

It is the responsibility of all staff to read this policy.

This policy is written in response to government legislation namely, Section 100 of the Pupils and Families Act 2014 & subsequent statutory guidance issued in 2015 which places a duty on schools to make arrangements for supporting pupils at their school with medical conditions. The policy also applies to activities taking place off-site as part of normal educational activities.

Early Years providers should still comply with the statutory framework of the Early Years Foundation Stage.

We recognize that some pupils are disabled under the definition of the Equality Act 2010 and that we must comply with duties under this Act.

We understand that some pupils have Special Educational Needs & Disabilities and may have an Educational Health Care Plan which brings higher health and social care needs as well as SEND provision. For these pupils this policy should be read in conjunction with the SEND Code of Practice and compliance with this Code ensures compliance with the 2015 statutory guidance for supporting pupils with medical conditions.

4. Supporting Pupils with Medications

The Principal is responsible for ensuring that whenever the school is notified that a pupil has a medical condition:

- enough staff are suitably trained
- all relevant staff are made aware of a pupil's condition
- cover arrangements in case of staff absence/turnover is always available
- supply teachers are briefed
- risk assessments for visits and activities out of the normal timetable are carried out
- individual healthcare plans are monitored and reviewed (annually or more frequently if required)
- transitional arrangements between schools are carried out

Arrangements should be in place for the start of term through transition meetings made in advance or as soon as possible thereafter. Where a pupil 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 pupil needs. The designated member of staff in school (the Learning Mentor, Pastoral staff or SENCO) and parents/carers should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Principal is best placed to take a final view. If the parents, and school agree that a healthcare plan is inappropriate or disproportionate, a record of the pupil's medical condition and any implications for the pupil will be kept in the pupil's file.

5. Individual Health Plans (IHPs)

These documents should be easily accessible to all who need to refer to them, while preserving confidentiality and ensuring compliance with GDPR (copies of care plans should be kept visible to classrooms (not on display but accessible) with the original being kept in one central place designated in the school. They should capture the key information and actions that are required to support the pupil effectively. Plans should be drawn up in partnership between the school & parents, and this should be discussed at a meeting between both parties.

The following information should be considered when writing an individual healthcare plan (see Appendix A)

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues
- Specific support for the pupil's educational, social and emotional needs
- The level of support needed including in emergencies
- Who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements?
- Who in school needs to be aware of the pupil's condition and the support required?
- Arrangements for written permission from parents and the Principal for medication to be administered by a member of staff or self-administered (pupils who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision. However, it should be clearly stated if a pupil is self-administering medication.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do if a pupil refuses to take medicine or carry out a necessary procedure
- What to do in an emergency, who to contact and contingency arrangements. If a pupil needs to be taken to hospital, staff should stay with the pupil until the parent arrives, or accompany a pupil 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.

6. Emergency Procedures

First Aiders will be called to any medical emergency in school. Staff must be aware of the designated First Aiders and how to contact them. A list of First Aid trained staff are shown on the First Aid Needs RA. It is good practice to keep a list of First Aid trained staff at the designated First Aid points around the school.

The First Aider will assess each individual case and act accordingly. All actions will be recorded in the First Aid Report Book.

Due to RIDDOR reporting requirements it may be necessary, in some circumstances, that accidents & assaults also require completion of an accident form on the school's intranet accessible Health and Safety Reporting Tool. The form is then reviewed internally by key members of the Shared Services Team and given consideration with regards to RIDDOR. If necessary, the Academy will consult with Health and Safety Consultant, Clive Billington.

When an ambulance is called, parents/carers will be contacted immediately. A personal student data sheet will be printed and handed to the emergency services. The data sheet includes the following information:

- Name
- Date of Birth
- Contact details
- Emergency Contact/Next of Kin
- Medical Conditions

If a pupil needs to be taken to hospital, a member of staff will stay with the student until the parent/carer arrives or will accompany them to hospital. An incident log will be completed and sent to the Principal. For pupils with an individual healthcare plan, staff will follow emergency procedures as identified on the plan.

Supporting a pupil with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the pupil.

7. Pupils with allergies

Following the introduction of 'Natasha's Law' in October 2021, the requirements for prepacked for direct sale (PPDS) food labelling changed in England, Wales & NI. Schools are now required to order prepacked food (e.g. for trips) in advance from catering, to enable them to ensure it is labelled with the name of the food, contains a full ingredients list, with allergenic ingredients emphasised in the list. Orders placed to the school kitchen should be placed a minimum of 5 school days in advance of requirement and any allergen/dietary requirements clearly identified. All packaged foods provided must carry the correct/accurate labelling clearly displaying and emphasising allergens present.

Parents are requested to provide information on allergies at least annually by completing a Data Information Sheet and, a subsequent allergy form from the catering provider if applicable. Pupil allergen status should be passed to the school kitchen team and updated when a new pupil starts school or if there is a change to an existing pupil's allergen/dietary status. An updated list must be provided annually at the commencement of a new school year. Allergen/dietary advice should accompany daily orders provided to kitchens, where an electronic system is used the school must ensure that the correct allergen/dietary advice is provided for display on pupil profiles at the point of ordering.

On receiving information regarding allergies or medical conditions all staff are made aware of the allergy or medical need immediately. Where appropriate the SENCO or Learning Mentor will then develop a pupil profile which includes a picture of the student, a description of the allergy, allergic reaction symptoms and whether an epi-pen is required. Profiles will be shared with all staff including kitchen staff (if applicable) and held in the student file. The SENCO or Learning Mentor (whichever is applicable in the school) will then liaise with families and professionals to develop a healthcare plan and deliver any necessary staff training.

Parents/carers are requested to provide two Epi-pens where possible. If appropriate, one of these should be kept in the pupil's possession (in the case of Cardinal Wiseman or a mature Year 5/6 pupil as agreed between parties) and the other held centrally and/or in the pupil's classroom. It is recognized that at the current date (2019) there is a national shortage. But pupils must have one epi-pen which is in date.

A named First Aider in school will check Epi-pens routinely to ensure they are 'in date'. Epi-pens must be taken on school trips and visits and held by an adult who is trained to administer it. First Aid trained staff will be trained on how to use an Epi-Pen. Admin will keep a list of the staff trained and their training.

Schools will ensure that they organise for staff to access training on how to use Epi-pens appropriately and any other medical condition as appropriate. Where feasible this training will run across schools in The Romero Catholic Academy to maximise reach.

8. Roles and Responsibilities

Schools within The Romero Catholic Academy must;

- decide to support pupils with medical conditions, including making sure that this policy is developed and implemented
- ensure sufficient staff receive suitable training and are competent before they take on responsibility to support pupils with medical conditions
- ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching materials as needed
- ensure the appropriate level of insurance is in place and appropriately reflects the level of risk
- ensure no pupil with a medical condition is denied admission to a school because arrangements for the pupil's medical condition have not been made. However, it can ensure a pupil's health is not put at unnecessary risk if admitting that pupil would be detrimental to the health of that pupil or other pupils

The Principal

- 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 pupil's condition, including supply staff if appropriate
- should ensure enough staff are trained to implement the policy and deliver IHPs, including in emergency and contingency situations
- has overall responsibility for the development of IHPs (albeit the task may be delegated)
- should ensure Risk Assessments are completed (albeit the task may be delegated) for school visits and activities outside of the school timetable
- should ensure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- should contact the school nursing service in the case of any pupil with a medical condition that may require support at school, but who has not yet 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
- should receive enough suitable training and achieve the necessary level of competency before taking on the responsibility of supporting pupils with medical conditions
- any staff member should know what to do in an emergency and respond accordingly when they become aware that a pupil with a medical condition needs help
- a named staff member with responsibility for IHPs should along with a Healthcare professional and parent agree when an Individual Healthcare Plan is appropriate or disproportionate and if applicable should be completed within an agreed timescale

Local Governing Body

- the Local Governing Body have a duty to decide to support pupils with medical conditions. The functions can be conferred to a Principal or other member of staff as appropriate. Help and co-operation can also be enlisted from other appropriate persons (e.g. Coventry LA Advisor). We expect that an approach to meeting the duty will be taken considering the statutory guidance.
- the Local Governing Body remains **legally responsible** and accountable for fulfilling its statutory duty.
- the Local Governing Body must ensure that arrangements are in place to support pupils with medical conditions. In doing so it should ensure that such pupils can access and enjoy the same opportunities at school as any other child.
- the Local Governing Body should consider that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Local Governing Body should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- the Local Governing Body should ensure that its arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.
- the Local Governing Body should ensure that they have a named person who has overall responsibility for policy implementation. This will be the Principal unless otherwise minuted.
- The Local Governing Body should ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.

School Nurses

- are responsible for notifying the school when a pupil has been identified as having a medical condition which will require support in school – where possible they should do this before the pupil starts at the school
- may support staff on implementing a pupil's IHP and provide advice e.g on training

Other healthcare professionals

- should notify the school nurse when a pupil 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 conditions (e.g. asthma, epilepsy, allergies and the use of Epi-pens, diabetes). Training should be recorded in the Safeguarding Training records.

Pupils

- Pupils generally do not attend IHP meetings. If a pupil needs to be consulted, then their parents should also be present.
- After discussion with parent(s) pupils who are competent can be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected in an IHP. Pupils who carry their own medicines may require an appropriate level of supervision.

Parents/Carers

- must provide the school with sufficient and up-to-date information about their pupil's medical needs and this should be reviewed annually or more frequently if required
- are the key partners and should be involved in the development and review of their pupil's Individual Healthcare Plan
- should carry out any action they have agreed to as part of the IHP implementation

Local Authorities

- have a duty to promote cooperation between relevant partners such as governing bodies, clinical commissioning groups and NHS England, with a view to improving the well-being of pupils so far as relating to their physical and mental health and their education, training and recreation
- should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified in the IHP can be delivered effectively
- should work with schools to support pupils with medical conditions to attend full-time
- where pupils would not receive a suitable education in mainstream school because of their health needs the local authority has a duty to make other arrangements

Providers of health services

- should cooperate with schools that are supporting pupils with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals as well as participation in locally developed outreach and training

Staff training and support

- any member of school staff requested to support a pupil with medical needs will receive the necessary training before the pupil starts/re-enters school
- this training will be carried out by a suitably qualified health professional
- training will be reviewed in line with advice from relevant healthcare professionals
- staff must not undertake health care procedures without appropriate training
- the school nursing team will be accessed to issue awareness training for asthma, epilepsy and allergic reactions annually for all staff
- where possible, training should be extended to supply staff, especially those in longer term placements who might have a pupil with medical conditions in their care.

Notes

Pupils and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other pupils. This means that no pupil with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

However, in line with their safeguarding duties, schools should ensure that pupils' health is not put at unnecessary risk, e.g. from infectious diseases. The school therefore does not have to accept a pupil identified as having a medical condition at times when it would be detrimental to the health of that pupil or others to do so.

The Local Governing Body should ensure that the school's policy is explicit about what practice is not acceptable

The following practice is considered unacceptable:

- preventing pupils from easily accessing their inhalers and medication and administering it when and where necessary
- assuming pupils with the same condition require the same treatment
- ignoring the views of the pupil, their parents; ignoring medical advice or opinion
- sending pupils with medical conditions home frequently or prevent them from staying for normal school activities (unless specified in IHP)
- if the pupil becomes ill, sending them to the school office or identified room/area unaccompanied or with someone unsuitable
- penalizing pupils for their attendance record if their absences are related to their medical condition
- preventing pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively requiring parents to attend school to administer medication or provide medical support to their pupil, including toileting issues.
- preventing pupils from participating, or creating unnecessary barriers to pupils participating in any aspect of school life, including school trips

9. Procedures for Administering Medicines In School

Only medicines prescribed by a pupil's doctor (including inhalers) can be administered by staff. Pain and fever relief medicine can only be administered upon completion of a medicine request form by the parent/carer and only if it has been recently prescribed.

Medicines should only be administered in school when it would be detrimental to a pupil's health or school attendance not to do so.

The Principal maintains overall responsibility for the administering of medicines within school, delegating to class teacher or tutors and support staff (including First Aiders) the task of administering medicines to pupils in line with this policy.

The following safeguards must be observed:

- Parents should complete a request form (see Appendix B -template) and give it and the medicine directly to the office. This form confirms that it is necessary, in the view of the pupil's doctor, dentist, nurse or pharmacist for the pupil to receive medicine during school hours.
- Parents/Carers will need to deliver/collect the medicine directly to/from the above staff upon dropping off or collecting their pupil. No medicines can be administered without a completed medicine request form.
- All medicines must be clearly labelled with the date, contents and name of the pupil and dosage as prescribed by the pupil's doctor or practitioner. The medicine must be in the bottle/packaging in which it was prescribed and include instructions for administration, dosage and storage. The dosage on bottle/packaging must be the

same as stated on the request form. (The exception to this is insulin which must still be in date, but which will be available inside a pump or pen rather than its original container.)

- *“a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed”* (page 20 DfE Guidance Supporting Pupils at School with Medical Conditions)
- Administration of medicines must be witnessed and two signatures recorded on the form.

10. Inhalers

- Inhalers and forms should be given to staff who will be responsible for providing a safe place of storage. The storage of the inhaler will depend on the maturity of the pupil to manage their medical condition:
 - Younger pupils - usually the class teacher at Primary will store the inhaler close to hand in classroom
 - Older pupils -will keep inhalers on their person
- A completed inhaler form must be obtained.
- The school will hold a Ventolin inhaler and spacer to be used in emergencies only. This does not exempt parents from providing school with an inhaler if their pupil has been diagnosed with asthma.
- A letter will be sent to all parents/carers of pupils on the school’s inhaler register requesting permission for the school’s inhaler to be used in the event of an emergency.
- The spacer can only be used by one pupil. Once used it must be kept for the use of the pupil or disposed of. Parents will be asked to replace the spacer or will be charged the cost of a replacement. (Replacement spacers must be in the original sealed packaging.)
- Parents/carers will be informed by letter if their pupil has used the emergency inhaler.
- If a pupil has needed to use the emergency inhaler more than once, the parents will be contacted by a member of staff.
- Parents/carers are responsible for ensuring inhalers are in date
- Ventolins can be purchased for the school from here. The DfE guidance confirms that schools can hold centrally their own resources.

To purchase inhalers <https://www.eurekadirect.co.uk/Medical-Consumables/Inhalers-For-Schools>
Guidance for asthma inhalers <https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

11. Use of Epi-pens in School

Parents/carers are requested to provide two Epi-pens where possible. If appropriate, one of these should be kept in the pupil’s possession (in the case of Cardinal Wiseman or a mature Year 5 6 pupil as agreed between parties) and the other held centrally and/or in the pupil’s classroom. It is recognized that at the current date (2019) there is a national shortage. But pupils must have one epi-pen which is in date.

A named First Aider will check Epi-pens routinely to ensure they are ‘in date’. Epi-pens must be taken on school trips and visits and held by an adult who is trained to administer it. First Aid trained staff will be trained on how to use an Epi-Pen. Admin will keep a list of the staff trained and their training.

12. Supply and Storage of Medicines in School

- Any special storage requirements for the medicine must be complied with, e.g. stored in a refrigerator. Medicines must be stored in the containers they were prescribed in. The medicine must be kept secure and inaccessible to pupils.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and Epi-pens should be always readily available and not locked away (spare Epi-pens are kept securely as they are for use of emergency services only).
- It is the responsibility of parents/carers to ensure that medication kept in school (e.g inhalers, Epi-pens) is in date. Out of date inhalers are sent home with a request that parents replace them. This is the parent's responsibility. However, the school should remind parents on a regular basis.
- Records must be kept of medicines administered stating what, how and how much was administered, when and by whom (see Appendix C – template). In the event of long-term illnesses/conditions an individual record sheet must be kept and in the cases of pupils receiving a course of treatment, a weekly record will be kept. All records should be retained.
- If the school is left with any unused medicine or medicine for which the expiry date has passed, staff should contact parents/carers and ask them to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.
- Controlled drugs are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone. In Secondary Schools a pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but it is an offence to pass it to another pupil to use. Monitoring arrangements may be necessary.
- All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept. School staff may administer a controlled drug to the pupil for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual pupils, 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 in school.
- This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a pupil on off-site visits. They are collected and disposed of in line with local authority procedures.

13. Outside Classroom, Day Trips, Residential Trips and Administration of pain relief on Residential

- Teaching staff should be aware of how a pupil's medical condition will impact on their participation, but there should be enough flexibility for **all pupils** to participate according to their own abilities and with any reasonable adjustments. Schools should decide for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP state that this is not possible.
- **PE or field** activities should be carried out with any medication to hand so that it is available to the pupil
- All schools within The Romero Catholic Academy should consider what reasonable adjustments they might make to enable pupils with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. Please also see Health and Safety Executive (HSE) guidance on school trips.
- During **residential** trips it may become necessary to administer pain relief medication to a pupil. If parental consent has been given pain relief will be administered to a pupil if their temperature exceeds 38.3°C an ear thermometer or forehead (scan) thermometer will be taken on the trip to ensure an accurate temperature reading is taken. Parents will be asked to complete a medicine administration form.

14. Review and Implementation

- The Local Governing Body and responsible for the implementation and effectiveness of this policy.
- The Principal and Senior Leaders should review and implement the medical needs policy and procedures reporting to the Local Governing Body through the half termly meetings or the Principal report as appropriate.
- Whole school data on medical needs and the impact of this policy will be reviewed to deliver best practice and comply with statutory requirements on an annual basis.
- All members of staff who provide support to a student with medical needs should have received suitable training. Staff must be aware of the specific medical condition they are being asked to deal with, the implications and preventative measures so that they can fulfil the requirements of the healthcare plan.
- Whole school awareness training will be delivered to ensure that staff are aware of the school's policy and their role in the implementation of it. Relevant healthcare professionals will be available to give specific advice as required. Parents should be asked for their views about how their pupil's needs can be met.

15. Safeguarding Links

School staff should always be mindful to keep all pupils safe and secure. If in the application of this policy, staff have concerns in relation to any aspect of the child's health, then the Safeguarding policy should be consulted.

What is fabricated or induced illness? Fabricated or induced illness (FII) is a rare form of child abuse. It occurs when a parent or carer, usually the child's biological mother, exaggerated or deliberately causes symptoms of illness in the child. In fabricated or induced illness, the parent may present the child as ill when they are healthy, deliberately induce symptoms of illness, manipulate test results, or exaggerate or lie about symptoms. This could include the administration of medicines, either over use or unnecessary administration of drugs.

16. Complaints Procedure

If parents/carers or pupils are dissatisfied with the support provided, they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

17. Liability and Indemnity

The Board of Directors will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The Romero Catholic Academy are a member of the Department for Education's risk protection arrangement (RPA).

18. Links to other policies

This policy is linked to our;

- Safeguarding Pupils & Child Protection Policy
- Complaint Policy
- Educational Visits Policy
- First Aid Policy
- Mental Health & Self Harm Policy
- Health and Safety Policy
- Allergen Policy
- Admissions Policy
- Attendance Policy
- Educational Visits Policy
- Intimate Care Policy
- Managing Critical Incidents in Schools

19. Monitoring and Review

The Board of Directors delegate the implementation of this policy to the Local Governing Body.
This policy will be reviewed by CC3 Quality, Performance and Standards.

20. Roles and Responsibilities

	Person overall responsibility	Defibrillator
Corpus Christi	Principal	Office wall
Good Shepherd	Principal	Office wall
Sacred Heart	Principal	Staffroom
SS Peter and Paul	Principal	Entrance – corridor
Saint Gregory	Principal	Office wall
Saint John Fisher	Principal	(KS1/KS2) Link Wall facing the field
Saint Patrick	Principal	Office wall
Cardinal Wiseman	Principal	Outside main Reception on the roadside.

Template A: Individual Healthcare Plan

Name of school/setting

Pupil's name

Group/class/form

Date of birth

Pupil's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to pupil

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support inside and outside the school?

Describe medical needs and give details of ~~pupil's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc~~

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Template B: Parental Agreement for Setting to Administer Medicine

The school/setting will not give your pupil medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of school/setting

Name of pupil

Date of birth

Group/class/form

Medical condition or illness

Name of school/setting
Name of pupil
Date of birth
Group/class/form
Medical condition or illness

Medicine

Name/type of medicine

(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting

needs to know about?

Self-administration – y/n

Procedures to take in an emergency

Name/type of medicine
<i>(as described on the container)</i>
Expiry date
Dosage and method
Timing
Special precautions/other instructions
Are there any side effects that the school/setting
needs to know about?
Self-administration – y/n
Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to pupil

Name
Daytime telephone no.
Relationship to pupil

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

Signature(s)

Date

Template C: Record of Medicine administered to an individual

Name of school/setting
 Name of pupil
 Date medicine provided by parent
 Group/class/form
 Quantity received
 Name and strength of medicine
 Expiry date
 Quantity returned
 Dose and frequency of medicine

Signature(s) Staff:

Date

Signature(s) Parent:

Date

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

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

C: Record of medicine administered to an individual pupil (Continued)

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

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

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

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

Model process for developing individual healthcare plans

Annex A: Model process for developing individual healthcare plans

