

# Our Lady's Catholic College

## Policy for Supporting Pupils at School with Medical Conditions



But a Samaritan, as he travelled, came where the man was; and when he saw him, he took pity on him. He went to him and bandaged his wounds ... 'Look after him,' he said, 'and when I return, I will reimburse you for any extra expense you may have.'

**Luke 10:25-37**

**This policy is based on guidance from:**

- <https://www.gov.uk/government/publications/first-aid-in-schools>
- <https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>
- <https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>
- <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

### **Policy Information and Review**

Policy Review date March 2026

Reviewed by Mrs J Loxam

## **Introduction**

We want all children and young people to have successful and fulfilling lives. Section 100 of the Children and Families Act 2014 places a statutory duty on all schools to effectively manage and meet the needs of pupils with medical conditions, medical needs and physical disabilities. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school. The outcome should be that they can play a full and active role in all aspects of school life including trips, educational visits, residential and extended school activities, such that they remain healthy and achieve their academic potential.

This policy document should be considered in conjunction with all other relevant duties, policies and guidance, for example, Health and Safety legislation, the SEND code of practice and the Equality Act 2010 that may impact on support / provision for pupils with medical conditions.

Some children with medical conditions may be disabled. Where this is the case the governing body must comply with the duties under the Equality Act 2010. For example, schools are required to make reasonable adjustments to minimise or remove barriers to access and participation and ensure that individuals are not subject to less favourable treatment because of their disability. Some children may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHC Plan) which brings together health and social care needs as well as their special educational provision. For children with SEN this policy should be read in conjunction with the school SEN policy.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person and the school's ability to provide effective support will depend on co-operative working with other agencies including healthcare professionals, the local authority, parents/carers, the child and, where appropriate, social care or other outreach professionals. This type of partnership working aims to ensure that the needs of pupils with medical conditions are met effectively.

Medical conditions can sometimes result in short term, frequent or long term absence from school, which can impact on educational attainment. Schools are required to recognise and consider the potential social and emotional implications associated with a medical condition, as well as the educational impact, when planning to meet the pupil's needs.

## **Purpose of this document**

The purpose of this policy is to put in place effective management systems, arrangements and practices to support children and young people with medical conditions to attend school.

This policy also aims to give confidence to parents/carers that school will provide effective support for their child's medical condition and support their child to feel safe.

This policy clarifies the range of medical needs that may result in a child requiring support, namely:

- children with long term and/or complex medical conditions who require support to manage their medical needs on a day to day basis to keep them healthy;
- children requiring monitoring and/or intervention in emergency circumstances;
- children whose health needs may change over time in ways that cannot always be predicted.
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All staff in schools and academies have a duty to maintain professional standards of care and to ensure that children and young people are safe. It is considered to be good practice that schools and academies will consider and review cases individually and actively support pupils with medical conditions, including administering medicines or medical interventions in order to meet the all-round needs of the child. However, there is no legal duty requiring individual staff to administer medication, carry out medical interventions or to supervise a child when taking medicines. Any member of staff may be asked to administer medicines or medical interventions but they cannot be required to do so. This is a voluntary role.

This policy aims to ensure that appropriate support is put in place to limit the impact on educational attainment in the event of a short or long term absence from school, refer to school policy on managing attendance.

## **1. Roles and responsibilities**

### **1.1 The Governing Body**

The governing body is responsible for:

- ensuring the Head Teacher develops and effectively implements policy with partners and school staff, including regular policy review;
- ensuring the Head Teacher makes all staff aware of this policy on supporting pupils with medical conditions and all staff understand their role in its implementation;
- designating a named individual who is responsible for effective implementation of this policy (state the role of the designated named person: Assistant Head teacher – Joanne Loxam).
- ensuring this policy clearly identifies how the roles and responsibilities of staff who are involved in the arrangements to support pupils at school with medical conditions are made clear to both staff, parents/carers and the child;
- ensuring that all relevant staff are aware of an individual child's medical condition and needs;
- ensuring that sufficient numbers of staff receive appropriate training to fulfil the roles and responsibilities of supporting children with medical conditions i.e. school is able to deliver against all Individual Healthcare Plans (IHCPs) and implement policy, including for example in contingency or emergency situations and management of staff absence;
- ensuring that a system is in place which identifies procedures to be followed on receipt of notification of a pupil's medical needs; procedures should cover any transitional arrangements or when pupil needs change (see Appendix 1);
- ensuring that cover arrangements are always available in the event of staff absence or staffing changes including briefing for volunteers, supply teachers and appropriate induction for new members of staff;
- ensuring that individual healthcare plans (IHCPs) are in place, where appropriate, and developed in consultation with parents/carers, healthcare professionals, relevant staff and (if appropriate) the child or young person;
- ensuring that individual healthcare plans (IHCPs) are monitored and are subject to review, at least annually, or sooner if needs change;
- ensuring that risk assessments relating to the school environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations;
- ensuring that risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations;
- ensuring that appropriate insurance is in place to support staff to undertake this role;
- ensuring that a complaints procedure is in place and is accessible.

### **1.2 The Head Teacher**

The Head Teacher is responsible for:

- ensuring that the notification procedure is followed when information about a child's medical needs are received (Appendix 1);
- ensuring that parents/carers provide full and up to date information about their child's medical needs
- deciding, on case by case basis, whether any medication or medical intervention will be administered, following consultation with staff;
- deciding on a case by case basis, whether any medication will be carried by the child, will be self-administered by the child or any medical intervention will be self-administered by the child, following consultation with staff, if appropriate;
- ensuring that procedures are understood and implemented by all staff, volunteers and pupils.

### **1.3 Staff**

- Any member of staff may be asked to provide support for a child with a medical condition, including the administration of medicine(s) and medical intervention(s) although they cannot be required to do so; this is a voluntary role.
- School staff will receive sufficient and suitable training and achieve competency before they take on responsibility for supporting children with medical conditions.
- Where children have an Individual Healthcare Plan (IHCP) the roles and responsibilities of staff will be clearly recorded and agreed.

### **1.4 Parents/carers Responsibilities**

Parents/carers are required to:

- provide the school with sufficient and up to date information about their child's medical needs and to update it at the start of each school year or, if needs change
- complete, consent for medicines / medical interventions to be administered at school;
- complete, to gain consent for medicines / medical interventions to be administered by the child;
- provide up to date contact information so that parents/carers or other nominated adults are contactable at all times;
- carry out any action they have agreed to as part of the implementation of an Individual Healthcare Plan (IHCP);
- provide any medication in its original packaging, with the pharmacy label stating the following:
  - a) the child's name
  - b) the child's date of birth
  - c) name of medicine
  - d) frequency / time medication administered
  - e) dosage and method of administration
  - f) special storage arrangements
- ensure that medicines or resources associated with delivery of a medical intervention have not passed the expiry date;
- collect and dispose of any medicines held in school at the end of each term or as agreed;
- provide any equipment required to carry out a medical intervention e.g. catheter tubes;
- collect and dispose of any equipment used to carry out a medical intervention e.g. sharps box.

## **2 Pupil Information**

Parents/carers are required to give the following information about their child's medical condition and to update it at the start of each school year or sooner, if needs change,

- a) Details of pupil's medical conditions and associated support needed at school
- b) Medicine(s), including any side effects
- c) Medical intervention(s)
- d) Name of GP / Hospital and Community Consultants / Other Healthcare Professionals
- e) Special requirements e.g. dietary needs
- f) Who to contact in an emergency
- g) Cultural and religious views regarding medical care

## **3 Managing medicines/medical interventions on school premises**

### **3.2 Administration of Medicines / Medical Interventions**

Medicine / medical interventions will only be administered at school when it would be detrimental to pupil's health or attendance not to do so. Schools may add a statement about administration of medicines on an occasional basis e.g. short-term antibiotics / pain relief etc.

It is expected that parents/carers will normally administer medication / medical interventions to their children during their time at home, where at all possible.

No medication / medical intervention will be administered without prior written permission from the parents/carers.

The Head Teacher will decide whether and by whom any medication or medical intervention will be administered in school, following receipt of the above form and after consultation with staff.

No changes to administration method or dosage of medication or changes in procedures relating to medical interventions will be carried out without written authority from parents/carers

The Head Teacher will decide whether a child is able to carry and self-administer any medication or self-administer any medical intervention, following consultation with staff as appropriate

All medicines / medical interventions will normally be administered during school breaks and/or lunchtime.

If, for medical reasons, medicine has to be taken at other times during the day or a medical intervention delivered at a different time, arrangements will be made for the medicine / medical intervention to be administered at other prescribed times.

Pupils will be told where their medication / medical intervention equipment and resources are kept and who will administer them.

Any member of staff, on each occasion, giving medicine / medical intervention to a pupil should check:

- a) Name of pupil
- b) Written instructions provided by the parents/carers or healthcare professional or as agreed in an Individual Healthcare Plan (IHCP)
- c) Prescribed dose, if appropriate
- d) Expiry date, if appropriate

Any member of staff, on each occasion, will make a written record of medication / medical interventions administered

No child under 16 will be given medicine containing aspirin unless prescribed by a doctor.

### **3.2 Child's Role in Managing their own Medical Needs**

After discussion with parents/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and medical interventions.

Written permission from the parents/carers will be required for pupils to self-administer medicine(s) / medical intervention(s).

Written permission from the parents/carers will be required for pupils to carry medicine(s) or resources associated with a medical intervention(s).

Children who can take medicines or manage medical interventions independently may still require a level of adult support e.g. in the event of an emergency. In this situation agreed procedures will be documented in an IHCP.

### **3.3 Refusing Medication / Medical Intervention**

If a child refuses to take their medication / medical intervention, staff will not force them to do so. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications / medical intervention must also be recorded as well as the action then taken by the member of staff.

Parents/carers will be informed as soon as possible. Where the child is potentially placing themselves at risk by refusal, parents/carers will be informed immediately.

### **3.4 Storage of Medicines / Medical Intervention Equipment and Resources**

All children will know where their medicines / medical intervention equipment/resources are at all times and will be readily available as required.

### **3.4a Controlled drugs**

A child who is prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence.

Where controlled drugs are not an individual child's responsibility, they will be kept in a non portable locked cabinet in a secure (named) environment e.g. admin office, medical room. Only named staff will have access.

Controlled drugs will be easily accessible in an emergency as agreed with parents/carers or described in the child's IHCP.

Where controlled drugs are not an individual child's responsibility, records will be kept of any doses used and the amount kept on the premises.

### **3.4b Non-controlled drugs and medical resources**

All medicines and medical equipment / resources will be stored safely as agreed with parents/carers or described in the child's IHCP.

### **3.5 Records**

School will keep a record of all medicines / medical interventions administered to individual children on each occasion, including the following:

- a) Name of pupil
- b) Date and time of administration
- c) Who supervised the administration
- d) Name of medication
- e) Dosage
- f) A note of any side effects / reactions observed
- g) If authority to change protocol has been received and agreed.

Record of Administration to an Individual Child and Record of Medicine Administered to All Children

## **4. Training**

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A First Aid Certificate does NOT constitute appropriate training in supporting children with medical conditions.

All staff will be made aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy through for example whole school awareness training, involvement in development of IHCPs, staff briefing sessions etc.

Specialist training and advice will be provided by appropriate healthcare professionals, e.g. specialist epilepsy nurse, asthma training by school nurse etc, for staff involved in supporting pupils with medical conditions including the administration of relevant medicines / medical interventions.

Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Training will ensure that sufficient numbers of staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Induction training will raise awareness of school's policy and practice on supporting pupils with medical condition(s).

Training will be sufficient to ensure staff are competent and have confidence in their ability to School will make every effort to ensure that specialist training will be completed as quickly as possible to ensure that the child is able to attend school safely.

A record of staff training carried out will be kept, identifying the date review or refresher training will be required where appropriate.

## **5. Individual health care plans (ihcp)**

Where appropriate, an Individual Health Care Plan (IHCP) will be drawn up in consultation with the school, parents/carers, health professionals and any other relevant professionals, this will be led by the PSO relevant to the year group

The content of an individual child's IHCP will be dependent on the complexity of their needs and may include the following:

- a) an overview (Pen Portrait / One Page Profile) of the child's needs and provision in place in school to manage those needs;
- b) a description of the medical condition, its presentation (signs, symptoms, triggers etc) and impact on access to the school environment and learning opportunities;
- c) arrangements around administration of medication(s) / medical intervention(s);
- d) arrangements around management of medical emergency situations;
- e) arrangements around management and support for personal care needs, including intimate and invasive care e.g. catheterization, toileting support, gastro-tube feeding etc;
- f) risk assessment for access to the school environment and curriculum;
- g) arrangements for evacuation in the event of an emergency;
- h) the level of support required in school, who will provide this support, their training needs and cover arrangements for when they are unavailable;
- i) how, if agreed, the child is taking responsibility for their own health needs;
- j) a reference to staff confidentiality.

Appendix 2 is a Flow Chart to guide schools through deciding which elements of the IHCP are relevant to an individual child.

All IHCP are shared via Edukey and staff are notified via synergy. The care plan is shared with parents and pupil

Individual Health Care Plans will be reviewed annually or sooner if needs change.

### **Intimate and Invasive Care**

Cases where intimate or invasive care is required will be agreed on an individual basis. Decisions made about procedure and practice will be recorded within the pupils Individual Healthcare Plan IHCP and take account of safeguarding issues for both staff and pupils.

Information about the types of training required for administration of medicines and medical interventions commonly found in schools is contained in Appendix 3 (Medicines and Medical Interventions).

### **6. Off-Site And Extended School Activities**

Pupils with medical conditions will be actively supported in accessing all activities on offer including school trips, sporting activities, clubs and residential / holidays.

Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully.

School will consider what reasonable adjustments need to be put in place to enable children with medical conditions to participate safely and fully.

School will carry out a thorough risk assessment to ensure the safety of all pupils and staff. In the case of pupils with medical needs the risk assessment process will involve consultation with child, parents/carers and relevant healthcare professionals to ensure the pupil can participate safely. Please refer to Health and Safety Executive (HSE) Guidance on School Trips.

In some circumstances evidence from a clinician, such as a hospital consultant, may state that participation in some aspects offered is not possible. Where this happens school will make alternative arrangements for the child.

Arrangements will be in place to ensure that an IHCP can be implemented fully and safely when out of school. Risk assessment will identify how IHCPs will be implemented effectively off-site and where additional supervision or resources are required.

All pupils at all times must have access to a fully equipped medical bag, which must contain medicines needed for emergency treatment, including an epi pen, glucose tablets and an inhaler.

PE staff when leaving the main school site will at all times carry a fully equipped medical bag, which must contain medicines needed for emergency treatment, including an epi pen, glucose tablets and an inhaler. Any time a pupil (who has prescribed emergency medicines e.g. glucose tablets, asthma inhalers, epi pens) leaves the school site (e.g. trip, sports event, PE lesson) must be carrying their medical equipment and adult leading must have spare equipment and check the child has their equipment.

## **7. Managing Emergencies and Emergency Procedures**

The Head Teacher will ensure that all staff are aware of the school's general risk management processes and planned emergency procedures.

Where a child has an IHCP this will clearly define what constitutes an emergency and describes what to do. This may include:

- a) an Emergency Medical Protocol that details the actions to be taken by staff and supported by specialist training where relevant e.g. seizure management and administration of rescue medication;
- b) a Personal Emergency Evacuation Plan (PEEP) that details the actions to be taken by staff to support the child's evacuation from the building, supported by specialist training where relevant e.g. use of an Evac chair; the Personal Emergency Evacuation Plan should also detail the actions to be taken by staff to support how staff will manage the child's medical needs during the evacuation e.g. ensuring appropriate medication is taken outside and is available whilst at the assembly point.

## **8. Confidentiality And Sharing Of Information Within School**

School is aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the child and family at all time.

School will disseminate information to key members of staff involved in the child's care on a need-to-know basis, as agreed with parents/carers.

Where the child has an Individual Healthcare Plan (IHCP) this will be shared with key staff with regular scheduled re-briefings.

School will ensure that arrangements are in place to inform new members of staff of the child's medical needs.

School will ensure that arrangements are in place to transfer information on a child's medical needs to staff during any transition.

## **9. Liability And Indemnity**

School insurance policies provide liability cover relating to the administration of medicines.

In the case of medical interventions, individual cover may be arranged for any specific healthcare procedures, including information about appropriate staff training and other defined requirements of the insurance policy.

The expectation is that only appropriately trained and insured staff will be involved in supporting medical interventions.

## **10. Complaints Procedure**

In the first instance parents/carers dissatisfied with the support provided should discuss their concerns directly with the Head Teacher

If, for whatever reason, this does not resolve the issue then a formal complaint can be made in writing to the school's governing body.

See the Complaints policy, [available on the school website.](#)

## **11. Unacceptable Practice**

The school considers that the following constitute unacceptable practice: (school may add or amend as agreed in discussion with governing body, staff and parents/carers)

- requiring parent/carers or otherwise making them feel obliged to attend school to administer medicines / medical interventions or provide medical support to their child, including around toileting issues – no parent/carer should have to give up working because the school is failing to support their child's medical needs;
- preventing children from participating or creating unnecessary barriers to children participating in any aspect of school life, including trips, e.g. by requiring parents/carers to accompany the child.
- preventing children from easily accessing and administering their medicines as and where necessary;
- assuming that every child with the same condition requires the same treatment;
- ignoring the views of the child and/or their parents/carers (although this may be challenged);
- ignoring medical evidence or opinion (although this may be challenged);
- sending children with medical conditions home frequently;
- preventing children with medical conditions from staying at school for normal school activities, including lunch, unless this is specified in their IHCP;
- if the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable;
- penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- preventing children from eating, drinking or taking toilet / other breaks whenever they need to in order to manage their medical condition effectively.
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## **12. First aiders and First aid training**

All departments should consider and identify their nearest first aider. Staff taking on other responsibilities such as outdoor activities, trips should also have appropriate first aid training.

First aiders will be expected to

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at the school or college or on educational visits.
- When appropriate, ensure that an ambulance or other professional medical help is called.

A list of first aid trained staff is held by the school office

Named staff will have completed one of the following courses (depending on the assessed need) and will hold a valid certificate of competence.

- HSE approved First Aid at Work (FAW)
- Emergency First Aid at Work (EFAW)
- Outdoor Activities First Aid

It is recommended that additional training relating to first aid for non-employees i.e. pupils, should be discussed with a training provider in advance so that courses can be tailored to the school's needs.

First Aid Certificates are usually valid for 3 years. School should arrange retraining before first aid certificates expire. Once a certificate expires, the individual would have to undertake another full course to be reinstated as a first aider. It is strongly recommended that first aiders undertake annual refresher training to maintain their basic skills and keep up to date with any changes in procedures.

## **13. Accident recording and reporting**

Any Incident or accident involving staff, pupils, students and visitors that require first aid should be documented on an OLCC Accident Report Form (Appendix 2), forms can be obtained from the 'Accident reporting and first aid' folder on the Health and Safety drive.

This includes:

- All accidents on school premises (all school buildings, grounds and sports field injuries).
- All accidents that occur off site while on school trip/activity/business/sporting fixture.
- All accidents involving visitors, contractors and members of the public on school grounds/premises.

Completed accident forms should be sent to KATY WALKER as soon as reasonably practicable. Dangerous incidents or near miss accidents must be reported directly to the Health & Safety Officer (Katy Walker).

Katy Walker will ensure that accident reporting is monitored and investigated where necessary. This will help identify trends in accidents and areas for improvement.

Accident and incident information will form part of the regular reporting of H&S matters to the Governing Body, via the HR & Welfare Committee.

KATY WALKER is responsible for reporting accidents or incidents to the Health & Safety Executive that fall within the RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) requirements.

#### **14. Information for Staff**

First-aid arrangements operate efficiently in an emergency only where everyone in the workplace is aware of them, and understands and accepts them.

Induction for new staff should include

- Information provided in this policy as appropriate to their department and level of responsibility
- the procedure for reporting accidents and administering first aid
- The locations of first aid boxes, emergency equipment (defibrillator and adrenaline pen kits).

Reminders and refreshers for first aid, accident reporting and medical conditions in schools' updates to take place annually.

The National College provide CPD in medical matters including First Aid, Resuscitation, Anaphylaxis and Medicines Management.

First aid notices will be displayed in areas that hold a first aid kit.

#### **15. Procedure for responding to accidents and administering first aid:**

If an accident or injury occurs, the first member of staff on scene will take charge. That person will assess the situation and decide on the next course of action depending upon the seriousness and nature of the injury;

- Arrange for treatment to given by qualified First Aider
- Direct or take individual to the school office or as a first aider to attend the scene.
- Dial 999 & request an Ambulance
- If an Ambulance is called to school, staff should notify a member of the Senior Leadership Team or Katy Walker as soon as possible.
- Arrangements should be made to ensure that any pupil is accompanied in the ambulance, or followed to hospital, by a member of staff.
- Parents will be contacted as soon as possible.
- If a spillage of blood or other bodily fluids occurs, the site staff must be informed. They will then arrange for the proper containment, clear up and cleansing of the spillage site.
- Complete an Accident Report Form
- In the event of any head injury the Protocol for informing parents of a pupil sustaining a head injury or possible concussion whilst at school, sports fixture or day trip will be followed

#### **16. Material, equipment and facilities**

##### **First aid boxes**

First Aid boxes are provided and located around the School site at school reception areas, higher risk areas (tech, science) and all sporting areas. They should be near to hand washing facilities as is practicable. A list of the location of all first aid boxes is available to all staff for reference within the "Accident Reporting & First Aid" folder within the Health & Safety intranet area.

Staff who use the first aid boxes should arrange for replenishments soon after use. The department in which the first aid kit is held should have an appointed person to regularly check the contents as per Health and Safety Instruction. Replenishments should be arranged by them via the site staff.

First aid kits are usually tailored to the required departments' or activities needs in consultation with the site staff.

### **Travelling first aid containers**

First Aid boxes for off-site activities or educational visits can be obtained from the Site staff.

First aid kits are usually tailored to the required departments' or activities needs in consultation with the site staff.

### **School minibus**

The School's minibus should have a prominently marked First Aid box on board which is readily available for use and which is maintained in a good condition.

### **PE and Sports arrangements**

A first aid kit/medical bag will be provided for staff/team managers for home and away fixtures.

The Head of PE is responsible for ensuring that the first aid boxes are stocked correctly and arranging for the replenishment of items via the site staff.

If an incident occurs during an away sporting fixture, medical treatment should be sought from the host school's first aid staff.

If necessary, the pupil should be taken to the nearest A&E department by a member of OLCC staff.

Treatment and after-care should then be followed up by the OLCC staff.

Any incident of treatment must be reported on return to OLCC and an accident report form completed.

### **Automated External Defibrillators (AED's)**

OLCC has an Automated External Defibrillators on site.

Their locations are as follows;

- School Main Reception -City View

'The use of Automated Internal Defibrillators in Schools- Cardiac Emergency Response Policy' covers training, awareness, responsibilities and upkeep, by way of regular checks by appointed departments.

### **Emergency Adrenaline Injector Kits**

In the event of an anaphylaxis emergency, OLCC has spare adrenaline injector pens in school, this are within the KITT box outside the Head teachers office. The PSO's also have individual first aid boxes containing Epi Pens, held within the PSO office. These

are to be administered in line with the Kitt Training and guidance in '[Using emergency adrenaline auto-injectors in schools](#)'.

All staff will be provided with the additional training in recognition and awareness of symptoms and the emergency administration of an Adrenaline AutoInjector.

### **What to do if you think someone is having a heart Attack-British Heart Foundation advice**

- Send someone to call 999 for an ambulance immediately.
- If you are alone, go and call 999 immediately and then come straight back to the person.
- Get the person to sit in a comfortable position, stay with them and keep them calm.
- If the person is not allergic to aspirin, give them an adult aspirin tablet (300mg) to chew. If you don't have an aspirin to hand, or if you don't know if the person is allergic to them, just get the person to stay resting until the ambulance arrives. Aspirin 300mg tb is stocked in the School's office

### **8. Medicines Administration in Schools**

First aid at work does not include giving tablets or medicines.

Whilst some pupils will have long term and complex medical conditions or carry their own medication (for example an inhaler for asthma, glucose for diabetics or adrenaline for intramuscular use in anaphylaxis), the only role for a first aider is generally, limited (where appropriate) to helping pupils who need to take their own medication to do so.

In the event of an anaphylaxis emergency, OLCC has spare Adrenaline injector pens in school. These are to be administered in line with the Kitt Training guidance.

Any member of school staff maybe asked to provide support to pupils with administering of medicines, but they cannot be required to do so.

In accordance with the Administration of Medicines in School Policy, parental consent is required upon admission to allow the school office to administer over the counter medication to pupils at their discretion. Parents should approach the school office should they wish to request for any regular prescribed medication to be held and given at school for pupils.

**To be read in line with the [Supporting pupils at school with medical conditions](#).**

## **9. Mental Health**

The Assistant Head teacher holds a strategic oversight of the whole school approach to mental health and wellbeing. Resources, training and awareness are shared with direct facing staff and key pastoral staff by way of safeguarding briefings and CPD to ensure that all aspects of wellbeing and safeguarding of the pupils are appropriately supported.

The school role in supporting and promoting mental health and wellbeing can be summarised as:

- Prevention: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils to be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos;
- Identification: recognizing emerging issues as early and accurately as possible;
- Early support: helping pupils to access evidence based early support and interventions; and
- Access to specialist support: working effectively with external agencies.

Resources to support mental health awareness at OLCC

- Logging and sharing of pastoral information on CPOMS
- Staff trained in Mental Health First Aid
- Local (LCC) “Children and family wellbeing Service” named contact for school
- Staff training in Mental Health issues supported by Lancaster University
- “Who to turn to “poster produced annually for pupils to identify member of staff providing early help
- Initial assessments and ongoing care by the Pastoral Support Assistant
- Suicide awareness training/ risk assessment (for PSOs)
- National college CPD online courses
- School counsellors
- Barnardos Councilors in school, every Monday as a phase 3 level of support
- PSHE lessons, assemblies and form time curriculum, to share mental awareness themes

## **10. Legislation and Guidance**

This Policy is based on the [Department for Education Guidance First aid in Schools, early years and further education](#) (updated 14.2.2022) and the following legislation:

- The Health and Safety (First Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel

- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- Social Security (Claims and Payments) Regulations 1979,
- Mental health and behavior in schools [November 2018. Dept for Education guidance.](#)

## Process for developing individual healthcare plans (IHCP)

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed OR the IHCP is being annually reviewed.



PSO co-ordinates meeting to discuss child's medical support needs; and identifies members of school staff who will provide support to pupil.



Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)



Develop IHCP in partnership - agree who leads on writing it Input from healthcare professional must be provided (this can be school nurse) .  
Check that the medical condition is listed in medical conditions in SIMS (this will pull through automatically onto synergy)



School staff training needs identified (if required)



Healthcare professional commissions/delivers training and staff signed-off as competent - review date agreed (if required)

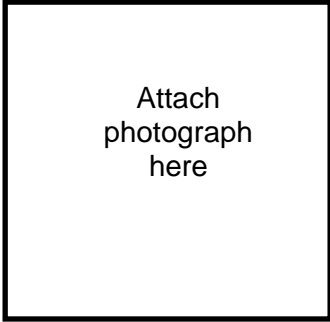


IHCP implemented and circulated to all relevant staff (a copy must be saved in: pupils linked files (SIMS), ,IHCP folder on desktop)



IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate (Repeat from highlighted box)

**Individual healthcare plan (IHCP)**



Name of school/setting  
Child's name  
Group/class/form  
Date of birth  
Child's address  
Medical diagnosis or condition  
Date Review  
date


**Family Contact Information**

Name  
Relationship to child  
Phone no. (work)  
(home)  
(mobile)  
Name  
Relationship to child  
Phone no. (work)  
(home)  
(mobile)


**Clinic/Hospital Contact**

Name  
Phone no.


**G.P.**

Name  
Phone no.


Who is responsible for providing support in school

Describe medical needs and give details of child'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

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

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I agree that my child's medical information can be shared with school staff responsible for their care.

\_\_\_\_\_  
Signed by parent or guardian

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Review date

Copies to:

## **Model email inviting parents to contribute to individual healthcare plan development**

Dear Parent/Guardian

### **DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD**

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for **xx/xx/xx**. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

