St. Joseph's Camberwell Catholic Schools' Federation

MEDICAL POLICY

Approved by:	Full Governing Body
Last reviewed on:	Autumn 2026
Next review due by:	Autumn 2029

Signed:_____Date:_____

Chairperson of the Governing Body.

Signed:_____Date:_____

Executive Headteacher

Our Mission Statement:

At St Joseph's we aim to ensure that every child matters and all children are nurtured and learn without barriers. Our children are raised in the context of a diverse and vibrant Catholic community within the teachings of Jesus Christ and are witnesses to a Christian way of life. At St Joseph's we belong to a loving, welcoming, forgiving family that lives in the life of the Gospels.

We celebrate that St Joseph's is a secure, happy school with high expectations; trusted by the community. We embrace honesty, responsibility, respect, equality, tolerance and acceptance. We recognise that children have the ability to grow spiritually, emotionally, physically, intellectually and creatively and so will consequently, achieve their very best in an ambitious, supportive environment.

The SENCOs, working in close consultation with the Executive Headteacher and Head of School has overall responsibility for the implementation of this policy.

Legal requirement

Section 100 of the **Children and Families Act 2014 places a duty on** governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions. For children with SEN, this guidance should be read in conjunction with the Special Educational Needs and Disability (SEND) Code of Practice.

Key points

- The SENCOs have delegated responsibility for the implementation of this policy. The SENCos are: Amina Zenasni and Fiona Reilly.
- Pupils at school with medical conditions should be properly supported so that they have full access to education, including educational visits and physical education.
- Arrangements are in place in schools to support pupils at school with medical conditions.
- Ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- A member of staff is responsible for ensuring that sufficient staff are suitably trained
- A commitment that all relevant staff will be made aware of the child's condition
- Cover arrangements in case of staff absence or staff turnover to ensure someone is always available
- Briefing for supply teachers
- Risk assessments for school visits, holidays, and other school activities outside of the normal timetable
- Monitoring of individual healthcare plans

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

When the School is notified that a pupil has a medical condition and medication is to be kept in school, a Heath Care Plan is initiated usually in consultation with the parent.

Individual healthcare plans (IHCP)

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. and copies are kept with the medication and in the medical file in the office. Medication is stored in a clear plastic wallet, clearly labelled with the child's name and this is kept in the child's classroom.

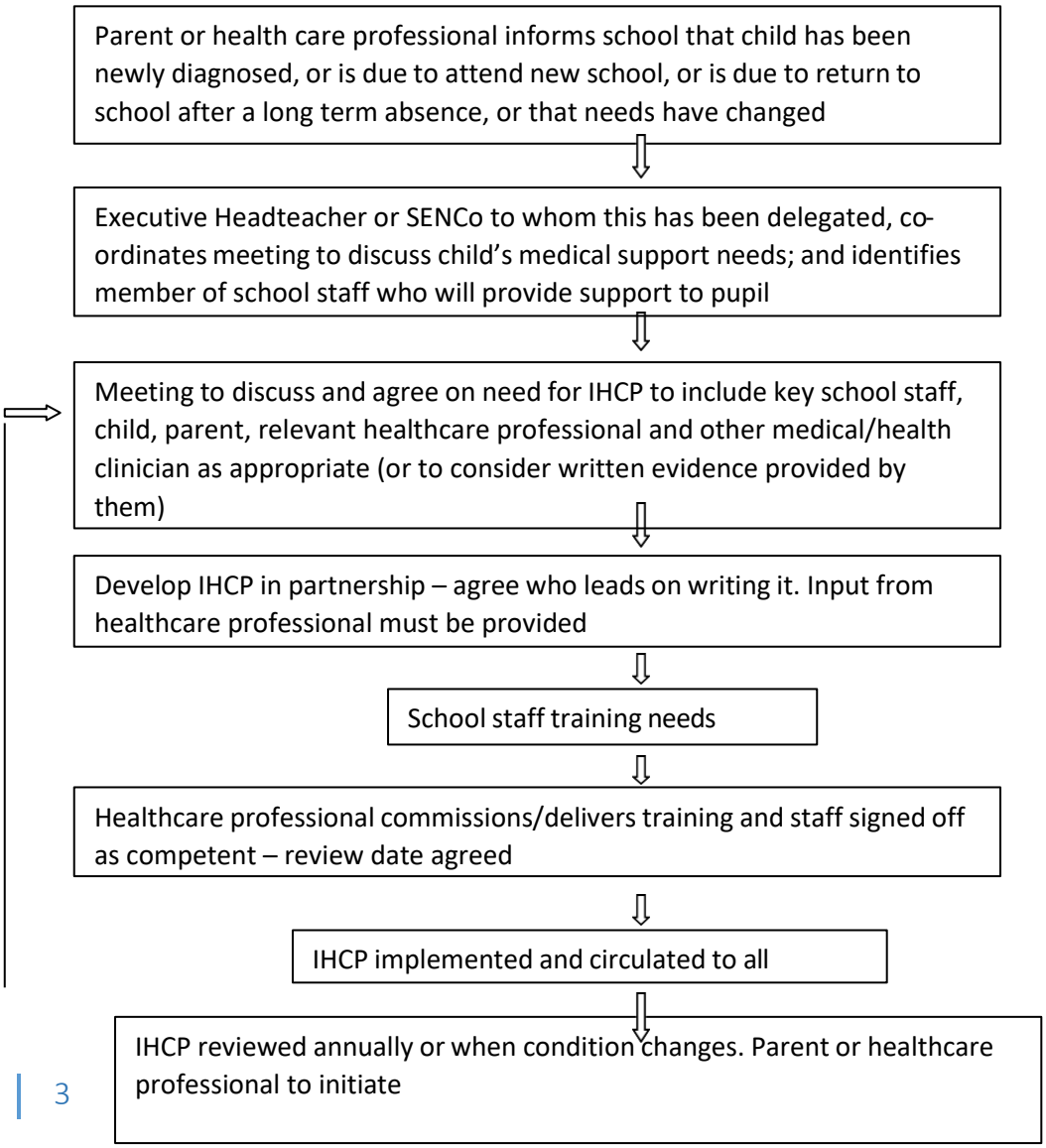
The plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption. Where the child has a special educational need identified in an Education Health Care Plan (EHC plan), the individual healthcare plan should be linked to or become part of that EHC plan.

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

When deciding what information should be recorded on individual healthcare plans, the following should be considered:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, dietary requirements and environmental issues
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable
- who in the school needs to be aware of the child's condition and the support required
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- separate arrangements or procedures required for educational visits or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements

Procedures for developing individual health care plans



Roles and responsibilities:
Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents and pupils will be critical. An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.

The role of the Governing Body:
To ensure that arrangements are in place to support pupils with medical conditions so they can access and enjoy the same opportunities at school as any other child.
To take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening so the focus of action taken is on the needs of each individual child and how their medical condition impacts on their school life.
To make arrangements to give parents and pupils confidence in the school's ability to provide effective support for medical conditions at school; showing an understanding of how medical conditions impact on a child's ability to learn, as well as increasing confidence and promoting self-care and finally ensuring staff are properly trained to provide the support that pupils need.
To monitor arrangements put in place to ensure that policies, plans, procedures and systems are properly and effectively implemented in accordance with statutory requirements – in particular procedures for administration of medicine.
To ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.
To ensure that the school's policy is explicit about what practice is not acceptable when administering medicines in school.
To ensure that any complaints made will be handled concerning the support provided to pupils with medical needs.
To review regularly the policy for supporting pupils with medical conditions and ensure it is readily accessible to parents and school staff.
To ensure the policy is implemented effectively by the SENCos who have overall responsibility for policy implementation and is responsible for ensuring:

- sufficient staff are suitably trained
- a commitment that all relevant staff will be made aware of the child's condition
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available
- briefing for supply teachers, or have directed another member of staff to brief supply teachers if absent.
- risk assessments for school visits, holidays and other school activities outside of the normal timetable
- monitoring of individual health care plans

The role of the Headteacher
The Executive Headteacher ensures that the school's policy for supporting pupils with medical conditions is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Executive Headteacher ensures that all staff who need to know are aware of the child's condition and that sufficient trained staff are available to implement the policy and deliver against all individual health care plans, including contingency and emergency situations.

The role of staff:
Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff are to receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

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

The role of parents:
Parents should provide the school with sufficient and up to date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual health care plan, and may be involved in its drafting.

Staff training and support:
Any member of staff providing support to a pupil with medical needs need to have received suitable training. This should have been identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.
The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. Schools may choose to arrange training themselves and should ensure this remains up-to-date.
Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff may only give prescription medicines or undertake health care procedures with appropriate training and where there is an individual healthcare plan in place. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.

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

Managing medicines on school premises:

- Medicines will only be administered at school if a child has a health care plan, when it would be detrimental to a child's health or school attendance not to do so
- Medication such as Calpol, Ibuprofen and Piriton will not be permitted in school without a health care plan and should be administered at home
- Antibiotics will only be administered at school if the prescribed dosage required is 4 times a day. A parental consent form available from the office must be completed.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- Medicines should be stored safely in the child's classroom in the Infant School, and in the Junior School. Children should know where their medicines are at all times and be able to access them immediately

- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises eg on educational visits and after having received the relevant CPD
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions.
- A record of all medicines administered to individual children must be kept, stating what, how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharp instruments
    - In keeping with legislation all diabetes teams in England are obliged to advise school staff, ward staff, care home staff – anybody outside of the family, who administers insulin to adhere to this legislation that directs staff to use safety needles. This does not usually pose an issue but in certain circumstances when children are distressed by the use of the safety needles in schools, staff themselves may make an individual risk assessment as to whether they use the safety needles or the exposed needles. A compromise may be to have the child handle the exposed needle to mitigate risk, but this would be a decision made by the individual staff member and not endorsed by the hospital. This decision not to follow European Directive legislation would be down to the individual and it is recognised that all staff supporting the child in school should have choice over their decisions and be able to change their minds as circumstances change. It is therefore important that staff know what to do in the event of a sharps injury and there should be a Sharps Policy in place. We do encourage children who do not like the safety needles to think about injecting themselves so they can avoid the use of autoshields. The decision to use exposed needles or not by individual staff members will rest with staff members and their decision will be supported by the school. Staff members have the right to change their mind regarding this, should situations change. The school will always endeavour to have enough staff trained on site to cover eventualities, but in the unusual occasion of this not being possible will inform the parents with as much time in advance notice as possible and request that they come in to support their child.

Record keeping:
Written records are kept of all medicines administered to children. Parents should be informed if their child has been unwell at school.

Emergency procedures:
As part of general risk management processes, arrangements are in place for dealing with emergencies. Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

Day educational visits, residential visits and sporting activities
Arrangements must be made to support pupils with medical conditions to allow them to participate in educational visits, or in sporting activities, and not prevent them from doing so. Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The School will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.
The School will consider what reasonable adjustments they might make to enable children 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 professionals to ensure that pupils can participate safely.

Liability and indemnity

The School will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. It is important that the school policy sets out the details of the school's insurance arrangements which cover staff providing support to pupils with medical conditions. Insurance policies should be accessible to staff providing such support.

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any health care procedures. The level of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Date for review to be initiated by	
Name of school/setting	
Name of child	
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	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

Administration of Medication Proforma

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

Signature(s) _____ Date _____