



# Medical Policy

Date approved: 21 January 2015  
Signed by Chair of Governors: Mr Paul Rossi

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Date approved: 21 January 2015  
Signed by Headteacher: Mrs K Pereira

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**St John Fisher**  
Catholic High School

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## **Policy statement**

***"I have come that they may have life and have it to the full"***

*John Chapter 10*

**St John Fisher Catholic High School is an inclusive community that aims to support and welcome students with medical conditions.**

**This school aims to provide all students with all medical conditions the same opportunities as others at school.**

**We will help to ensure they can:**

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being

The school ensures all staff understand their duty of care to children and young people in the event of an emergency.

All staff feel confident in knowing what to do in an emergency.

**This school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.**

This school understands the importance of medication being taken as prescribed.  
All staff understand the common medical conditions that affect children at this school.  
Staff receive training on the impact medical conditions can have on students.

# I. Inclusion

St John Fisher Catholic High School is an inclusive community that aims to support and welcome students with medical conditions.

- a. This school understands that it has a responsibility to make the school welcoming and supportive to students with medical conditions who currently attend and to those who may enrol in the future.
- b. This school aims to provide all children with all medical conditions the same opportunities as others at school. We will help to ensure they can:
  - be healthy
  - stay safe
  - enjoy and achieve
  - make a positive contribution
  - achieve economic well-being.
- c. Students with medical conditions are encouraged to take control of their condition. Students feel confident in the support they receive from the school to help them do this.
- d. This school aims to include all students with medical conditions in all school activities.
- e. Parents\* of students with medical conditions feel secure in the care their children receive at this school.
- f. The school ensures all staff understand their duty of care to children and young people in the event of an emergency.
- g. All staff feel confident in knowing what to do in an emergency.
- h. This school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.
- i. All staff understand the common medical conditions that affect children at this school. Staff receive training on the impact this can have on students.
- j. The medical policy is understood and supported by the whole school and local health community.

\* The term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.

## School Environment

St John Fisher Catholic High School ensures that the whole school environment is inclusive and favourable to students with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

## **Physical environment**

- a) This school is committed to providing a physical environment that is accessible to students with medical conditions.
- b) Students with medical conditions are included in the consultation process to ensure the physical environment at this school is accessible.
- c) This school's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this sometimes means changing activities or locations.

## **Social interactions**

- a) This school ensures the needs of students with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.
- b) This school ensures the needs of students with medical conditions are adequately considered to ensure they have full access to extended school activities such as school discos, breakfast club, school productions, after school clubs and residential visits.
- c) All staff at this school are aware of the potential social problems that students with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies.
- d) Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst students and to help create a positive social environment.

## **Exercise and physical activity**

- a) This school understands the importance of all students taking part in sports, games and activities.
- b) This school ensures all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all students.
- c) This school ensures all classroom teachers, PE teachers and sports coaches understand that students should not be forced to take part in an activity if they feel unwell.
- d) Teachers and sports coaches are aware of students in their care who have been advised to avoid or to take special precautions with particular activities.
- e) This school ensures all PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for students' medical conditions when exercising and how to minimize these triggers.
- f) This school ensures all students have the appropriate medication or food with them during physical activity and that students take them when needed.
- g) This school ensures all students with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

## Education and learning

- a) This school ensures that students with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.
- b) If a student is missing a lot of time at school, they have limited concentration or they are frequently tired, all teachers at this school understand that this may be due to their medical condition.
- c) Teachers at this school are aware of the potential for students with medical conditions to have special educational needs (SEN). Students with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator. The school's SEN coordinator consults the student, parents and the student's healthcare professional to ensure the effect of the student's condition on their schoolwork is properly considered.
- d) This school ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.
- e) Students at this school learn about what to do in the event of a medical emergency.

## Residential visits

- a) Risk assessments are carried out by this school prior to any out-of-school visit and medical conditions are considered during this process. Factors this school considers include: how all students will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.
- b) This school understands that there may be additional medication, equipment or other factors to consider when planning residential visits. This school considers additional medication and facilities that are normally available at school.
- c) Risk assessments are carried out before students start any work experience or off-site educational placement. It is this school's responsibility to ensure that the placement is suitable, including travel to and from the venue for the student. Permission is sought from the student and their parents before any medical information is shared with an employer or other education provider.

## 2. Communication

The medical policy is supported by a clear communication plan for staff, parents and other key stakeholders to ensure its full implementation.

- a) Students are informed and regularly reminded about the medical policy:
  - through the school's student representative body
  - in the school newsletter at several intervals in the school year
  - in personal, social and health education (PSHE) classes
  - through school-wide communication about results of the monitoring and evaluation of the policy.
- b) Parents are informed and regularly reminded about the medical policy:
  - by including the policy statement in the school's prospectus and signposting access to the policy at the start of the school year when communication is sent out about Care Plans
  - in the school newsletter at several intervals in the school year

- when their child is enrolled as a new student
  - via the school's website, where it is available all year round
- c) School staff are informed and regularly reminded about the medical policy:
- through copies handed out at the first staff meeting of the school year and before Care Plans/Interim Care Plans are distributed to parents and attached to Students records on SIMs
  - at scheduled medical conditions training
  - through the key principles of the policy being displayed in several prominent staff areas at this school
  - through school-wide communication about results of the monitoring and evaluation of the policy
  - all supply and temporary staff are informed of the policy and their responsibilities.
- d) Relevant local health staff are informed and regularly reminded about the school's medical policy:
- by letter accompanied with a printed copy of the policy at the start of the school year
  - via primary care trust (PCT) links and the school/community nurse
  - through communication about results of the monitoring and evaluation of the policy.
- e) All other external stakeholders are informed and reminded about the school's medical policy:
- by letter accompanied with a printed copy of the policy summary at the start of the school year
  - through communication about results of the monitoring and evaluation of the policy.

### 3. Training

All staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school

- a) All staff at this school are aware of the most common serious medical conditions at this school.
- b) Staff at this school understand their duty of care to students in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.
- c) All staff who work with groups of students at this school receive training and know what to do in an emergency for the students in their care with medical conditions.
- d) Training is refreshed for all staff at least once a year.
- e) Action for staff to take in an emergency for the common serious conditions at this school is displayed in prominent locations for all staff including classrooms, kitchens and in the staff room\*.
- f) This school uses Care Plans to inform the appropriate staff (including supply teachers and support staff) of students in their care who may need emergency help. These are updated by email.
- g) This school has procedures in place so that a copy of the student's Details (print out from Sims) is sent to the emergency care setting with the student. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.



\* Emergency procedure posters are provided in the First Aid Room for anaphylaxis, asthma, diabetes and epilepsy or download from [www.medicalconditionsatschool.org.uk](http://www.medicalconditionsatschool.org.uk).

## General emergency procedures

- a) All staff know what action to take in the event of a medical emergency. This includes:
  - how to contact emergency services and what information to give
  - who to contact within the school.
- b) Training is refreshed for all staff at least once a year.
- c) Action to take in a general medical emergency is displayed in prominent locations for staff. These include classrooms, the staff room, food preparation areas and sporting facilities.
- d) If a student needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the student knows.
- e) Generally, staff should not take students to hospital in their own car.

## 4. Administration of Medication

The school has clear guidance on the administration of medication at school

### Administration – emergency medication

- a) All students at this school with medical conditions have **easy access to their emergency medication**.
- b) All students are encouraged to carry and administer their own emergency medication, when their parents and health specialists determine they are able to start taking responsibility for their condition. All students carry their emergency medication with them at all times, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits.
- c) Students who do not carry and administer their own emergency medication know where their medication is stored and how to access it.
- d) Students who do not carry and administer their own emergency medication understand the arrangements for them to take their medication safely.

### Administration – general

- a) All use of medication defined as a controlled drug, even if the student can administer the medication themselves.
- b) This school understands the importance of medication being taken as prescribed.
- c) All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted to do so.

- d) Training is given to all staff members who agree to administer specified medication to students, where specific training is needed. The local authority provides full indemnity.
- e) All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication.
- f) In some circumstances medication is only administered by an adult of the same gender as the student, and preferably witnessed by a second adult.
- g) Parents at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.
- h) If a student at this school refuses their medication, staff record this and follow procedures. Parents are informed as soon as possible.
- i) If a student at this school needs supervision or access to medication during home to school transport organised by the local authority, properly trained escorts are provided. All drivers and escorts have the same training as school staff, know what to do in a medical emergency and are aware of any students in their care who have specific needs. If they are expected to supervise or administer emergency medication they are properly trained and have access to the relevant Care Plans.
- j) All staff attending off-site visits are aware of any students with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.
- k) If a trained member of staff, who is usually responsible for administering medication, is not available this school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.
- l) If a student misuses medication, either their own or another student's, their parents are informed as soon as possible. These students are subject to the school's usual disciplinary procedures.

## **Risks**

This school is aware of the common triggers that can make medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this

- a) This school is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.
- b) School staff have been given training on medical conditions. This training includes detailed information on how to avoid and reduce exposure to common triggers for common medical conditions.
- c) Written information about how to avoid common triggers for medical conditions has been provided to all school staff.
- d) This school uses Care Plans to identify individual students who are sensitive to particular triggers. The school has a detailed action plan to ensure these individual students remain safe during all lessons and activities throughout the school day.

- e) Full health and safety risk assessments are carried out on all out-of-school activities before they are approved, including work experience placements and residential visits, taking into account the needs of students with medical conditions.
- f) The school reviews medical emergencies and incidents to see how they could have been avoided. Appropriate changes to this school's policy and procedures are implemented after each review.

## **5. Storage of Medication**

### **Safe storage – emergency medication**

- a) Emergency medication is readily available to students who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.
- b) Most students at this school carry their emergency medication on them at all times. Students keep their own emergency medication securely.
- c) Students at this school are reminded to carry their emergency medication with them.
- d) Students, whose healthcare professionals and parents advise the school that their child is not yet able or old enough to self manage and carry their own emergency medication, know exactly where to access their emergency medication.

### **Safe storage – non-emergency medication**

- a) All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place. Students with medical conditions know where their medication is stored and how to access it.
- b) Staff ensure that medication is only accessible to those for whom it is prescribed.

### **Safe storage – general**

- a) There is an identified member of staff (Lead First Aider) who ensures the correct storage of medication at school.
- b) All controlled drugs are kept in a locked cupboard and only named staff have access, even if students normally administer the medication themselves.
- c) Three times a year the identified member of staff checks the expiry dates for all medication stored at school.
- d) The identified member of staff, along with the parents of students with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labeled with the student's name, the name and dose of the medication and the frequency of dose. This includes all medication that students carry themselves.
- e) All medication is supplied and stored, wherever possible, in its original containers. All medication is labelled with the student's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- f) Medication is stored in accordance with instructions, paying particular note to temperature.

- g) Some medication for students at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised students or lockable as appropriate.
- h) All medication is sent home with students at the end of the school year. Medication is not stored in summer holidays.
- i) It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

## **Safe disposal**

- a) Parents at this school are asked to collect out-of-date medication.
- b) If parents do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.
- c) A named member of staff (Lead First Aider) is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least three times a year and is always documented.
- d) Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in this school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.
- e) If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the student's parent.
- f) Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

## **6. Record keeping**

### **Enrolment forms**

Parents at this school are asked if their child has any health conditions or health issues on the enrolment form, which is filled out at the start of each school year. Parents of new students starting at other times during the year are also asked to provide this information on enrolment forms.

### **Care Plans**

#### **Drawing up Care Plans**

- This school uses a Care Plan to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Care Plan if required. These are completed by the Assistant SENCO.
- A Care Plan, accompanied by an explanation of why and how it is used, is sent to all parents of students with a long-term medical condition. This is sent:
  - a. at the start of the school year
  - b. at enrolment
  - c. when a diagnosis is first communicated to the school.
- If a student has a short-term medical condition that requires medication during school hours, the hospital will complete a medical form and send to school via the school nurse service.

- The parents, healthcare professional and student with a medical condition under the care of the Hospital, are asked to fill out the student's Care Plan together. Parents then return these completed forms to the school.
- This school uses the Care Plan for students with complex healthcare of educational needs to draw up a School Plan.

### **School Care Plan register**

- Care Plans are used to create a central register of students with medical needs. An identified member of staff (Assistant SENCO) has responsibility for the register at this school.
- The responsible member of staff follows up with the parents any further details on a student's Care Plan required or if permission for administration of medication is unclear or incomplete.
- Care Plans will be added to Medical Tracker

### **Ongoing communication and review of Care Plans**

- Parents at this school are regularly reminded to update their child's Care Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.
- Staff at this school use opportunities such as teacher–parent interviews and home–school diaries to check that information held by the school on a student's condition is accurate and up to date.
- Every student with a Care Plan at this school has their plan discussed and reviewed at least once a year.

### **Storage and access to Care Plans**

- Parents and students at this school are provided with a copy of the student's current agreed Care Plan.
- Care Plans are kept in a secure central location at school and on Medical Tracker
- Apart from the central copy, specified members of staff (agreed by the student and parents) securely hold copies of students' Care Plans. These copies are updated at the same time as the central copy.
- All members of staff who work with groups of students have access to the Care Plans of students in their care.
- When a member of staff is new to a student group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Care Plans of students in their care.
- This school ensures that all staff protect student confidentiality.
- This school seeks permission from parents to allow the Care Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Care Plan.
- This school seeks permission from the student and parents before sharing any medical information with any other party, such as when a student takes part in a work experience placement.

### **Use of Care Plans**

- Care Plans are used by this school to:
- inform the appropriate staff and supply teachers about the individual needs of a student with a medical condition in their care
- remind students with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
- identify common or important individual triggers for students with medical conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers

- ensure that all medication stored at school is within the expiry date
- ensure this school's local emergency care services have a timely and accurate summary of a student's current medical management and healthcare in the event of an emergency
- remind parents of students with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

## **Consent to administer medicines**

- If a student requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child's Care Plan giving the student or staff permission to administer medication on a regular/daily basis, if required. A separate form is sent to parents for students taking short courses of medication.
- All parents of students with a medical condition who may require medication in an emergency are asked to provide consent on the Care Plan for staff to administer medication.
- If a student requires regular/daily help in administering their medication then the school outlines the school's agreement to administer this medication on the student's Care Plan. The school and parents keep a copy of this agreement.
- Parents of students with medical conditions at this school are all asked at the start of the school year on the Care Plan if they and their child's healthcare professional believe the child is able to manage, carry and administer their own emergency medication.

## **Residential visits**

- Parents are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the student's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the student manage their condition while they are away. This includes information about medication not normally taken during school hours.
- All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the student's Care Plan.
- All parents of students with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.
- The residential visit form also details what medication and what dose the student is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the student manage their condition while they are away.

## **Other record keeping**

- This school keeps an accurate record of each occasion an individual student is given or supervised taking medication. Details of the supervising staffmember, student, dose, date and time are recorded. If a student refuses to have medication administered, this is also recorded and parents are informed as soon as possible. See Appendix I.
- This school holds training on common medical conditions once a year. All staff attending receive a certificate confirming the type of training they have had. A log of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive training.
- All school staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional. The school keeps a register of staff who have had the relevant training.
- This school keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

- Medical Tracker is a web-based product that integrates with SIMS to provide the one place to record all incidents, medication used and reports for use by Heads of House, Student Support Officers

## 7. Roles and Responsibilities

**Each member of the school and health community knows their roles and responsibilities in maintaining an effective medical policy**

- This school works in partnership with all interested and relevant parties including the school's governing body, all school staff, parents, employers, community healthcare professionals and students to ensure the policy is planned, implemented and maintained successfully.
- The following roles and responsibilities are used for the medical policy at this school. These roles are understood and communicated regularly.

### Employer

**This school's employer has a responsibility to:**

- ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all students). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips
- ensure health and safety policies and risk assessments are inclusive of the needs of students with medical conditions
- make sure the medical policy is effectively monitored and evaluated and regularly updated
- report to parents, students, school staff and the local authority about the successes and areas for improvement of this school's medical policy
- provide indemnity for staff who volunteer to administer medication to students with medical conditions.

### Head teacher

**This school's head teacher has a responsibility to:**

- ensure the school is inclusive and welcoming and that the medical policy is in line with local and national guidance and policy frameworks
- liaise between interested parties including students, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, school nurses, parents, governors, the school health service, the local authority transport service, and local emergency care services
- ensure the policy is put into action, with good communication of the policy to all
- ensure every aspect of the policy is maintained
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using students' Care Plans
- ensure student confidentiality
- assess the training and development needs of staff and arrange for them to be met
- ensure all supply teachers and new staff know the medical policy
- delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical conditions register
- monitor and review the policy at least once a year, with input from students, parents, staff and external stakeholders
- update the policy at least once a year according to review recommendations and recent local and national guidance and legislation
- report back to all key stakeholders about implementation of the medical policy.

## **All school staff**

### **All staff at this school have a responsibility to:**

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- understand the school's medical policy
- know which students in their care have a medical condition and be familiar with the content of the student's Care Plan
- allow all students to have immediate access to their emergency medication
- maintain effective communication with parents including informing them if their child has been unwell at school
- ensure students who carry their medication with them have it when they go on a school visit or out of the classroom
- be aware of students with medical conditions who may be experiencing bullying or need extra social support
- understand the common medical conditions and the impact it can have on students (students should not be forced to take part in any activity if they feel unwell)
- ensure all students with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure students have the appropriate medication or food with them during any exercise and are allowed to take it when needed
- lock away their own medication, especially if it is a controlled drug so that students cannot access this

## **Teaching staff**

### **Teachers at this school have a responsibility to:**

- ensure students who have been unwell catch up on missed school work
- be aware that medical conditions can affect a student's learning and provide extra help when students need it
- liaise with parents, the student's healthcare professionals, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition
- use opportunities such as PSHE and other areas of the curriculum to raise student awareness about medical conditions.

## **School nurse or school healthcare professional**

### **The school nurse at this school has a responsibility to:**

- help update the school's medical policy
- help provide regular training for school staff in managing the most common medical conditions at school
- provide information about where the school can access other specialist training.

## **First aid**

First Aid room is located next to Student Services, students should be direct to Student Services for First aid or a first aider may be summoned to the incident by contacting ext 525 or 500

There are 17 qualified first aiders, drawn from support and teaching staff to provide first aid in school and on educational visits. One First Aider will act as Lead First Aid and they are responsible for maintaining the First Aid room with supplies, updating medical tracker with medication, checking on dates of medication and contacting parents to replace as necessary, check First Aid boxes around school termly.



First Aid treatment is co-ordinated by Student Services/Reception. The First Aider attending the incident will make any decision as to whether the injured party needs further or urgent medical attention and will make the appropriate arrangements for this. Reception will be responsible for contacting parents/next of kin as necessary.

**First aiders at this school have a responsibility to:**

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school
- when necessary ensure that an ambulance or other professional medical help is called
- all incidents are added to Medical Tracker
- Parents and Student Support Officers receive an email to confirm a student had been given first aid
- all accidents are recorded on Medical Tracker. Entries that should be completed in an Accident book are now recorded on Medical Tracker and emailed direct to the Business Manager
- administering medication by First Aider or student should be added to Medical Tracker.

**Special educational needs coordinators**

**Special educational needs coordinators at this school have the responsibility to:**

- help update the school's medical conditions policy
- know which students have a medical condition and which have special educational needs because of their condition
- ensure students who have been unwell catch up on missed schoolwork
- ensure teachers make the necessary arrangements if a student needs special consideration or access arrangements in exams or course work.

**Pastoral support/welfare officers**

**The pastoral support/welfare officer at this school has the responsibility to:**

- help update the school's medical policy
- know which students have a medical condition and which have special educational needs because of their condition
- ensure all students with medical conditions are not excluded unnecessarily from activities they wish to take part in.

**Local doctors and specialist healthcare professionals**

**Individual doctors and specialist healthcare professionals caring for students who attend this school, have a responsibility to:**

- complete the student's Care Plans provided by parents
- where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours
- offer every child or young person (and their parents) a written care/self-management plan to ensure children and young people know how to self manage their condition
- ensure the child or young person knows how to take their medication effectively
- ensure children and young people have regular reviews of their condition and their medication
- provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the student and their parents)
- understand and provide input in to the school's medical policy.

## Emergency care services

In an emergency, medical data held by the school will be made available to the appropriate emergency service.

## Students

**The students at this school have a responsibility to:**

- treat other students with and without a medical condition equally
- tell their parents, teacher or nearest staff member when they are not feeling well
- let a member of staff know if another student is feeling unwell
- let any student take their medication when they need it, and ensure a member of staff is called
- treat all medication with respect
- know how to gain access to their medication in an emergency
- if mature and old enough, know how to take their own medication and to take it when they need it
- ensure a member of staff is called in an emergency situation.

## Parents\*

**The parents of a child at this school have a responsibility to:**

- tell the school if their child has a medical condition
- ensure the school has a complete and up-to-date Care Plan for their child
- inform the school about the medication their child requires during school hours
- inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
- tell the school about any changes to their child's medication, what they take, when, and how much
- inform the school of any changes to their child's condition
- ensure their child's medication and medical devices are labelled with their child's full name
- provide the school with appropriate spare medication labelled with their child's name
- ensure that their child's medication is within expiry dates
- keep their child at home if they are not well enough to attend school
- ensure their child catches up on any school work they have missed
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
- ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.
- provide consent, in writing, for school to administer medication

\* The term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.

## 8. Intimate Care

### Introduction

- Staff who work with young children or children/young people<sup>1</sup> who have special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.

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<sup>1</sup> Where 'children' are mentioned in this document, the term will also include young people.

- Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children will have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at St John Fisher Catholic High School work in partnership with parents/carers to provide continuity of care to children wherever possible.
- Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

St John Fisher Catholic High School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. St John Fisher Catholic High School recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

### **Our approach to best practice**

- All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.
- Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/occupational therapist as required.
- Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of children will not usually be involved with the delivery of sex education to their children as an additional safeguard to both staff and children involved.
- There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.
- As a basic principle children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

- Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible, one child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.
- Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.
- Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; eg staffing and equal opportunities legislation.

Each child will have an assigned senior member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

## **The protection of children**

- Education Child Protection Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.
- Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- If a member of staff has any concerns about physical changes in a child's presentation, eg marks, bruises, soreness etc, s/he will immediately report concerns to the appropriate manager/designated person for child protection. A clear record of the concern will be completed and referred to Children's Social Care Services and/or the Police Unit if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm. If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded.
- Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- If a child makes an allegation against a member of staff, all necessary procedures will be followed.

**Reviewed by the Full Governing Body:** September 2021

**Next Review Date:** September 2022

**Staff Member Responsible:** AHT

## Appendix I: Parental Consent for Paracetamol

### Administration of Paracetamol in School

St John Fisher Catholic High School will hold a supply of 500mg paracetamol (supplied by parent), which can be given to your child to relieve headache, toothache or period pain provided that you have completed and signed the parental consent form below.

You will also need to request and complete a different form whenever your child brings any kind of medicine into school. Forms are obtained from the school office.

**Please ensure your child knows that medicines, tablets and inhalers must not be shared.**

**Please complete in block letters:**

**Name of Students:** \_\_\_\_\_ **Form:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Year group:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_

**Doctor's Surgery:** \_\_\_\_\_

### Non-Prescribed Paracetamol

I give my consent for my child to be given \_\_\_\_\_ paracetamol(s). Please specify the maximum number of tablets that can be given an any one time.

**Aspirin and ibuprofen should not be given to a child under 16 and will only be accepted in school if prescribed by a medical practitioner.**

I can be contacted at the following address/telephone during school hours:

**Name:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

Please return the completed form to Student Services.

## New Appendix 2: Guidance for First Aiders in light of Covid 19

### Guidance from HSE June 2020

Try to assist at a safe distance from the casualty as much as you can and minimise the time you share a breathing zone.

If they are capable, tell them to do things for you, but treating the casualty properly should be your first concern. Remember the 3P model – preserve life, prevent worsening, promote recovery.

If a person has **suspected COVID-19**, wherever possible, ask them to move to a location away from others. If there is no physically separate room, or the individual is not able to move to another room, ask all other persons not required to assist in first aid provision to leave the vicinity.

#### Preserve life: CPR

- Call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms
- Ask for help. If a portable defibrillator is available, ask for it
- Before starting CPR, to minimise transmission risk, use a cloth or towel to cover the patient's mouth and nose, while still permitting breathing to restart following successful resuscitation
- If available, use:
  - a fluid-repellent surgical mask
  - disposable gloves
  - eye protection
  - apron or other suitable covering
- Only deliver CPR by chest compressions and use a defibrillator (if available) – **don't** do rescue breaths

#### Prevent worsening, promote recovery: all other injuries or illnesses

- If you suspect a serious illness or injury, call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms
- If giving first aid to someone, you should use the recommended equipment listed above if it is available
- You should minimise the time you share a breathing zone with the casualty and direct them to do things for you where possible

#### After delivering any first aid

- Ensure you safely discard disposable items and clean reusable ones thoroughly
- Wash your hands thoroughly with soap and water or an alcohol-based hand sanitiser as soon as possible

### RIDDOR

The Health & Safety Executive have recently updated [the Reporting of Injuries, Diseases and Dangerous Occurrences regulations \(RIDDOR\)](#) to include the requirement to report possible or actual exposure to the Covid-19 virus as a result of, or in connection with, a work activity

### Guidance from PCC

#### PPE IN CHILDCARE AND EDUCATION SETTINGS

- PPE is only needed in a very small number of cases including:
- children, young people and students whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way.

- if a child, young person or other learner becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home. A fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn.

### **SAFE USE OF PPE**

When PPE is used, it is essential that it is used properly. This includes scrupulous hand hygiene and following guidance on how to put PPE on and take it off safely in order to reduce self-contamination. Face masks must:

- cover both nose and mouth
- not be allowed to dangle around the neck
- not be touched once put on, except when carefully removed before disposal
- be changed when they become moist or damaged
- be worn once and then discarded - hands must be cleaned after disposal

### **SAFE DISPOSAL OF PPE**

To dispose of waste after direct contact with a child with symptoms of coronavirus, such as disposable cleaning cloths, tissues and PPE:

- put it in a plastic rubbish bag and tie it when full
- place the plastic bag in a second bin bag and tie it
- put it in a suitable and secure place marked for storage for 72 hours

Waste should be stored safely and securely kept away from children. Waste should not be put in communal waste areas until the waste has been stored for at least 72 hours. Storing for 72 hours saves unnecessary waste movements and minimises the risk to waste operatives. This waste does not require a dedicated clinical waste collection in the above circumstances.

Any homemade non-disposable face coverings that staff or children, young people or other learners are wearing when they arrive at their setting must be removed by the wearer and placed into a plastic bag that the wearer has brought with them in order to take it home. The wearer must then clean their hands.



# Legislation and guidance

## Introduction

Local authorities, schools and governing bodies are responsible for the health and safety of students in their care.

Areas of legislation that directly affect a medical policy are described in more detail in *Managing Medicines in Schools and Early Years Settings*. The main pieces of legislation are the Disability Discrimination Act 1995 (DDA), amended by the Special Educational Needs and Disability Act 2001 (SENDA) and the Special Educational Needs and Disability Act 2005. These acts make it unlawful for service

providers, including schools, to discriminate against disabled people. Other relevant legislation includes the Education Act 1996, the Care Standards Act 2000, the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Medicines Act 1968.

This section outlines the main points from the relevant legislation and guidance that schools should consider when writing a medical policy.

## Managing Medicines in Schools and Early Years Settings (2004)

This provides guidance from the DfES (now DCFS) and DH on managing medicines in schools and early years settings. The document includes the following chapters:

- developing medicines policies
- roles and responsibilities
- dealing with medicines safely
- drawing up a Care Plan
- relevant forms.

Medical Conditions at School: A Policy Resource Pack is designed to work alongside *Managing Medicines in Schools and Early Years Settings*.

## Disability Discrimination Act 1995 (DDA) and the Special Educational Needs and Disability Acts (2001 and 2005)

Many students with medical conditions are protected by the DDA and SENDA, even if they don't think of themselves as 'disabled'.

The Commission for Equality and Human Rights (CEHR) (previously the Disability Rights Commission) publishes a code of practice for schools, which sets out the duties under the DDA and gives practical guidance on reasonable adjustments and accessibility. The CEHR offers information about who is protected by the DDA, schools' responsibilities and other specific issues.

Schools' responsibilities include:

- not to treat any student less favourably in any school activities without material and sustainable justification
- to make reasonable adjustments that cover all activities – this must take into consideration factors such as financial constraints, health and safety requirements and the interests of other students. Examples of reasonable adjustments can be found in the DfES resource: *Implementing the DDA in Schools and Early Years Settings*\*
- to promote disability equality in line with the guidance provided by the DCSF and CEHR through the Disability Equality Scheme.

\*DfES publications are available through the DCSF.

**The Education Act 1996**

Section 312 of the Education Act covers children with special educational needs, the provisions that need to be made and the requirements local health services need to make to help a local authority carry out its duties.

**The Care Standards Act 2000**

This act covers residential special schools and responsibilities for schools in handling medicines.

**Health and Safety at Work Act 1974**

This act places duties on employers for the health and safety of their employees and anyone else on their premises. This covers the head teacher and teachers, non-teaching staff, students and visitors.

**Management of Health and Safety at Work Regulations 1999**

These regulations require employers to carry out risk assessments, manage the risks identified and to communicate these risks and measures taken to employees.

**Medicines Act 1968**

This act specifies the way that medicines are prescribed, supplied and administered.

**Additional guidance**

Other guidance resources that link to a medical policy include:

Healthy Schools Programme – a medical policy can provide evidence to help schools achieve their healthy school accreditation

- Every Child Matters: Change for Children (2004). The 2006 Education Act ensures that all schools adhere to the five aims of the Every Child Matters agenda
- National Service Framework for Children and Young People and Maternity Services (2004) – provides standards for healthcare professionals working with children and young people including school health teams
- Health and Safety of Students on Educational Visits: A Good Practice Guide (2001) – provides guidance to schools when planning educational and residential visits
- Misuse of Drugs Act 1971 – legislation on the storage and administration of controlled medication and drugs
- Home to School Travel for Students Requiring Special Arrangements (2004) – provides guidance on the safety for students when traveling on local authority provided transport
- Including Me: Managing Complex Health Needs in School and Early Years Settings (2005).

## Further advice and resources

### **The Anaphylaxis Campaign**

PO Box 275  
Farnborough  
Hampshire GU14 6SX  
**Phone 01252 546100**  
**Fax 01252 377140**  
[info@anaphylaxis.org.uk](mailto:info@anaphylaxis.org.uk)  
[www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)

### **Asthma UK**

Summit House  
70 Wilson Street  
London EC2A 2DB  
**Phone 020 7786 4900**  
**Fax 020 7256 6075**  
[info@asthma.org.uk](mailto:info@asthma.org.uk)  
[www.asthma.org.uk](http://www.asthma.org.uk)

### **Diabetes UK**

Macleod House  
10 Parkway  
London NW1 7AA  
**Phone 020 7424 1000**  
**Fax 020 7424 1001**  
[info@diabetes.org.uk](mailto:info@diabetes.org.uk)  
[www.diabetes.org.uk](http://www.diabetes.org.uk)

### **Epilepsy Action**

New Anstey House  
Gate Way Drive  
Yeadon  
Leeds LS19 7XY  
**Phone 0113 210 8800**  
**Fax 0113 391 0300**  
[epilepsy@epilepsy.org.uk](mailto:epilepsy@epilepsy.org.uk)  
[www.epilepsy.org.uk](http://www.epilepsy.org.uk)

### **Long-Term**

**Conditions Alliance**  
202 Hatton Square  
16 Baldwins Gardens  
London EC1N 7RJ  
**Phone 020 7813 3637**  
**Fax 020 7813 3640**  
[info@ltca.org.uk](mailto:info@ltca.org.uk)  
[www.ltca.org.uk](http://www.ltca.org.uk)

### **Department for Children, Schools and Families**

Sanctuary Buildings  
Great Smith Street  
London SW1P 3BT  
**Phone 0870 000 2288**  
**Textphone/Minicom 01928 794274**  
**Fax 01928 794248**  
[info@dcsf.gsi.gov.uk](mailto:info@dcsf.gsi.gov.uk)  
[www.dcsf.gov.uk](http://www.dcsf.gov.uk)

### **Council for Disabled Children**

National Children's Bureau  
8 Wakley Street  
London EC1V 7QE  
**Phone 020 7843 1900**  
**Fax 020 7843 6313**  
[cdc@ncb.org.uk](mailto:cdc@ncb.org.uk)  
[www.ncb.org.uk/cdc](http://www.ncb.org.uk/cdc)

### **National Children's Bureau**

National Children's Bureau  
8 Wakley Street  
London EC1V 7QE  
**Phone 020 7843 6000**  
**Fax 020 7278 9512**  
[www.ncb.org.uk](http://www.ncb.org.uk)