



# St. Gregory's Catholic High School

## MEDICAL POLICY

### Monitoring

The implementation of the policy will be monitored by the Deputy Headteacher (Pastoral)

### Evaluation

The policy was reviewed by the Deputy Headteacher (Personal Development) and SLT on 20<sup>th</sup> November 2023 prior to the submission of the policy to Governors' Community Committee for scrutiny and recommendation to the Full Governing Board for approval.

### Policy Review Dates:

**Date last approved by Full Governing Board:** 7<sup>th</sup> December 2022

**Date submitted to Governors' Committee:** 22<sup>nd</sup> November 2023

**Date submitted to Full Governing Board:** 6<sup>th</sup> December 2023

**Review Frequency:** Annually

**Start date for policy review:** September 2024

## Rationale

While it is the Head Teacher's and Governors' wish that pupils with identified medical needs should be given as much help as possible at school, staff should have regard to two clear principles:

- Parents/carers have prime responsibility for their children's health and must therefore provide the school with full information about their children's medical condition.
- There is no legal duty which requires school staff to administer or store medication; this is a voluntary role.

## Aim

To ensure that all children are able to attend school regularly and that the administration of medication or medical care does not present a barrier to this.

This policy will sit alongside the school's Health and Safety Policy **including 'First Aid Risk Assessment' (Appendix A)** and Intimate Care Policy. and sets out how the school will plan to ensure that all children who require the administration of medication or medical care, will be supported.

**This policy is to be read in conjunction with DfE ['Supporting Pupils at School with Medical Conditions'](#) August 2017.**

## Responsibilities

School will inform the various people of their roles and responsibilities.

They are:

### **Parents/carers with parental responsibility**

- Must take responsibility for making sure that their child is well enough to attend school and take part in all learning activities. This includes group, class-based activities, organised trips and visits
- Should ensure the school has contact numbers and arrangements in place should the child become unwell
- One parent/carer is required to agree to our request, in writing, that medicines be administered.
- Should provide the head teacher/Pupil Progress Managers with sufficient information about their child's medical condition, medication and treatment or special care needed
- Will reach an agreement on the school's role in helping with their child's medical needs
- Should ascertain whether prescribed medication can be taken outside the school day. Parents/carers should ask the prescribing doctor or dentist about this
- Will confirm their agreement to the sharing of information with other staff to ensure the best care for their child
- Should be aware of those infectious diseases which should result in not sending their child to school
- **Parents/carers should be aware; there is no contractual obligation for teachers or the Head teacher to administer medication.**

### The Governing Board

- Will ensure that the school's Health and Safety Policy **and statement are** in place and regularly reviewed.
- Will, where necessary, ensure that risk assessments are carried out
- Will also ensure this policy is up to date and compliant with relevant legislation and guidance
- Will ensure that staff training needs are identified and appropriate training sources
- Will be aware that giving medication does **not** form part of the contractual duties of head teachers or teachers.

It is recommended that, where possible, staff administering medication are subject to an enhanced DBS check.

### The Head Teacher

- Is responsible for implementing the agreed policy and ensuring that medical needs of children are correctly planned and policy and procedures followed.
- Should ensure that all staff are aware of the Health and Safety Policy and the policy relating to medication in school
- Will agree with the parents/carers, exactly how the school will support the child
- Will seek further advice when required, from the school health advisor, other relevant medical advisors/the LA
- Will identify at least two members of staff (one for actual, one for backup) who will be responsible for administering medication and ensure they are supported and provided with training. These persons should be named in an individual health care plan
- Will ensure parents/carers are aware of the policy and procedures for dealing with medical needs through the school prospectus, information on new Parents' Evening and through availability of the Medication Policy on request.

### Teaching Staff

- Who work regularly with children with significant or complex health care needs, should understand the nature of the condition, and when and where the child may need extra attention.
- Should be aware of the likelihood of an emergency arising and must know what action to take should one occur (this applies to all staff, including supply teachers and mid-day assistants).
- **Use SIMS for all up-to-date medical information and transfer to seating /learning plans; follow school safeguarding procedures if a child becomes unwell in your lesson. NB. Paper copies of pupils with high priority medical needs/conditions are with named staff and posted on Staff Room Notice board. Trish Cleary is responsible for updating this and SIMS.**

*Staff have a common law duty of care to children in the school. They are in 'loco-parentis' and should therefore take the steps that a reasonable parent would take to promote or maintain the health of a child in their care and this might, in exceptional circumstances, extend to administering medicine and/or taking action in an emergency.*

### Support Staff

- May have the administration of medication as part of their contractual duties.
- Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance. They should also be aware

of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case.

- Whose duties include this role must ensure that each and every intermittent or regular medication given is in accordance with the policy and procedures set out.
- Whose administer medication must be named. The named person will assist in drawing up an **individual health care plan**, for those children who require it.

## Procedures

### Short term health care needs

- Pupils who are ill should remain at home.
- Pupils who are on medication three times daily should not bring these into school but take them pre and post school.
- Pupils should not bring medication into school, except in extreme circumstances and providing they have contacted the Pupil Progress Managers/Pastoral Support Managers to discuss:
  - The name of the medication and reason for taking the medicine
  - The length of time the pupil may need to take this medication
  - Dosage
  - Method of administration
  - Time and frequency of administration
  - Other treatments
  - Side effects
- Parents/Carers must give written consent for the school to store medication.
- Where children are well enough to attend school, but are required to take prescribed medication, parents should ascertain whether dosages could be prescribed outside the school day. Parents should ask the prescribing doctor or dentist about this. **It is recommended that in cases of recovery from short-term illness, only two days of medication should be taken at school.**
- Parents must complete a request form and undertake delivery and collection of medicines, (i.e., themselves or their adult representatives).

### Long-term health care needs

If a pupil has a medical condition on entry to school, it is the parent/carers responsibility to inform school and this can be done under the appropriate section of the SIMS form. This will be recorded in the Early Information booklet. If a condition develops after entry, parents/carers should inform the Pupil Progress Manager. A relevant note will be placed on the staffroom notice board, be included in staff briefing notes, on information screen. For serious conditions the pupil's name and condition will be placed on the medical notice board in the staffroom and staff alerted to this and any new information as it is displayed.

- The school will endeavour to ensure information, including all relevant aspects of a child's medical history, is collected when they enrol or their circumstances change.
- For children with long-term health care needs, an **individual health care plan** will be drawn up in consultation with parents/carers, support staff and health care professionals. This will detail procedures for taking prescribed medication and emergency procedures.
- For children transported to school by taxi, mini-bus or bus, it is recommended that their plan will contain information about how medication will be delivered to school.

- The school will emphasise, in writing, the need for parents/carers to share information relating to changes to medical needs with staff.

## **Diabetics**

**Diabetic guidance and plans for supporting pupils in school is delivered in conjunction with the Diabetic Nurse Team at Warrington Hospital.**

## **Administering Medication**

Pupils for whom it is necessary to self-administer medication during the school day should go to Reception at the appropriate time and ask for their medication.

The member of staff on duty should check:

- a) The pupil's name
- b) The written instructions provided by the parents or doctor
- c) The prescribed dose
- d) The expiry date of any drugs

If drugs are stored in school for self-medication, a written record will be maintained of the date, time and reason for administering this medication. This will be signed by the member of staff and the pupil.

Pupil Progress Manager/Pastoral Support Manager/Reception Staff (both trained first aiders) oversee taking of medicine and signature of process.

## **Refusing Medication**

- If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in an **individual child's health care plan**.
- Parents should be informed of the refusal on the same day.
- If a refusal to take medicine results in an emergency, the schools emergency procedures should be followed.

## **Non-Prescribed Medication**

- Staff in school cannot store or accept non-prescribed medication e.g. paracetamol.
- Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents. Where the head agrees to the administration of a non-prescribed medicine, it must be in accordance with procedures outlined in this policy.
- No child under 16 should be given medication without his or her parents/carers written consent. A pupil under 16 should never be given aspirin or medicines containing ibuprofen, unless prescribed by a doctor.
- Parents/carers are requested not to allow children to bring non-prescribed medication (i.e. Paracetamol) in school. The school cannot be held responsible for pupils self-medicating.
- If a child suffers intermittently from acute pain, such as migraine or period pain, the parents/carers with **school consent**, may authorise the supply of appropriate painkillers for their child's use with written, signed instructions about when the child should take the medicine. A similar arrangement can be made for children with hayfever. A member of staff **must** be aware that the child has taken medication, record it and must inform the parents/carers, in writing, on the day painkillers are taken.
- If a child suffers regularly from frequent or acute pain, the parents should be encouraged to refer the matter to the child's GP.

### **Self-Management**

- It is good practice to enable children to manage their own medication. If a child can take medication him or herself, staff will supervise this. The school policy sets out how children may carry and store their own medication after signed agreement from parents/carers.
- All staff involved will be made aware of the child's medical needs and relevant emergency procedures.
- Some children may require immediate access to medication before or during exercise.
- Staff involved in sporting activities will be made aware of any relevant medical conditions and appropriate medical procedures. Any restrictions on a child's ability to participate will be recorded on their **individual health care plan**.
- Pupils who have asthma inhalers may keep these upon their person and use them as appropriate. Pupils who require an EpiPen and who are able to self-administer may also keep these with them. Spare inhalers/EpiPens must be kept at Reception; it is the parents' responsibility to ensure that the school has enough medication at all times for their child and that these are in date. **From October, 2016 we have adopted the Dept of Health Guidelines regarding the use of emergency inhalers. Two staff have attended the appropriate training (Sept 2016).**

### **Intimate or Invasive Treatment**

*This part should be read in conjunction with Intimate Care Policy.*

- This would only take place if there was a pupil admitted to the school already receiving such treatment
- Appropriate training would be provided by the Children's Nursing Team
- Only staff willing to receive the training would be required to do so

### **Hygiene and Infection Control**

- All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

### **Special Arrangements for Children with Medical Needs whilst on School Trips/Visits**

- All children should participate on trips and managed outings, wherever safety permits.
- Additional staff arrangements may need to be made and if necessary, a risk assessment carried out.
- Arrangements for taking medication on outside trips may involve additional staff being advised of any medical needs and relevant emergency procedures.
- A copy of the **individual health care plan** should be taken on visits.
- If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit, they should seek parental views and medical advice from the schools health service or the child's GP. See DfES guidance on planning educational visits.
- Specific information will be logged using the EVOLVE system.

### **Storing Medication, including Controlled Drugs**

*Drugs will be in a locked cupboard in the Pastoral Office or Iona Room.*

School should not store large volumes of medication.

- The school will only accept medication provided that it is in the original container labelled with:
  - The name of the pupil
  - The name and dose of the medication
  - The frequency of the medication
  - The date of issueand a measuring spoon or dropper must be supplied if appropriate.
- When pupils have two or more prescribed medicines, each should be in a separate container but should be stored together in one labelled container. Staff are not authorised to accept any medication which does not meet the above criteria nor are they authorised to transfer medication from its original customer.
- The head teacher is responsible for making sure that medication is stored safely.
- The child should know where their own medication is located.

***It is not safe practice to follow re-labelled/re-written instructions, or to receive and use re-packaged medicines, other than as originally dispensed.***

- A few medications such as asthma inhalers, must not be locked away and should be readily available to the child.
- School allows children to carry their own inhalers.
- Other medications should generally be kept in a secure place, not accessible to children. A locked drawer or cabinet will be appropriate in such circumstances.
- The use of controlled drugs in school is sometimes essential. School should keep controlled drugs in a locked, non-portable container, and only named staff should have access. A record should be kept for audit and safety purposes.
- Any named member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.
- A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed. (It is preferable that the medication is taken in the presence of an adult).
- A controlled drug, as with all medicines, should be returned to the parent/carer when no longer required, to arrange for safe disposal.
- Misuse of a controlled drug, such as passing it to another child for use, is a serious offence. School has a drug policy in place for dealing with drug misuse.
- Some medications need to be refrigerated. Medication can be kept in a refrigerator containing food, but should be kept in an airtight container and clearly labelled. The school should restrict access to a refrigerator containing medicines.

### **Access to Medication**

- Pupils must have access to their medication when required.
- The school may make special arrangements for emergency medication that it keeps for certain children.
- It is also important to make sure that medication is only accessible to those for whom it is prescribed.

### Disposal of Medicines

- Parents/carers will collect medicines at the end of the dosage period.
- Parents/carers are responsible for the safe disposal of date expired medication (by returning to the local pharmacy or dispensing pharmacist). Expiry dates on medicines will be checked on a half termly basis by a named member of staff.

### Safety Management

- All medicines may be harmful to anyone for whom they are not prescribed. Where the school agrees to administer medication, the employer has a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the control of Substances Hazardous to Health Regulations. (COSHH - 2002).

### Emergency Procedures

*Generally, staff should not take children to hospitals in their own car. An ambulance should be called.*

- All staff must know emergency procedures, including how to call an ambulance.
- All staff must also know who is responsible for carrying out emergency procedures.
- A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent/carer arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.
- **Individual health care plans** should include instructions as to how to manage a child in an emergency and identify who has the responsibility in an emergency.

### First Aiders

First aiders must complete a full training course **which is delivered by Ade Cunliffe and team** approved by the Health and Safety Executive.

At school the main duties of a first aider are to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school
- When necessary, ensure that an ambulance or other professional medical help is called
- Look after the first aid equipment e.g. restocking the first aid containers.

**A full list of First Aiders is available in key locations around school. Staff are aware how to contact a first aider when required.**

The recommended number for St Gregory's is **9** and four also have defibrillator training. Certification expiry and renewal dates are published and known by all staff teaching and non-teaching and **are posted in key areas. This information is given to Governor's via a Health and Safety report which is prepared and presented by Ivan Baracskaï at relevant Governor Committee meeting and at Full Governors..**

### Appointed Persons

An appointed person is not a first aider but someone who:

- Takes charge when someone is injured or becomes ill
- Ensures that an ambulance or other professional help is summoned when appropriate.



This responsibility lies with the Head Teacher and SLT Safeguarding Representative.

There are no rules on the exact numbers of first-aid personnel required in a school, but the Health and Safety Commission has issued guidance on numbers of first-aid personnel based on employee numbers. This is referred to in [First aid in schools, early years and further education - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/first-aid-in-schools)

The Department recommends that for the purpose of assessing first aid personnel numbers that pupil numbers as well as employee numbers are taken into account. The minimum requirement is that an appointed person must take charge of first aid arrangements.

### **First Aid Containers**

There is no mandatory list of items for a first aid container. However, the Health and Safety Executive recommend that, where there is no special risk identified, a minimum provision of first aid items would be:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- Two sterile eye pads
- Four individually wrapped triangular bandages (preferably sterile)
- Six safety pins
- Six medium sized individually wrapped sterile unmedicated wound dressings
- Two large sterile individually wrapped unmedicated wound dressings
- One pair of disposable gloves.


A school's first aid procedures should identify the appointed person (see above) responsible for examining the contents of first aid containers. These should be checked frequently and restocked as soon as possible after use. There should be extra stock in the school and items should be discarded safely after the expiry date has passed.

### **Record Keeping**

- Parents/carers must supply information about medication that needs to be administered in the school.
- Parents/carers should let the school know of any changes to the prescription.
- Medical information will be given to all staff at the start of the academic year and updated as necessary.
- The school will ensure that information is transferred to any receiving school and brought to the attention of the appropriate member of staff.
- Staffroom Notice Board will contain updated information as necessary and staff attention drawn to it.
- Accident details are presented to Governors by the Head Teacher.
- Trish Cleary has responsibility for recording all accidents on our system.
- All illnesses/minor injuries are in the first instance sent to Reception
- Reception records the illnesses/minor injuries
- They are monitored and assessed by first aiders.
- The incidents are entered on to the system for accuracy of records.
- The Head teacher ensures that records are kept of any first-aid treatment given by first aiders and appointed persons. There is a coding system for incidents that take place outside of a lesson i.e. break/lunch time to give location. These are analysed by a member of SLT responsible for Pastoral/Inclusion.

- LA forms are used for calling of ambulance and any incident referred to the hospital. Again the information is amended on the system.
- LA Accident reporting forms HSA1 and HSA2 are used as appropriate.
- **First Aid Box Checklist – used monthly for compliant assurance**

Appendix A

RISK ASSESSMENT REFERENCE NUMBER: 26							
TITLE OF TASK / ACTIVITY: First Aid Risk Assessment							
DIRECTORATE: St Gregorys Catholic High School			DATE OF ASSESSMENT: October 2016				
DEPARTMENT: Site Management			REVIEW DATE: October 2017				
LOCATION: Whole School			VERSION NUMBER: 1				
NAME OF ASSESSOR: I Baracska			SIGNATURE:				
POSITION OF ASSESSOR: Site Manager						Reviewed: October 2016	

SEVERITY (S)		LIKELIHOOD (L)					Lx S = RISK RATING SCORE (RR)	
		1. RARE	2. UNLIKELY	3. POSSIBLE	4. VERY LIKELY	5. ALMOST CERTAIN		
1	NO INJURY	1	2	3	4	5	LOW (L) 1-8	NO FURTHER ACTION REQUIRED
2	FIRST AID	2	4	6	8	10	MEDIUM (M) 9-15	FURTHER CONTROL MEASURES REQUIRED AND IMPLEMENTED BEFORE PROCEEDING.
3	3 DAY INJURY	3	6	9	12	15		
4	MAJOR INJURY	4	8	12	16	20	HIGH (H) 16-25	DO NOT PROCEED
5	FATALITY	5	10	15	20	25		

HAZARD	POTENTIAL HARM	PERSONS AT RISK		EXISTING CONTROL MEASURES	RISK RATING			L/M /H	FURTHER ACTION REQUIRED	NEW RISK RATING			RESIDUAL RISK L / M / H
		STAFF	OTHER		L	X	S = RR			L	x	S = RR	
Lack of suitable first aid provision	A persons health deteriorating due to a delay in receiving first aid treatment. Worst case scenario may be a fatality  (For all hazards listed below)	x	x	<ul style="list-style-type: none"><li>- School health and safety statement</li><li>- Number of 1<sup>st</sup> aid trained staff allowing quick access to a first aid emergency</li><li>- RA's in place for all activities taking place which consider first aid</li></ul>	1	5	5	L					

				<ul style="list-style-type: none"><li>- First aid boxes checked monthly</li><li>- Supply of replacement first aid supplies in store</li></ul>									
Staff unaware of qualified first aid trained staff		x	X	<ul style="list-style-type: none"><li>- Named first aiders lists available for all staff</li></ul>	1	5	5	L	Further lists to be located in high risk areas	1	5	5	L
Inadequate first aid provision		x	x	<ul style="list-style-type: none"><li>- First Aid qualified staff to be present on all School trips</li><li>- First Aid staff to be available outside the core school hours</li><li>- Refresher training arranged to maintain number of trained first aiders</li><li>-System for administering medication</li><li>- Pupil medical details maintained on a central database and paper records kept for trips</li></ul>	1	5	5	L					
Lack of communication		x	X	<ul style="list-style-type: none"><li>- First Aid procedure in place and shared with staff</li><li>- 2-way radios available for use</li><li>- All first aid qualified staff aware of the</li></ul>	1	5	5	L					

				<p>correct procedure for calling and directing the emergency services</p> <ul style="list-style-type: none"> <li>- Site staff available on a 'call' system if required to respond.</li> </ul>										
Casualty dealt with by non-first aid trained member of staff		x	X	<ul style="list-style-type: none"> <li>- Staff aware of need to contact first aid qualified staff</li> <li>- Staff aware of how to contact first aid trained staff</li> </ul>	1	5	5	L						