



SUPPORTING PUPILS WITH MEDICAL CONDITIONS

Adopted by the Governing Body
at its meeting on:

8th July 2025

Signed:

A handwritten signature in black ink that reads "E. M. Lynch".

Name:
Position:
Date:

Christine Lynch
Chair of Governors

Review Date:
Responsibility:

Summer 2026
Governing Body

If you would like help understanding or translating this policy, please contact the school office.
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POLICY STATEMENT

Regular school attendance is vital for every child and St Joseph's Catholic Primary School does all it can to ensure high attendance figures for all children in our care. Nevertheless, we recognise that from time-to-time children become ill and require time out of school to recover. In general, where a child requires medication (or treatment) they should be kept at home until the course of treatment has been completed.

However, in certain circumstances there are exceptions to this:

- When a child has almost fully recovered but needs to finish a course of medication (i.e., antibiotics) for a day or so.
- Where a child suffers from a medical condition requiring medication but is not 'ill', by definition i.e., asthma, diabetes, specific and medically diagnosed behavioural issues, severe allergies.

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1. Legal Aspects: There is no legal duty on non-medical staff to administer medicines or to supervise a child taking it. *This is purely a voluntary role.* Staff should be particularly cautious when agreeing to administer medication where:

- The timing is crucial to the health of the child.
- Where there are potentially serious consequences if medication or treatment is missed.
- Where a degree of technical or medical knowledge is required to ensure the safety of both staff and/or child.

Staff who volunteer to administer medicines should not agree to do so without first receiving appropriate information and/or training specific to the child's medical needs. Under no circumstances must any medication, even non-prescription drugs such as paracetamol, be administered without parental

approval. This approval must be given in writing – by the completion of the Medication Consent Form (appendix D) - verbal consent is not sufficient.

Please note: Medication will not be accepted by the school unless it is fully named and accompanied by a completed Medication Consent Form.

2. Key Roles and Responsibilities

a) The Local Authority (LA) is responsible for:

- Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.
- Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

b) The Governing Body of St. Joseph's Catholic Primary School are responsible for:

- Ensuring arrangements are in place to support pupils with medical conditions.
- Ensuring the policy is developed collaboratively across services clearly identifies roles and responsibilities and is implemented effectively.
- Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds, including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
- Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential.
- Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.
- Ensuring written records are kept of any and all, medicines administered to pupils.
- Ensuring the policy sets out procedures in place for emergency situations.
- Ensuring the level of insurance in place reflects the level of risk.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.

c) The Headteacher is responsible for:

- Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures of St. Joseph's Catholic Primary School.
- Liaising with healthcare professionals regarding the training required for staff.
- Identifying staff who need to be aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHPs).
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations. If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Continuous two-way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
- Ensuring confidentiality and data protection
- Assigning appropriate accommodation for medical treatment/ care
- Voluntarily holding 'spare' salbutamol asthma inhalers for emergency use.

d) Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. A first-aid certificate is not sufficient.
- Knowing where controlled drugs are stored and where the key is held.
- Logging any medicines administered on the school's Medical Tracker system.
- Taking account of the needs of pupils with medical conditions in lessons i.e., Physical Education. Some pupils may need to take precautionary measures before or during exercise, and / or need to be allowed immediate access to their medication if necessary.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.
- All medication kept within school for regular administration, will be taken with the child during any off-site activity and any emergency evacuation.
- Complying with best practice risk assessments should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.
- Medication is only kept in school while the child is in attendance. Any unused or outdated medication will be returned to the parent for safe disposal. Any medication remaining will be sent home at the end of the summer term.
- Should a member of staff fail to administer any medication as required they will inform the parent / carer as soon as possible. However, the position should not normally arise as any child requiring any vital medication or treatment would not normally be in school.

e) Where appropriate, school nurses are responsible for:

- Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
- Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.
- Liaising locally with lead clinicians on appropriate support. Assisting the Head of School in identifying training needs and providers of training.

a) Parents and carers are responsible for:

- Keeping the school informed about any new medical condition or changes to their child/children's health.
- Participating in the development and regular reviews of their child's IHP.
- Completing a parental consent form to administer medicine or treatment before bringing medication into school. Ensure school are aware of how medicine should be stored correctly i.e., refrigeration
- Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- Medicine should be handed into school in the original container or by a monitored dosage system such as a blister pack. This container should be clearly marked with the child's name on the prescription label. Wherever possible we request that parents/carers provide medication in containers that use a child proof locking system. Also, medication such as liquid paracetamol or ibuprofen should be provided in pre-measured individual sachets rather than in a bottle.
- Ibuprofen / Paracetamol will only be administered for a maximum of 3 days unless otherwise indicated by a Medical Practitioner (written proof will be requested). After three days the Ibuprofen / Paracetamol will be sent home. These medicines will not be kept in school during the academic year on a 'just in case needed' basis.
- Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.
- Children with infectious illnesses and / or diseases are not to be in school until deemed safe by their GP and/or the School Nurse or Local Authority.

g) Pupils are responsible for:

- Providing information on how their medical condition affects them.
- Contributing to their IHP.
- Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

3. Training of Staff: Newly appointed teachers, supply or agency staff and support staff will receive training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction. This training should include:

- What the school's policy is on the administration of medicines.
- Where it can be found.
- How to respond in an emergency

- The clinical lead for each training area/session will be named on each IHP.
- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent.
- School will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy. They will notify Health & Safety DCC, and Risk, Insurance & Governance Manager, DCC.
- Where needles are used, a sharps container and adequate arrangements for collection and incineration should be used. Such arrangements are necessary for any equipment which may be contaminated with bodily fluids, such as blood etc.

4. Unacceptable Practice: Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- Prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g., by requiring parents to accompany the child.

5. Medical conditions Register/List: Schools admissions forms should request information on pre-existing medical conditions.

- Parents must have easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHP and also to share information for recording attendance.
- A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff. Each class should have an overview of the list for the pupils in their care, within easy access.

- Supply staff and support staff should similarly have access on a need-to-know basis. Parents should be assured data sharing principles (GDPR) are adhered to.
- For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

6. Individual Health Care Plan (IHP), Prolonged Absence of a Child through Illness / Hospitalisation & Educational Healthcare Plans (EHCPs): Where necessary (Head of School will make the final decision) an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parents/carers, School Leadership, Special Educational Needs Coordinator (SENCO) and medical professionals.

- IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHP as visitors /parent helpers etc. may enter. However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone in the staffroom. If consent is sought from parents a photo and instructions may be displayed. More discreet location for storage is found on the inside door of the brown cupboard in the medical room.
- IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner. At all times it remains the parents / carers responsibility to inform the school in writing of any changes to a child's Health Care Plan.
- Where a pupil has an Education, Health and Care plan or special needs statement, the IHP will be linked to it or become part of it.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.
- All pupils of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such pupils.

7. Medication Consent Form: The Medication Consent Form, providing all the information below, will be kept in the green Class Medical Folder and retained as a 'record' for future reference.

- Name and date of birth of the child.
- Name of the parent/carer, contact address and telephone/mobile number.
- Name, address and telephone number of the GP.
- Name of medicines.
- Details of the prescribed dosage.
- Date and time of last dosage given.
- Consent given by the parent/carer for staff to administer the medication.
- Expiry date of the medicine (if applicable).
- Storage details.

8. Medicines

- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- No child will be given any prescription medicines without written parental consent except in exceptional circumstances.

- Prescribed medicines **MUST** be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medication must indicate that it has been prescribed to the child stated e.g., auto-injectors and inhalers. The lot / batch number on the packaging must be identical with the one shown on the medication itself. If this is not the case, the medication will be returned to the parents. **Medicines which do not meet these criteria will not be administered.**
- **At all times it remains the parent/carers responsibility to ensure that any long-term medication required to be in school is kept within date, and to replace it if necessary. Staff will not be expected to check expiry dates.**
- A maximum of four weeks' supply of the medication may be provided to the school at one time.
- Medications will be stored in the Medical Room Cupboard or refrigerator.
- Any medications left over at the end of the course will be returned to the child's parents.
- Written records will be kept of any medication administered to children.
- Pupils will never be prevented from accessing their medication.
- General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the medical room.
- St. Joseph's Catholic Primary School cannot be held responsible for side effects that occur when medication is taken correctly.
- Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the EHCP/ Medical Consent Form which will include informing parents.
- **Auto-injectors:** All auto-injectors must be provided to the school in a plastic box with a securely fitting lid. This box should be of suitable size, that in the event of the auto-injector being administered, it can be safely placed back in the box, together with the original packaging and a note of the date and time given. This box will then be handed to medical/ambulance staff. The box must also include on the lid a clear and recent photograph of the child the drug is prescribed for together with the child's name and class. Whenever possible two auto-injectors should be kept within the school: one for the classroom and one in the main school office in the yellow grab bag.
- **Inhalers:** All inhalers must be clearly labelled with the child's name – both on the box and on the actual inhaler. Spacers to assist with the administration of an inhaler should be provided by the parent/carers again clearly labelled with the child's name. Inhalers must have the 'cap' on the mouthpiece. If not, inhalers will be returned.
- **Emergency Inhalers:** The school has **one** salbutamol (blue) inhaler and two spacers for emergency use. This may be administered to a 'known' asthmatic pupil in the event of their own prescribed inhaler malfunctioning e.g., empty or broken. The emergency inhaler/spacers are kept in the office yellow grab bag together with a list of children who are asthmatic; have previously completed an Asthma Health Care Plan and whose parents have given written consent for the school's inhaler to be administered in an emergency. A list of these children is also displayed in the Medical Room and Staff Room.
- **Diabetic Equipment:** Blood test kits, insulin and emergency rations are to be kept in school (normally in the child's class) in a secure location. Whilst these can often be used safely and competently by the
 - child prescribed for, it should only be done with an adult being present or in the close vicinity supervising.
- **Epilepsy:** Whilst most epilepsy medication is administered by parents at home, there may be occasions when a child suffers a 'status' seizure and may require the administration of Buccal Midazolam to aid recovery. This medication must be in pre-drawn syringes and the original box clearly labelled with the child's name.
- **Controlled Drugs:** On occasion it is necessary to keep controlled drugs within school – these drugs like any other must be clearly marked with the child's name and dosage and kept in the

original packaging. These drugs should be kept in a secure location only accessible to adults. With the administration of these drugs the adult must be fully aware of the prescribed dosage and if at all unclear should contact the headteacher or parent. However, if it becomes necessary to contact the parent it is not sufficient to take verbal instructions and the parent may be asked to attend the school.

9. Emergency Procedures: All staff must be aware of the likelihood of an emergency arising in a pupil with medical needs, whom to contact and what action to take. Back-up cover should be arranged for when the member of staff is absent or unavailable.

- Where a child is in distress or has a need for an intervention and no one in the school/settings feels confident to undertake it then the parent/carer and / or a qualified health professional should be called immediately.
- A member of staff should accompany a pupil if taken to hospital by ambulance and should remain with the pupil until his/her parents / carers arrive.
- Generally, staff should not take pupils to hospital in their own car. However, if after discussion with the 999 service, it is recommended that the child is taken direct to hospital in a member of staff's car, then checks must be made to ensure the car insurance for business use is in place. It is also recommended that an additional person accompanies the member of staff to and from the hospital. In an emergency the best possible action is to call an ambulance.
- In the event of an emergency, a member of staff will give their red 'Emergency Card' to a responsible child to take to the office thereby advising them of an emergency situation. The office staff will then follow the appropriate emergency procedures.
- The school has a defibrillator which is kept in the school office. Whilst no training is necessary, appropriate members of staff have watched the accompanying training video. The local NHS Ambulance Service has been notified that the school has a defibrillator in accordance with the guidelines. The defibrillator is checked on a monthly basis to ensure it is fully charged and in good working order.

10. Emergency Evacuation: In case of emergency evacuation from the school building, class teachers / TAs will take the class medical grab bag containing children's emergency medication only. Any child with a physical disability will be evacuated from the school building according to their 'Personal Emergency Evacuation Plan' which is located on the 'Class Provision Plan'. The office staff will ensure the school First Aid bag together with the office yellow grab bag and the defibrillator are taken to the 'Evacuation Assembly Point'.

11. Insurance - Liability and Indemnity: Teachers who undertake responsibilities within this policy will be assured by the Headteacher that they are covered by the school's insurance. Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Head.

12. Complaints: All complaints should be raised with the school in the first instance. The details of how to make a formal complaint can be found in the School Complaints Policy.

13. Definitions

- 'Parent(s)' is a wide reference not only to a pupil's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.

- 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. Being 'unwell' and common childhood diseases are not covered.
- Medication' is defined as any prescribed or over the counter treatment.
- 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- A 'staff member' is defined as any member of staff employed at St. Joseph's Catholic Primary School.

Details of this policy will be publicised widely and is available on the school website.

Drafted by N. Philpott.

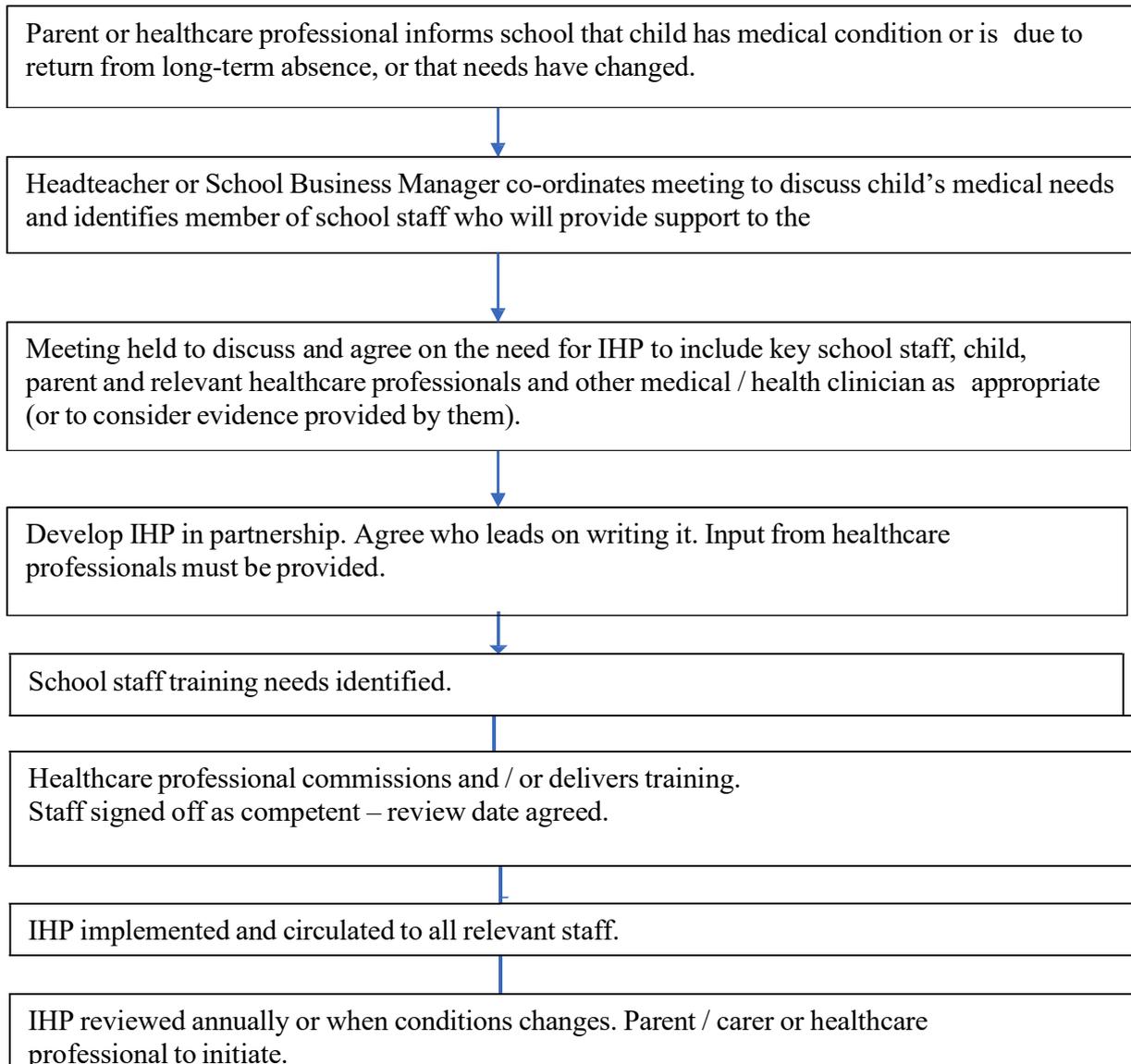
Policy to be reviewed annually or in accordance with any new legislation.

Policy to be the responsibility of the Resources Committee

Appendix A: Safety Checklist (if administering medicine)

- Is any specific training required to administer the medicines?
- Is any necessary protective clothing or equipment available?
- Has the parent completed the Medication Consent Form and has it been filed?
- Is there a Health Care Plan for the child and has it been filed?
- Is the member of staff clear on what they are expected to do?
- Is the emergency contact information, particularly for the GP and parent/carer clear?
- What action is necessary in the event of an accident or failure of the agreed procedures?
- Is the medication stored in a safe place and at a suitable temperature?
- Is the member of staff aware of the school policy on infectious illnesses and diseases?

Appendix B: Supporting Pupils with Medical Conditions

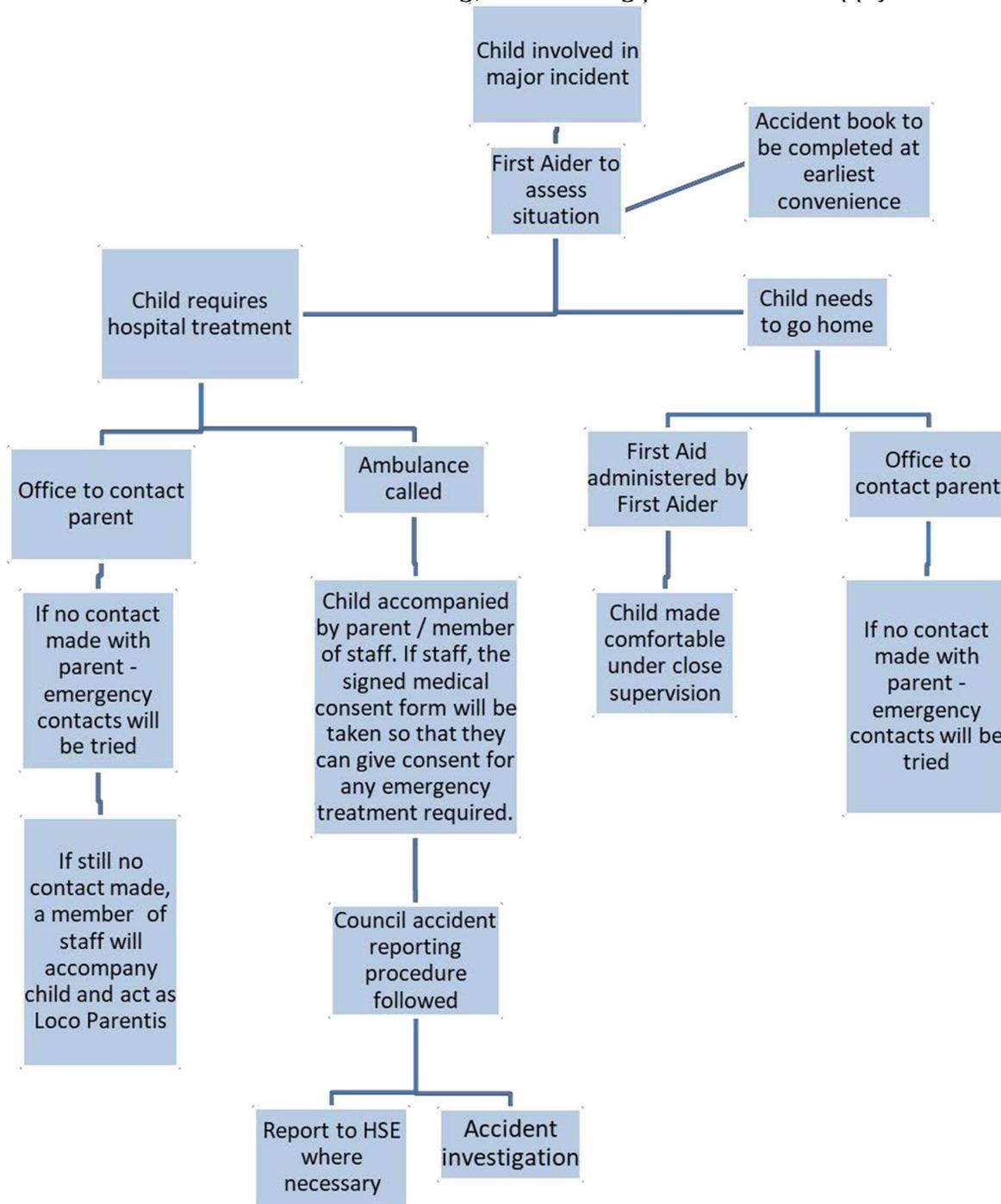


APPENDIX C – FLOWCHARTS

IN THE EVENT OF A SUSPECTED MAJOR ACCIDENT / INCIDENT OR ILLNESS

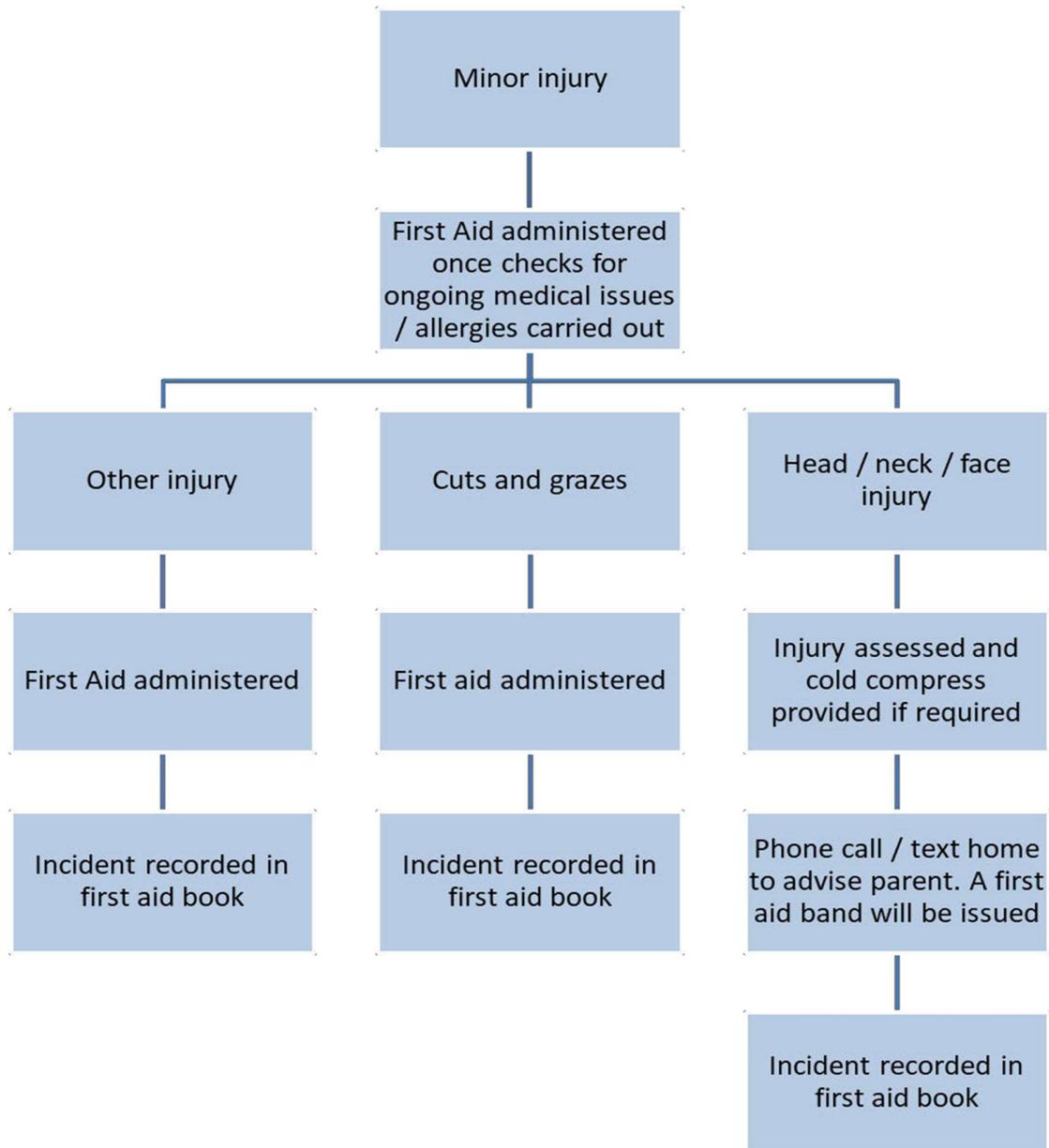
The school requests that parents / carers complete and sign an emergency medical treatment for their child in the event of a major accident, incident or illness occurring whilst in the school's care.

In the event of such an incident occurring, the following procedures will apply:



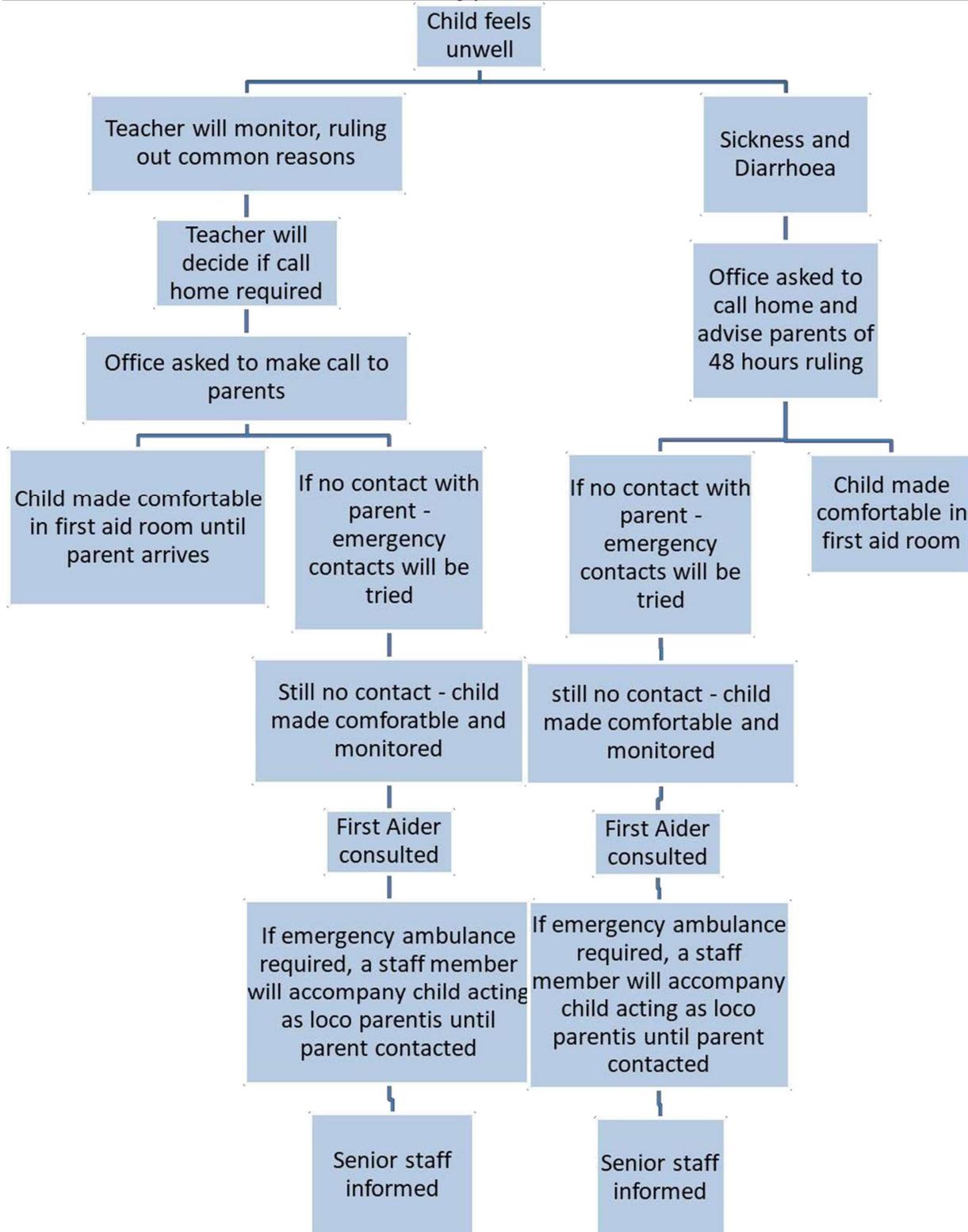
IN THE EVENT OF A SUSPECTED MINOR INJURY

When a child reports an injury or an injury is witnessed, the following procedures will be followed:



PROCEDURES FOR SICK CHILDREN

If a child becomes ill in school the following procedures will be followed:



POLICY FOR CHILDREN WITH MEDICAL NEEDS

Supporting Pupils with Medical Conditions: Students at school with medical conditions should be properly supported so that they can play an active part in school, remaining healthy and able to achieve their academic potential, with full access to education, including school trips and physical education. 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.

Definition of the term Medical Condition used in this context.

A medical condition that is long term with acute episodes, requires ongoing support, and involves the need for medication and/or care whilst at school. The condition will need monitoring and could require immediate intervention in emergency circumstances.

Some children with medical conditions may be disabled. Where this is the case, the Governing body must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the SEND code of practice and the school's Local Offer.

Rationale: St Joseph's Catholic Primary School wishes to provide a fully inclusive educational and pastoral system. To do this we need to ensure that correct procedures and protocols are in place to enable any pupil with a long-term medical condition to be able to attend school or have minimum disruption to their education.

Aims

- To ensure as little disruption to our pupils' education as possible.
- To develop staff knowledge and training in all areas necessary for our pupils.
- To ensure we develop links with all outside agency support systems.
- To ensure safe storage and administration of agreed medication
- To provide a fully inclusive school.

Definition: This policy relates to pupils who have a recognised medical condition, which will last longer than 15 days and will require the pupil to have an individual health care plan protocol in school.

Individual Healthcare Plans must:

- Be clear and concise.
- Be written in partnership with parents, child, healthcare professional and key staff.
- Be reviewed annually or when there is a change in the condition of the child.
- Be easily accessible whilst preserving confidentiality. Securely stored by First Aid lead.
- Outline educational provision if the child is unable to attend school.
- Contain details of the medical condition, its triggers, signs, symptoms and treatments.
- Include relevant SEN information.
- Provide details of the child's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements, modifications to buildings, furniture or equipment, and environmental issues e.g., crowded corridors, travel time between lessons.
- Outline specific support for the student's educational, social and emotional needs – for example, how absences will be managed, changes to the school day and details of a personalized curriculum, requirements for extra time to complete exams, use of rest periods or additional support in catching up

with lessons, counselling sessions etc.

- Outline 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.
- State 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.

The school will:

- Ensure that students with medical conditions are identified as they transfer to the school and through the ongoing annual data check process.
- Arrange for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff or self-administered by the child during school hours.
- Have separate arrangements in place for school trips or other school activities outside of the normal school timetable that will ensure the student can participate, e.g., risk assessments.
- Designate individuals to be entrusted with information about a student's condition, where confidentiality issues are raised by the parent/child.
- Have an identified key worker trained to specifically meet the needs of students with a statement of SEN linked to a medical condition.
- Always have a minimum of two members of staff available trained in first aid response with knowledge of the students with medical conditions and access to their individual HCPs.
- Be clear about what to do in an emergency, including who to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their Individual Healthcare Plan.
- Make all staff working directly with students aware of the students in the school with medical conditions, through the display in the staffroom.
- Provide sufficient training for staff to meet the needs of children at the school with medical conditions.

Identification: We will work with the parents and medical professionals to ensure we have specific protocols in place as soon as the child starts school. This may take the form of information sharing, developing specific care plans, organizing training, employing new staff or reorganizing classroom facilities.

We will also regularly send out medical questionnaires to parents to ensure all our records are up to date.

Provision and Organisation: The school will follow the guidance given by relevant professionals regarding supporting pupils with medical needs in school. This policy will be kept alongside that guidance to provide a management strategy to fully support the needs of all staff, pupils and parents. Training regarding specific conditions will be delivered as required. This is usually within the term of a new pupil beginning school but if necessary before they commence their education at St Joseph's. First aid training will continue to be under the guidance of the Health and Safety Policy. The school nurse liaises with the school and is available by email and phone for support. Pupils requiring continuous support for a medical condition will be given an individual Health Care Plan (HCP).

Individual Health Care Plans (HCP): The main purpose of an HCP is to identify the level of support that is needed at school for an individual child. The HCP clarifies for staff, parents/carers and the child the help the school can provide and receive. These plans will be reviewed annually as a minimum, or more frequently at the request of parents/carers or the school, or as required an IHCP will include:

- Details of the child's condition
- What constitutes an emergency

- What action to take in an emergency
- What not to do in the event of an emergency
- Who to contact in an emergency
- The role of staff
- Special requirements e.g., dietary needs, pre-activity precautions
- Side effects of medicines

A copy will be given to parents/carers, class teachers/relevant support staff, displayed on the medical needs board in the staffroom and a copy will be retained in the medical needs file in the office and the child's individual file. The general medical information sheet given to all staff will indicate that the child has HCP.

All trained staff will ensure they are aware of the protocols and procedures for specific pupils in school through attending training provided and reading care plans devised for individual pupils.

Pupils will not be able to carry any medication with the exception of EpiPens, inhalers for asthma control, or care plan specified medication. No pupil is allowed to have any non-prescription drugs in school; this is to ensure that no pupil unwittingly or otherwise gives another pupil his or her medication. This approach is supported in school through our PSHE curriculum.

Medication will be stored in the child's labeled medical needs tray in the first aid room or a medical need box within the classroom where appropriate.

Roles and Responsibility: The ultimate responsibility for the management of this policy in school is with the Headteacher and Governing Body. The Headteacher will inform the SENCO of the known medical needs of any children when they are admitted into the school.

The SENCO will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained.

School Visits:

At St Joseph's, no child will be excluded from a trip because of their medical needs and this must be considered when plans are made. When preparing risk assessments staff must consider any reasonable adjustments, they might make to enable a child with medical needs to participate fully and safely on visits.

Additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent/carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned or as part of the risk assessment and visit planning process. A copy of IHCP should be taken on trips and visits in the event of information being needed in an emergency.

When the administration of non-emergency medication is required, staff may exercise their voluntary right to not administer, this right may be selective on the grounds of the type of medication in question. The members of staff willing to administer the medication to a pupil should be recorded in the individual care plan and this voluntary responsibility can be withdrawn at any time.

Other Support

Outside agencies such as:

- School Nurse Service
- Medical specialists relating to pupils.
- Social Services
- SEN Advisory Team
- Specialist Support Groups
- Educational Psychology Team
- Child Protection Team

All will be regularly contacted to support and advise the school in the devising and management of this policy.

Monitoring and Evaluation: This policy will be monitored yearly and updated when necessary ensuring new legislation is incorporated. Staff will regularly receive opportunities to discuss and evaluate the management of the procedures and protocols in school.

This policy will also be made available to parents on the school website. We will ask parents for annual updates regarding medical information.

BACKGROUND DOCUMENTATION

This document is a statement of the principles and procedures for children with medical needs in St. Joseph's Catholic Primary School, Bracknell. It was developed by the SLT through consultation with the Staff, Governors and Parents / Carers.

APPENDIX 3 - SUN PROTECTION POLICY FOR ST. JOSEPH'S CATHOLIC PRIMARY SCHOOL

Rational: Too much exposure to ultraviolet light (UV) radiation from the sun causes sunburn, skin damage and increases the risk of skin cancer. Sun exposure in the first 15 years of life contributes significantly to the lifetime risk of skin cancer. There is enormous potential for schools to help prevent skin cancer in future generations. Schools are central to protecting children's skin this is because:

- Children are at school five out of seven days a week at times when UV rays are high.
- Most damage due to sun exposure occurs during the school years.
- Schools can play a significant role in changing behaviours through role modelling and education.
- Students and teachers are at risk of sunburn within 10-15 minutes of being exposed to strong sunlight.
- Students spend an average of 1.5 hours outside per school day, more if involved in sports and outdoor activities.
- Skin cancer is largely preventable through behaviour modification and sun protection during early years.

Adopt sun protection strategies: Encourage students and staff to wear protective clothing during summer term.

- **School Clothing** is made of close weave fabric and includes shirts with collars and longer sleeves, longer style dresses and shorts. Sports clothes should not include vest style tops.
- **Hats** children are required to wear wide brimmed hats (6-10cm) that protect their face, neck and ears such as legionnaire or bucked hats, when they are outside.
- **Sunglasses** Children's eyes are very sensitive to light. It is important therefore to protect their eyes by ensuring they wear wide-brimmed hats and sunglasses if possible. Make sure the sunglasses have UV protection. (Look for BS EN 1836:1997 on the label.)

Sunscreen/Shade:

- The school makes sure there is sufficient number of shelters and trees providing shade in the school grounds, particularly in areas where students congregate.
- In consultation with the Governing Body, shade provision is considered in plans for future buildings and grounds.
- The availability of shade is considered when planning excursions and all outdoor activities.
- Children are encouraged to make use of available shaded areas when outside.

Roles and Responsibilities: Staff to act as role models by

- Wearing protective hats, clothing and sunglasses when outside.
- • Apply SPF 30+ broad-spectrum, water-resistant sunscreen.
- Seeking shade whenever possible.
- Where possible, schedule outdoor activities before 11am or after 2pm.
- Include skin cancer education in the curriculum. Families and visitors are encouraged to use a combination of these sun protection measures when attending and participating in outdoor activities.
- Parents support the school by acting as role models and providing protection for their children.