



EMMAUS CATHOLIC MAC

Supporting Pupils With Medical Conditions

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Ratified by	Full Board
Date ratified	10.09.23
Date issued	12.09.23
Policy review date	01.09.25
Post holder responsible	Catholic Senior Executive Leader



Commitment to Equality:

We are committed to providing a positive working environment which is free from prejudice and unlawful discrimination and any form of harassment, bullying or victimisation. We have developed a number of key policies to ensure that the principles of Catholic Social Teaching in relation to human dignity and dignity in work become embedded into every aspect of school life and these policies are reviewed regularly in this regard.

This Supporting Pupils With Medical Conditions Policy has been approved and adopted by Emmaus Catholic Multi Academy Company on 10th September 2023 and will be reviewed in September 2025.

Signed by Director of Emmaus Catholic MAC:

Signed by CSEL for Central Team:

Schools to which this policy relates:

Signed by Principal for – Hagley Catholic High School

Signed by Principal for – Our Lady of Fatima Catholic Primary School:

Signed by Principal for – Our Lady & St Hubert's Catholic Primary School:

Signed by Principal for – St Ambrose Catholic Primary School:

Signed by Principal for – St Francis Xavier Catholic Primary School:

Signed by Principal for – St Gregory's Catholic Primary School:

Signed by Principal for – St Joseph's Catholic Primary School

Signed by Principal for – St Mary's Catholic Primary School:

Signed by Principal for – St Philip's Catholic Primary School:

Signed by Principal for – St Wulstan's Catholic Primary School:



Contents

Contents..... 3

DEFINITIONS..... 3

1. Aims..... 4

2. Legislation and Statutory Requirements 4

3. Roles and Responsibilities..... 5

4. Equal Opportunities 6

5. Being Notified That a Child Has a Medical Condition 7

6. Individual Healthcare Plans (IHPs) 7

7. Managing Medication 9

8. Emergency Procedures 11

9. Training 11

10. Record Keeping 12

11. Liability and Indemnity..... 12

12. Complaints 12

13. Monitoring Arrangements 12

14. Links to other Policies 13

Appendix 1 – Being Notified a Child has a Medical Condition..... 14

DEFINITIONS

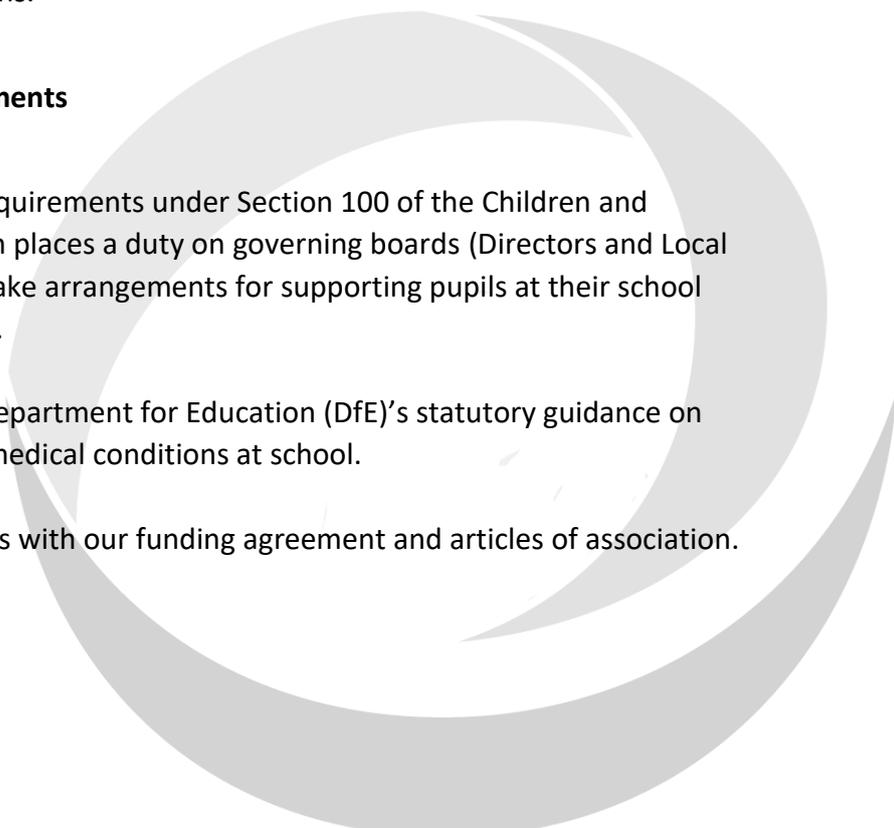
The Company’s standard set of definitions is contained at [Definition of Terms](#) – please refer to this for the latest definitions.



1. Aims

- 1.1 Emmaus Catholic Multi Academy Company ('the MAC') will strive to achieve the highest standards of education, health, safety, and welfare consistent with their responsibilities under the Children and Family Act 2014, the Education Act 2011, the SEND Code of Practice 0-25 years, the Health and Safety at Work Act 1974 and all other related Acts, Orders and Regulations and relevant common law duties.
- 1.2 This policy aims to ensure that:
 - Pupils, staff and parents understand how The MAC will support pupils with medical conditions.
 - Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.
- 1.3 The Directors and Local Governing Bodies (the LGB) are committed to:
 - Providing a safe and healthy learning, working and visiting environments for all on our premises, with safe access. Ensuring adequate emergency procedures are implemented, particularly in relation to fire, asbestos or other significant incidents.
 - Assessing and controlling risks from curriculum and non-curriculum activities.
 - Making sure sufficient staff are suitably trained to support pupils with medical conditions.

2. Legislation and Statutory Requirements

- 2.1 This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards (Directors and Local Governing Bodies) to make arrangements for supporting pupils at their school with medical conditions.
 - 2.2 It is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school.
 - 2.3 This policy also complies with our funding agreement and articles of association.
- 

3. Roles and Responsibilities

3.1 The Governing Board (Directors and Local Governing Bodies)

The Board of Directors has ultimate responsibility to make arrangements to support pupils with medical conditions and delegates this responsibility to the Local Governing Body ('The LGB'). The LGB will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Principal

The Principal will:

- Make sure all staff are aware of this policy and understand their role in its implementation.
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations.
- Ensure that all staff who need to know are aware of a child's condition and.
- Treat all children's medical data sensitively and confidentially.
- Take overall responsibility for the development and monitoring of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions.
- Providing supply teachers with appropriate information about the policy and relevant pupils

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 **Parents**

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be involved in the development and review of their child's IHP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g., provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.
- Work with the school to secure funding from the LA to support the child's needs.

3.5 **Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 **School Nurses And Other Healthcare Professionals**

The school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. **Equal Opportunities**

- 4.1 The MAC commits to actively support pupils with medical conditions to participate in educational visits, or in sporting activities, and not prevent them from doing so.
- 4.2 The MAC will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on educational visits and sporting activities.

- 4.3 Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being Notified That a Child Has a Medical Condition

- 5.1 When the MAC is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.
- 5.2 The MAC will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to the school.
- 5.3 See Appendix 1

6. Individual Healthcare Plans (IHPs)

- 6.1 The Principal has overall responsibility for the development of IHPs for pupils with medical conditions. This can be delegated to the Send Co-ordinator role, if not the Principal but the Principal must monitor the progress.
- 6.2 Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.
- 6.3 Plans will be developed with the pupil's best interests in mind and will set out:
- What needs to be done
 - When
 - By whom
 - The cost to provide the provision and what funding will be used.
- 6.4 Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Principal will make the final decision.
- 6.5 Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

6.6 IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

6.7 The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the Principal / SEND Co-ordinator with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil'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 and environmental issues, e.g., crowded corridors, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the pupil's condition and the support required.
- Arrangements for written permission from parents and the Principal for medication to be administered by a member of staff or self-administered by the pupil during school hours.
- Separate arrangements or procedures required for educational visits or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g., risk assessments.
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact, and contingency arrangements.
- The full cost of the required provision and funding sources.

7. Managing Medication

7.1 Prescription and non-prescription medicines will be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so.
- Where we have parents' written consent.
- Where the parents / carers commit to administering the morning and after school dose therefore reducing the doses administered at school.

7.2 The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

7.3 Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

7.4 Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

7.5 The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.

7.6 The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

7.7 All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

7.8 Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.9 **Controlled Drugs**

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug must hand it into first aid immediately upon entering the school site. The medication must clearly show the pupils name, prescribed amount, and frequency. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.10 Pupils Managing Their Own Needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents, and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.11 Unacceptable Practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

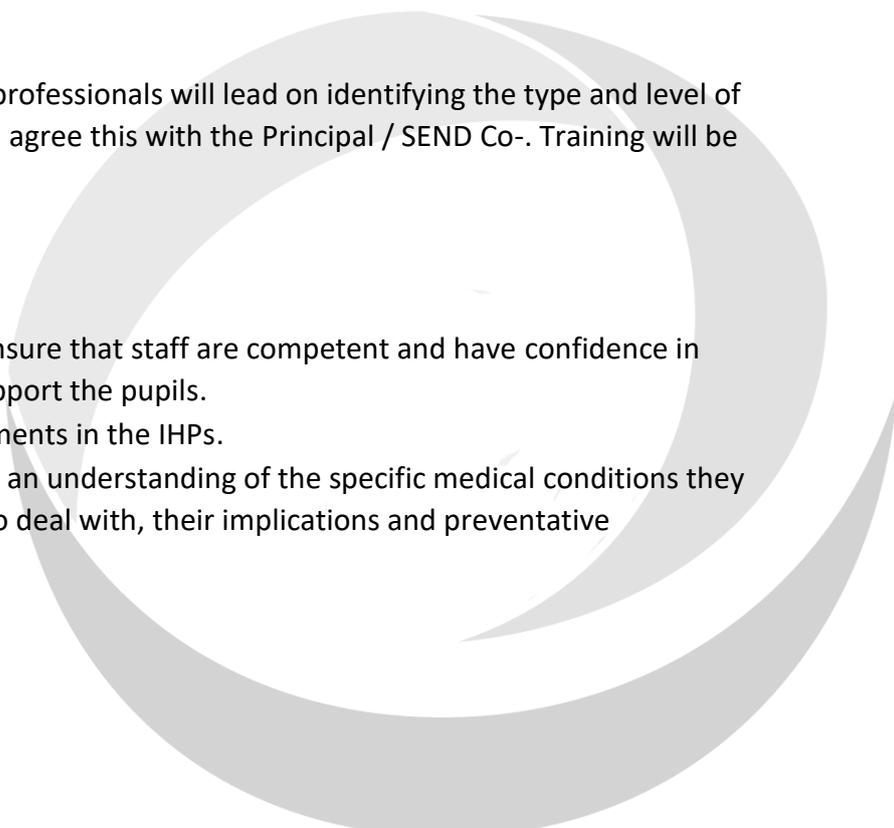
- Prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs.
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise pupils 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 pupil, including with toileting issues.
- Prevent pupils from participating or create unnecessary barriers to pupils participating in any aspect of school life, including educational visits e.g., by requiring parents to accompany their child, before and after school clubs.
- Administer, or ask pupils to administer, medicine in school toilets.

8. Emergency Procedures

- 8.1 Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.
- 8.2 If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives or accompany the pupil to hospital by ambulance.

9. Training

- 9.1 Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.
- 9.2 The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.
- 9.3 The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Principal / SEND Co-. Training will be kept up to date.
- 9.4 Training will:
- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils.
 - Fulfil the requirements in the IHPs.
 - Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- 

- 9.5 Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- 9.6 All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record Keeping

- 10.1 The Local Governing Bodies (the LGB) will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.
- 10.2 IHPs are kept in a readily accessible place which all staff are aware of.

11. Liability and Indemnity

- 11.1 The Local Governing Bodies (the LGB) will ensure that the appropriate level of insurance is in place and appropriately reflects level of risk.
- 11.2 The details of the MAC insurance policy are:

We are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

- 12.1 Parents with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the Principal / SEND Co-ordinator in the first instance. If the Principal / SEND Co-ordinator cannot resolve the matter, they will direct parents to the MAC complaints procedure which can be located on the MAC website www.emmausmac.com

13. Monitoring Arrangements

- 13.1 This policy will be reviewed and approved by the Board of Directors every two years.

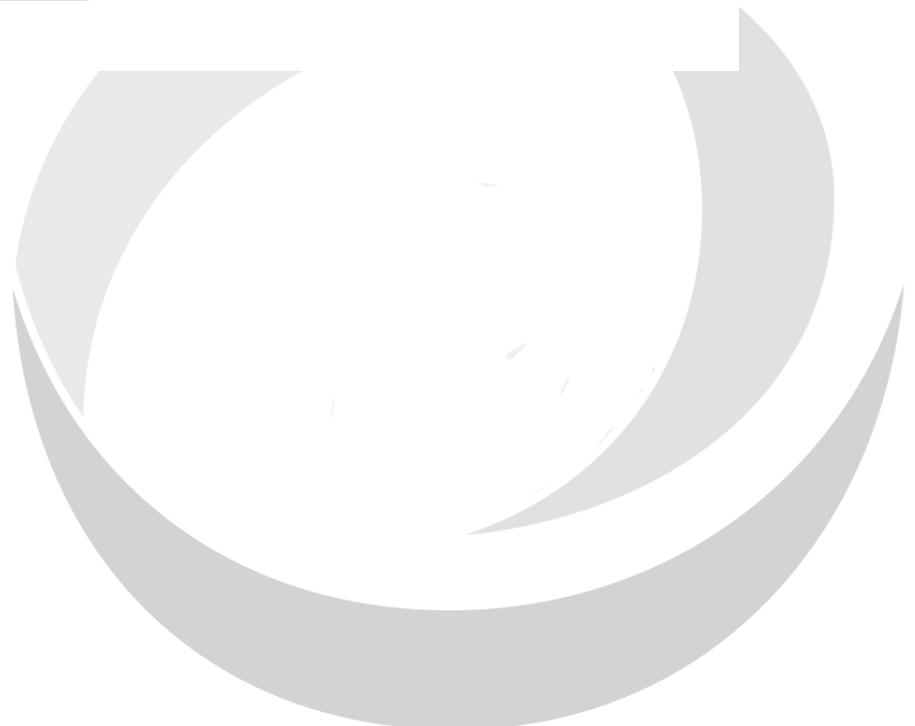
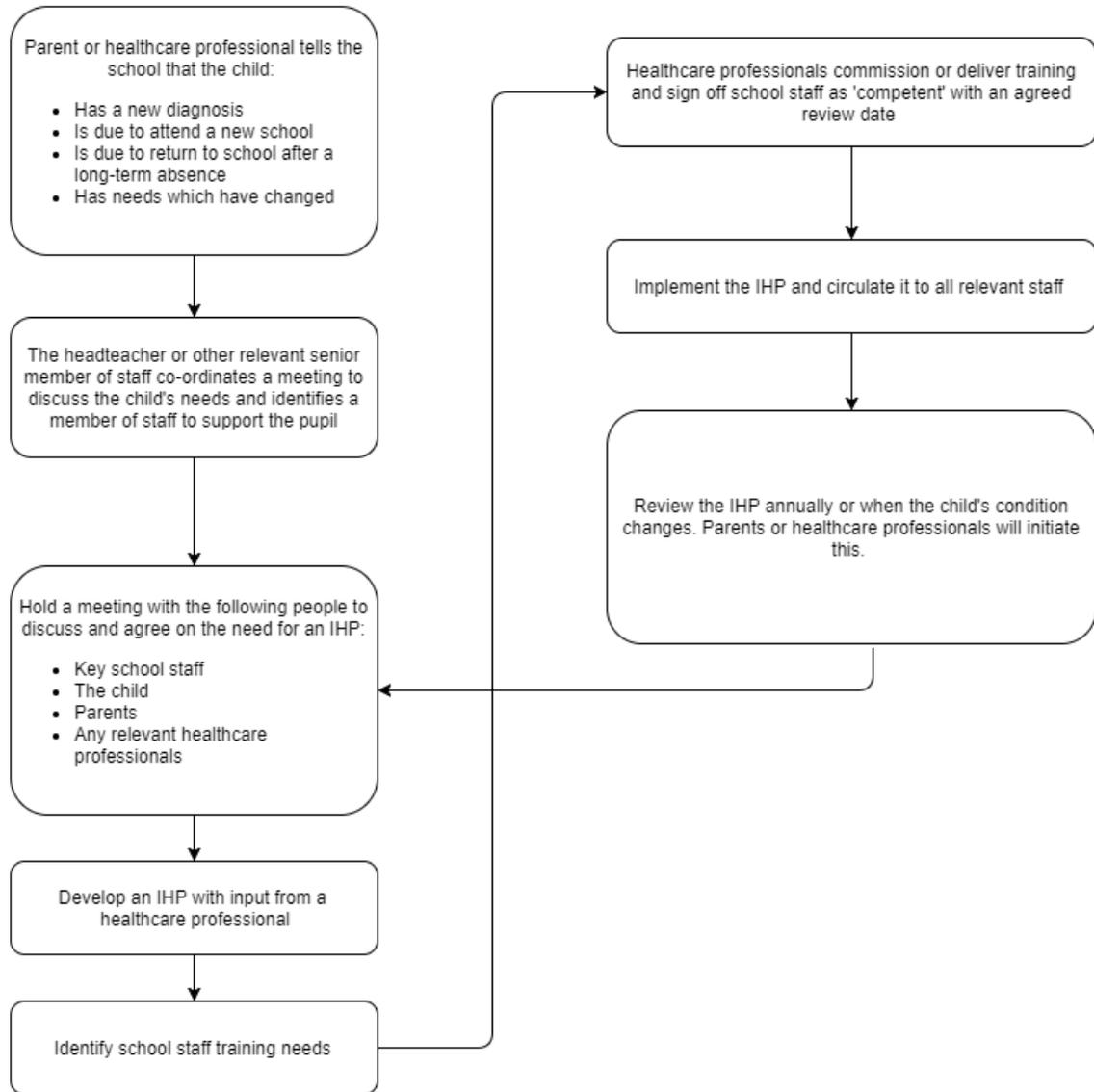
14. Links to other Policies

14.1 This policy links to the following policies:

- Accessibility plan
- Complaints
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy
- Allergy and Anaphylaxis Policy
- Supporting Children with Health Needs who Cannot Attend School



Appendix 1 – Being Notified a Child has a Medical Condition



Appendix

Asthma Health Care Plan	
Child's Name	
Date of Birth	
Class	
Child's Address	
Date Asthma Diagnosed	

Family Contact Information	
First Contact: Name and Relationship to Child	
Phone Number (Mobile)	
Phone Number (Home)	
Phone Number (Work)	
Second Contact: Name and Relationship to Child	
Phone Number (Mobile)	
Phone Number (Home)	
Phone Number (Work)	

Name of G.P.	
Name of Surgery	
Phone Number	

Clinic/Hospital Contact Name	
Phone Number	

Describe how the asthma affects your child including their typical symptoms and asthma 'triggers'

--

Describe their daily care requirements including the name of their asthma medicine(s), how often it is used and the dose (E.g. once or twice a day, just when they have asthma symptoms, before sport)

--

Describe what an asthma attack looks like for your child and the action to be taken if this occurs

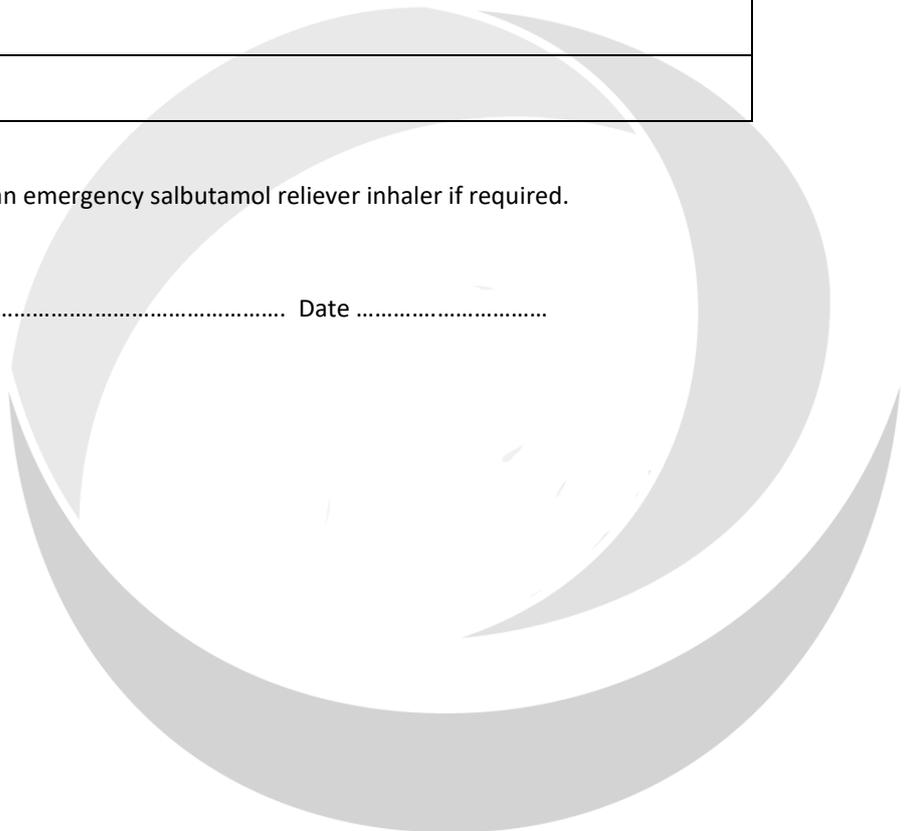
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Who is to be contacted in an emergency? Give three contact telephone numbers

1)
2)
3)

I consent to my child being administered an emergency salbutamol reliever inhaler if required.

Signed Name Date



My asthma triggers

List the things that make your asthma worse so you can try to avoid or treat them.

Always keep your reliever inhaler (usually blue) and your spacer with you. You might need them if your asthma gets worse.

Last reviewed and updated 2021; next review 2024.

Asthma and Lung UK, a charitable company limited by guarantee with company registration number 0906304, with registered charity number 290790. Equalised and 501(c)(3).

I will see my doctor or asthma nurse **at least once a year (but more if I need to)**

Date my asthma plan was updated:

Date of my next asthma review:

Doctor/asthma nurse contact details:

Parents and carers – get the most from your child's action plan

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with their school

Learn more about what to do during an asthma attack [asthma.org.uk/child-asthma-attacks](https://www.asthma.org.uk/child-asthma-attacks)

ASTHMA QUESTIONS?

Parents and carers ask our respiratory nurse specialists
Call **0300 222 5800**
WhatsApp **07378 606 728**
(Monday-Friday, 9am-5pm over 16 only)



CHILD ASTHMA ACTION PLAN

Fill this in with your GP or nurse

Name and date:



1 My every day asthma care

I need to take my preventer inhaler every day.

It is called:

and its colour is:

I take _____ puff/s of my preventer inhaler in the morning and _____ puff/s at night. I do this every day even if my asthma's OK

Other asthma medicines I take every day:

My reliever inhaler helps when I have symptoms.

It is called:

and its colour is:

I take _____ puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.



If I need my reliever inhaler (usually blue) when I do sports or activity, I need to see my doctor or my asthma nurse.

2 My asthma is getting worse if...

- I wheeze, cough, my chest hurts, or it's hard to breathe **or**
- I need my reliever inhaler (**usually blue**) three or more times a week **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment with my GP or nurse).

If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take _____ puff/s of my reliever inhaler (**usually blue**) every four hours if needed
- See my doctor or nurse within 24 hours if I don't feel better.

URGENT!

If your reliever inhaler is not lasting four hours, you need to take emergency action now (see section 3)

Remember to use my spacer with my inhaler if I have one.

If I don't have one, I'll check with my doctor or nurse if it would help me.

Other things my doctor or nurse says I need to do if my asthma is getting worse (e.g. check my peak flow)

3 I'm having an asthma attack if...

- My reliever inhaler isn't helping or I need it more than every four hours **or**
- I can't talk, walk or eat easily **or**
- I'm finding it hard to breathe **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts.

If I have an asthma attack I will:

1. Call for help. Sit up – don't lie down. Try to keep calm.
2. Take one puff of my reliever inhaler (with my spacer, if I have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If I don't have my reliever inhaler, or it's not helping, or if I am worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and my symptoms are not improving, repeat step 2.
5. If my symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**



Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.





ST MARY'S
CATHOLIC PRIMARY SCHOOL
 110 Street, Brierley Hill, DY5 2TH
 Web: <https://st-marys-bh.sch.life/>
 Phone: 01384 985005

Consent form to administer medication – Please complete red sections

The school/early years setting staff will not give any medication unless this form is completed and signed.

Dear Principal/setting lead or manager

I request and authorise that my child *be given/gives himself/herself the following medication (*delete as appropriate)

Name of child		Date of Birth	
Address			
Daytime telephone number			
School /Setting	St. Mary's Catholic Primary School		
Class			
Medical condition or illness			
Name of medicine:			
Circle as appropriate:	Prescription / Over the counter		
Special precautions			
Side effects that school need to be aware of			
Time of dose		Dose	
Start Date		Finish date	

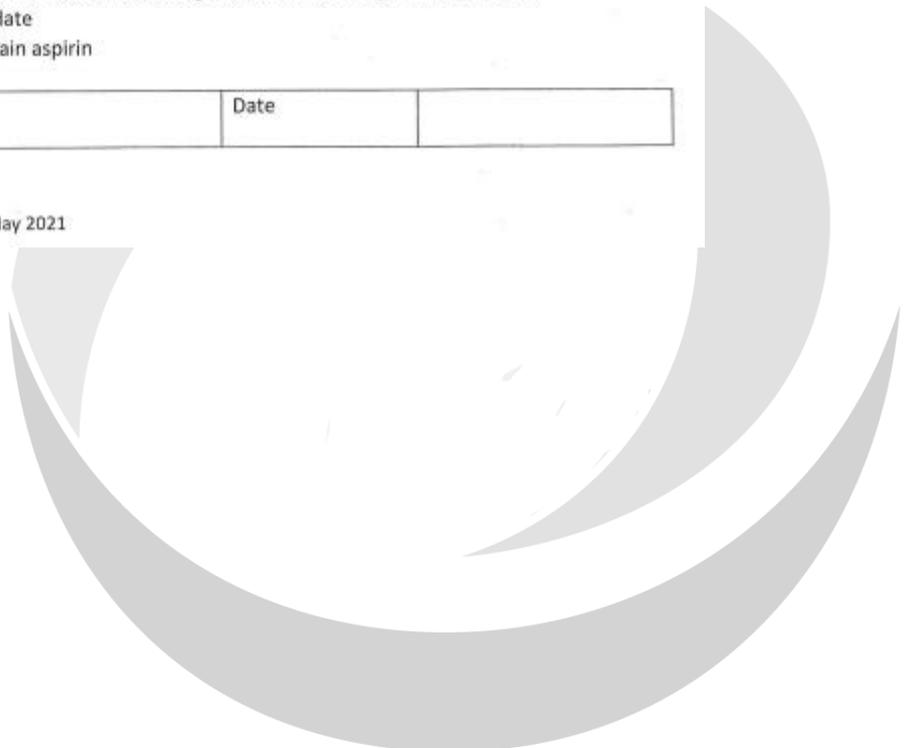
This medication has been prescribed for my child by the *GP/other appropriate medical professional whom you may contact for verification (*please delete as appropriate)

Name of medical professional	
Contact telephone number	

I confirm that:

- It is necessary to give this medication during the school/setting day
- I agree to collect it at the end of the day/week/half term (delete as appropriate)
- This medicine has been given without adverse effect in the past
- The medication is in the original container indicating the contents, dosage and child's full name and is within its expiry date
- The medication does not contain aspirin

Signed (parent/carer)		Date	
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ST MARY'S
CATHOLIC PRIMARY SCHOOL

Dear Parent/Carer

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition and/or physical impairment. I enclose a copy of our policy for Supporting Children with Medical Conditions for your information.

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

Prior to your child starting the setting a meeting to begin the process of developing the individual health care plan has been scheduled for xx/xx/xx.

Please note:

It is essential that you:

- invite a medical practitioner, healthcare professional or specialist involved in your child's care to attend the meeting with [you](#)

Or

- that you provide official supporting information which has been signed by a healthcare professional or specialist within the last 6 months, detailing your child's medical [needs](#)

I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend.

Yours sincerely,

Ms Mosley

St Marys Catholic Primary School,
Mill Street, Brierley Hill
West Midlands, DY5 2TH

Tel: 01384 985005
www.st-mary-bh.dudley.sch.uk
Principal: Mrs I Borriello

Part of the Emmaus Catholic Multi Academy Company

Private Limited Company of Charitable Status with the Archdiocese of Birmingham
Registered in England and Wales Company No 09174154



FIRST AID KIT INVENTORY						
Item	Date Checked/EXP Date					
Sterile Washproof Plasters						
Alcohol Free Antiseptic Wipes						
Latex Free Powder Free Gloves (5)						
CPR Face Shield (1)						
Adhesive Wound Dressings 10cmx8cm (4)						
Adhesive Wound Dressings 8.6cmx6cm (5)						
Ambulance Dressings 28cmx20cm (1)						
Wound Dressing 18cmx18cm (1)						
Wound Dressing 12cmx12cm (1)						
Conforming Bandage 5cmx4cm (1)						
Calico Triangular Bandage 90cmx90cm (1)						
Micropore Tape (1)						
Yellow Waste Disposal Bags (2)						
Sick Bags (5)						

