# La Sainte Union Catholic School

# Supporting Pupils with medical needs policy

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## 1. Aims

La Sainte Union School is an inclusive community that aims to support and welcome pupils with medical conditions. We aim to provide all pupils with any medical conditions the support to participate fully in the life of the school, to access the same opportunities, and to achieve their academic potential.

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our school 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

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- 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
- Developing and monitoring individual healthcare plans (IHPs)

**The named persons with responsibility for implementing this policy are Ms Ridge (Deputy Headteacher and Designated Safeguarding Lead), Mr Beavis (Deputy Headteacher and Special Educational Needs and Disabilities Coordinator) and Ms Miller (Director of Operations).**

## 2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school.

## 3. Roles and responsibilities

### 3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board 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 headteacher

The headteacher 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
- Take overall responsibility for the development 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

### 3.3 Director of Operations

The Director of Operations will:

- be responsible for the first aid provision detailed in this policy, which is delegated to the Pupil Welfare Officer and the first aider role on a day to day basis
- carry out a first aid needs assessment (FANA) to identify the level of first aid provision required
- ensure that level of first aid provision is implemented, including an appropriate level of trained first

aiders and first aid kits and equipment in key locations

- ensure that initial and refresher first aid training is arranged as required (supported by the HR Officer)
- ensure that first aid qualifications are appropriate and maintain a log of those with qualifications (supported by the HR Officer)
- ensure that staff and others are informed of the first aid arrangements
- ensure that the school's catering provider have the necessary procedures in place to manage safe food provision for students with food allergies
- ensure that the appropriate information about students with allergies is provided to the school's catering provider to support them to do so.

### 3.4 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 how to use BROMCOM and Microsoft Teams to identify pupils with medical needs and be able to access all the relevant information. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### 3.5 Pupil Welfare Officer

The Pupil Welfare Officer will:

- Log first aid on BROMCOM
- Complete the details of Medication Given by Member of Staff Form (Appendix 6) when administering medication to a pupil
- Prepare first aid kits for trips
- Provide trip leaders with medical bags for pupils who have one
- Deliver inductions to newly qualified first aiders
- Provide senior first aid support to other first aiders

### 3.6 Parents/carers

Parents/carers 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

### 3.7 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.

### 3.8 School nurses and other healthcare professionals

Our 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

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

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/carers and any relevant healthcare professionals will be consulted.

## 5 Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school 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 our school.

See Appendix 2.

## 6 Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Pupil Welfare Officer.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advice on the pupil's specific needs. The pupil will be involved wherever appropriate.

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

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 Pupil Welfare Officer with support of the Director of Operations, 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/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips 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/carer or 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

## 7 Managing medicines

Prescription (and non-prescription in exceptional circumstances) medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents/carers' written consent **and**
- Where it is part of the child's IHP.

**The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.** In the exceptional circumstances, every effort will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

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

School staff can administer non-prescription medicines (e.g. Calpol, paracetamol) only if part of IHP or if a permission form has been completed and signed by a parent.

Anyone giving a pupil any medication will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.

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

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

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.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required. If it is not possible for a parent to collect and dispose of these, they are taken to a local pharmacy to dispose of. Sharps boxes are used to dispose of needles which are stored in safe and supervised space or locked away. If a sharps box is needed on an offsite or residential activity, a named member of staff is responsible for its safe storage and return to school or the pupil's parent. Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

### 7.1 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.

Pupils in years 7 – 11 are expected to give any necessary medications that they may need to take during the school day to the Pupil Welfare Officer to be kept in a secure cupboard in the school medical room that only named staff have access to. Where parents or the pupil's healthcare professional feel that it is appropriate and safe for the pupil to carry, manage and administer their own medication, this will be agreed and written in to their IHP.

Due to the campus nature of our sixth form provision, Year 12 and 13 may keep prescribed controlled drugs in their possession if it is necessary to consume these during the school day, but they must not pass them to other pupils to use.

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

### 7.2 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/carers and it will be reflected in their IHPs.

Pupils will be allowed to carry their own 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/carers so that an alternative option can be considered, if necessary.

### 7.3 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:

7.3.1 Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary

7.3.2 Assume that every pupil with the same condition requires the same treatment

7.3.3 Ignore the views of the pupil or their parents/carers

7.3.4 Ignore medical evidence or opinion (although this may be challenged)

7.3.5 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

7.3.6 If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable

7.3.7 Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments

7.3.8 Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively

7.3.9 Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs

7.3.10 Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child

7.3.11 Administer, or ask pupils to administer, medicine in school toilets

## 8 Sporting activities, educational trips and residential visits

The school understand the importance of all pupils taking part in sporting activities, educational trips and residential visits, and our duty to ensure that these are inclusive.

We ensure that all relevant staff:

- Make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.
- Understand that pupils should receive an adjustment to the task that is presented if they are unwell or injured (e.g. coaching or analysis of performance rather than participating)
- Are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities.
- Are aware of the potential triggers for pupils' medical conditions when exercising and how to minimize these triggers.

In addition, it is important that pupils:

- Have the appropriate medication or food with them during physical activity and that pupils take them when needed.
- With medical conditions are actively encouraged to take part in clubs and team sports within their physical capabilities.

Parents are sent a residential visit form to be completed and returned to school before their child leaves for an overnight or extended day visit. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away

This form requests:

- Up-to-date information about the pupil's current condition and their overall health.
- Information about medication not normally taken during school hours.

Residential visit forms are taken by the relevant staff member on visits and all out-of-school hours activities

where medication is required. These are accompanied by a copy of the pupil's IHP. Where a pupil has a medical need that requires medication, the trip leader is issued with a medical bag for the trip that contains the IHP, a parental consent form, and a log to document what medication has been given, the dose and when. If a pupil requires an EpiPen or inhaler, the expectation is that they have their own that they keep with them at all times, and that the trip leader is issued with a spare.

Parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required. In addition, food allergies are written on the front of the bag so they are visible to staff.

Risk assessments are carried out prior to any out-of-school visit and medical conditions are considered during this process. Factors to be considered include:

- how all pupils will be able to access the activities proposed
- how routine and emergency medication will be stored and administered
- where help can be obtained in an emergency.

The school understands that there may be additional medication, equipment, facilities or other factors to consider when planning residential visits.

Risk assessments are carried out before pupils start any off-site educational placement. It is the school's responsibility to ensure that the placement is suitable, including travel to and from the venue for the pupil. Permission is sought from the pupil and their parents before any medical information is shared with an employer or other education provider.

**9. First Aid**

First aid can save lives and prevent minor injuries becoming major ones. The Health and Safety (First Aid) Regulations 1981 require employers to ensure that there are adequate and appropriate equipment and facilities for providing first aid in the workplace.

This section is based on the LB Camden "First Aid Provision in Schools and Assessment" Guidance from July 2019. A First Aid Needs Assessment has been undertaken and has informed the development of the provision set out below.

First Aid Provision is reviewed annually or sooner if no longer relevant, for example if there are:

- Changes to children's and staff members' medical, mental or physical needs;
- Changes in the way people work or use the school;
- An increase in the hazard of the activities carried out on site, or;
- To legislation or guidance.

The review does not necessarily mean carrying out a new assessment, but can mean checking the existing one to ensure it is still valid or recording any amendments to reflect changes in the circumstances.

All first aiders have access to the first aid channel on Teams, where all relevant information is held. There is specific first aid information set out in the Staff Handbook so all staff and first aiders must be aware of the expectations on them. All staff can access a first aider by calling reception or requesting by walkie talkie.

Many of our support staff are first aiders and operate according to a rota system, with up to 3 first aiders on duty at any time to cover the different school buildings. The role of first aider is in the job description of roles including Pupil Welfare Officer, Administration Officer, School Support Officer, Site Technician, Curriculum Technician, Teaching & Learning Assistant, and Lead SEND Practitioner.

This broad range of roles having first aid responsibilities and training means that we can accommodate a first aider attending off-site activities where appropriate whilst maintaining sufficient provision on site, and that we have first aiders located throughout the site including in key areas (science, technology, medical room).

A first aider is someone who has undergone a training course that complies with either first aid at work or emergency first aid at work and holds a valid certificate of competence. Records are kept to ensure that training and retraining is carried out within the appropriate timescales.

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, and;

- When necessary, ensure that an ambulance or other professional medical help is called.

We have a designated room for first aid in each of the two main buildings (Eleonore and Hallion), which contain secure storage for medication (cupboard and fridge), and are near to a toilet. They are well supervised when in use.

First aid boxes (marked with a white cross on a green background) are located at first aid posts within key areas of the school, including the following, all of which are near to hand washing facilities:

- Eleonore Building – Reception (EG23), Admin Office (EG16), Medical Room (EG17), Food Tech (EG28), D&T Workshop (EG29), Textiles (E115), Art (EG11), Ready to Learn Zone (EG04), IER (E103)
- Hallion Building – Medical Room (HG61), SSO Office (HG56), Hallion Gym, Science Prep Rooms (, H210, H214, H306, H312), School Kitchen (HG25) (intended for the use of the Catering Team – the Chef Manager is assigned as their First Aider).
- Debrabant Building – SEND department
- Copin Hall – to the left of the main doors
- Site Office "White House" – ground floor
- First aid pouches worn by first aiders
- First aid kits available for trips from Pupil Welfare Officer
- D&T rooms and science labs also have red first aid burns boxes

First aid boxes are checked by the Pupil Welfare Officer regularly and restocked as required. Extra stock is held in school wherever appropriate.

We have four defibrillators:

- in the main reception in the Eleonore Building
- in the foyer near the library in the Hallion Building
- at the bottom of the stairs inside the entrance to the Debrabant Building
- on the wall outside the entrance to the Copin Hall

In the case of an accident, the procedures are as follows:

The member of staff first aware of the accident calls for a first aider via walkie talkie or a call to reception; or if the injured party can walk, takes the injured party to the nearest first aider or first aid room in Eleonore or Hallion – whichever is closest. A first aider may also be called if the injured party can walk but it is not possible for the member of staff first aware of the accident to accompany them to the first aid room/a nearby first aider. Other students should not be sent to accompany injured students to the first aid room/a nearby first aider.

First aiders are onsite between 7am and 7pm as the Site Team are all first aid trained so should be contacted in the event of an accident before or after normal working hours.

The first aider administers first aid and records details using template forms (see appendices) for:

- recording minor non-preventable injuries involving children;
- where there is no apparent fault of the school;
- where there is no requirement for hospital treatment/admission, and;
- where there is no need to be reported under RIDDOR.

Where a head bump/injury has taken place, the injured party should be assessed immediately by a fully qualified first aider (who has attended an HSE approved course). The injured party must be monitored (look for signs of drowsiness, vomiting, headache, etc.) and if their condition deteriorates an ambulance should be called. If the first aider or the school is in any doubt then they must seek immediate medical attention. If the injured party is a student then the parent/carer should be informed at the time of the accident. The student will be given a "bump on the head" note and their parents notified that this has been done, even if the student is remaining in school.

Visits to the first aid room are reported to parents/carers at the end of each day.

Full details of the accident are recorded in accordance with local authority requirements:

- All incidents will be recorded in the first aid log.
- As a general guide, all accidents other than very minor ones (scratch, graze bruise, etc.) should be reported via Camden's accident reporting system Risksured at 0117 4450 1227 whether they involve students, staff, contractors or visitors (see flowchart at Appendix 1).
- If a minor injury requires action to prevent recurrence, this should also be reported.

- Assaults, near misses and occupational ill health should also be reported.
- If the accident involves a student and requires hospital treatment or is otherwise of serious concern it is reported to the local authority.
- If the accident is work related it is reported to the local authority.
- If the incident is reportable under RIDDOR (*Reporting of Injuries, Diseases & Dangerous Occurrences Regulations1995*), then as the employer the local authority will arrange for this to be done.

The school records will be regularly monitored to identify whether trends are evident. If common themes are identified then the Senior Leadership Team in collaboration with first aiders will determine what action can be taken to address them.

Should an injury occur during an evening activity taking place in the school's facilities, Schools Plus, should be contacted. Schools Plus will ensure there is a trained first aider available and that any incidents are recorded in an accident book and that the Site Team is made aware if appropriate.

Students who become unwell at school are to be supervised at all times, including when in the school office/medical room.

Further information and guidance on first aid is available as follows:

- DfE Guidance – First Aid Schools https://www.gov.uk/government/publications/first-aid-in-schools
- HSE guidance – Basic advice on first aid at work – INDG347 (HSE, 2017) www.hse.gov.uk/pubns/indg347.htm

**10.Emergency procedures**

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.

All school staff should know how to call the emergency services. All school staff should be able to recognize the onset of a condition that may require rapid intervention in individual students and take appropriate action,
i.e. summon the trained person, call for ambulance if necessary, etc. They should also know who the first aiders are and how to contact them for support.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

Staff should not take pupils to hospital in their own car.

**11. Training**

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

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.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the SENDCo/Assistant SENDCo. Training will be kept up to date.

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

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

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.

All staff that participate in administering medication must receive appropriate information and training for specified treatments. In most instances this will not involve more than would be expected of a parent or adult who gives medicine to a child.

**12. Record keeping**

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place that all staff are aware of.

The school keeps a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school are noted. Records offer protection to staff and proof that they have followed agreed procedures. Each time staff administer or supervise the taking of medication they should:

- Complete and sign record cards/sheets
- Ensure that the child has actually taken the medication

When medicines are returned, or handed over to a pharmacist, this should be recorded appropriately. The child's name, the name of the medication, its form, the amount left and the signatures of the member of staff and parent / pharmacist receiving the medication should be logged.

A parental consent form must be completed each time there is a request for medication to be administered (see appendices). All relevant information must be supplied including:

- Child's name
- Child's date of birth
- Name, strength and quantity of medication provided
- Clear concise dosage instructions
- Reason for the request
- Emergency contact names and telephone numbers
- Parent/carer signature

Reasons for any non-administration of medication should also be recorded and the parent informed as soon as possible; "wasted" doses (e.g. tablet dropped on floor) should also be recorded.

When a child is self-administering, there should be a written request that states whether or not the self-administration needs to be supervised.

**13. Liability and indemnity**

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. The school is part of Camden Council's insurance arrangements.

The administration of medicine is the responsibility of parents. School staff have a professional and legal duty to safeguard the health and safety of students. They will wish to do all they can to enable children to gain the maximum benefit from their education and to participate as fully as possible in school life. Children have a right to be educated and should not be excluded purely as a result of requiring medication.

That does not imply a duty on Headteachers or staff to administer medication and school staff's participation in the administration of medicines in schools is on a voluntary basis. Individual decisions on involvement must be respected. Punitive action must not be taken against those who choose not to volunteer.

Camden Council fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment and have been provided with adequate training. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice, indemnity means the Council and not the employee will meet the cost of damages should a claim for alleged negligence be successful.

**14. Complaints**

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the Designated Safeguarding Lead in the first instance. If the Designated Safeguarding Lead cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

**15. Monitoring arrangements**

This policy will be reviewed and approved by the governing board every 2 years.

**16. Links to other policies**

This policy links to the following policies:

a. Accessibility plan

b. Admissions

c.Complaints

d.Educational visits

e.Equality information and objectives

f. Health and safety

g.Safeguarding

h.Special educational needs information report and policy

Appendix A – **Allergy Policy**

La Sainte Union School recognises that allergies are a common medical condition and that severe allergic reactions (anaphylaxis) can be life-threatening. We are committed to ensuring that pupils with allergies are safe, supported and able to participate fully in all aspects of school life. In line with Benedict's Law and Department for Education guidance, the school adopts a whole-school approach to allergy awareness, prevention, management and emergency response.

The school will take the following steps to support pupils with allergies.

Allergy Register

- A regularly updated register of all pupils with diagnosed allergies or at risk of anaphylaxis will be maintained by the SENDCO/Medical Lead.
- The register will include details of known allergens, prescribed medication and emergency procedures.
- Copies will be saved on Microsoft Teams and be accessible to relevant staff and First Aiders.
- Allergy information will also be recorded on Bromcom to alert staff teaching and supervising pupils.

Individual Healthcare Plans (IHCPs)

- Every pupil diagnosed as being at risk of anaphylaxis must have an up-to-date Individual Healthcare Plan.
- Healthcare plans will be developed in partnership with parents/carers and relevant healthcare professionals.
- Plans will identify:
    - known allergens and triggers;
    - signs and symptoms of an allergic reaction;
    - prescribed medication and storage arrangements;
    - emergency procedures;
    - arrangements for trips, visits and extracurricular activities.
- Where pupils have a food allergy or insect-sting allergy, parents/carers will be asked to provide an Allergy Action Plan completed by an appropriate healthcare professional.
- Plans will be reviewed annually or sooner if medical advice changes.

Adrenaline Auto-Injectors (AAIs)

- Pupils prescribed an Adrenaline Auto-Injector should have immediate access to their medication at all times.
- Pupils should carry their AAIs where clinically appropriate and agreed with parents/carers.
- Where prescribed by a healthcare professional, pupils should have access to two in-date Adrenaline Auto-Injectors.
- Where pupils are unable to carry their medication independently, arrangements will be made to ensure rapid access at all times.
- Parents/carers are responsible for ensuring prescribed AAIs are in date and replaced before expiry.
- The school will monitor expiry dates termly and notify parents when replacement medication is required.

Spare Emergency Adrenaline Auto-Injectors

- The school will maintain spare emergency AAIs in accordance with current legislation and Department for Education guidance.
- Written parental consent for the use of emergency AAIs will be obtained and recorded.

- In a life-threatening emergency where a student is believed to be experiencing anaphylaxis, a spare AAI may be administered without prior written parental consent where this is advised by emergency medical services (999). In these circumstances, the preservation of life and prevention of serious harm will take precedence.
- Spare AAIs will be stored in clearly identified, readily accessible locations and will not be locked away.
- Appropriate dosages of AAI will be maintained based on the needs of pupils attending the school.
- The location and availability of spare AAIs will be communicated to all First Aiders and relevant staff.
- Spare emergency AAIs do not replace the requirement for pupils to have their own prescribed medication available.

Staff Training

- All staff will receive annual allergy awareness and anaphylaxis training.
- This will include teaching staff, support staff, First Aiders, temporary staff, agency staff, volunteers and relevant catering staff.
- Training will include:
    - recognising symptoms of allergic reactions and anaphylaxis;
    - administration of Adrenaline Auto-Injectors;
    - emergency procedures;
    - risk reduction and allergy awareness.
- Additional training will be provided where required for individual pupils.

Allergy Lead

- The SENDCo will act as the school's Allergy Safety Lead and will oversee implementation and monitoring of this policy.
- The SENDCo will be supported by the Central Administration Team in relation to medication management, record keeping and liaison with the school's catering provider.

Catering and Food Provision

- The school will work closely with its catering provider to ensure safe food provision for pupils with allergies.
- Relevant allergy information will be shared with the catering provider where parental consent has been obtained.
- The Central Administration Team will ensure relevant allergy information is shared with the school's catering provider and kept up to date.
- Clear allergen information will be available for school meals.
- Procedures will be in place to minimise the risk of allergen cross-contamination.
- Allergy management will be considered in all food-related activities, including food technology lessons, celebrations, fundraising events and reward activities.

Record Keeping and Incident Reporting

- All allergic reactions requiring medical intervention will be recorded.
- Use of an AAI, attendance at A&E, ambulance call-outs, serious incidents and near misses will be recorded and reviewed.
- Parents/carers will be informed as soon as possible following any allergy-related incident.
- Trends identified through incident reviews will be used to improve procedures and reduce risk.

Inclusion and Participation

- Pupils with allergies will be supported to participate fully in lessons, school visits, sporting activities and extracurricular activities.

- Allergy risks will be considered when planning educational visits and activities.
- Additional risk assessments may be undertaken for activities involving food, animal handling, science experiments, food technology lessons or other activities where allergen exposure may be more likely.
- Relevant staff will be informed of pupils' needs before off-site activities take place.
- AAIs and emergency plans must accompany pupils on all trips and visits.

Whole-School Allergy Awareness

- Allergy safety is the responsibility of all members of the school community.
- Staff should encourage an inclusive environment and support pupils in managing their allergies safely.
- The school will take reasonable steps to minimise risks associated with known allergens while recognising that it cannot guarantee an allergen-free environment.
- Pupils will be encouraged not to share food, drinks or medication with others.

Emergency Response

- If a pupil is suspected of experiencing anaphylaxis:
    - Staff should follow the pupil's Individual Healthcare Plan and/or Allergy Action Plan where available.
    - An Adrenaline Auto-Injector should be administered immediately where symptoms indicate anaphylaxis.
    - Emergency services should be called immediately by dialling 999 and stating that anaphylaxis is suspected.
    - A second AAI should be administered if symptoms persist or worsen in accordance with healthcare guidance.
    - Parents/carers must be informed as soon as possible.
    - Any pupil receiving adrenaline must be assessed by healthcare professionals even if symptoms improve.

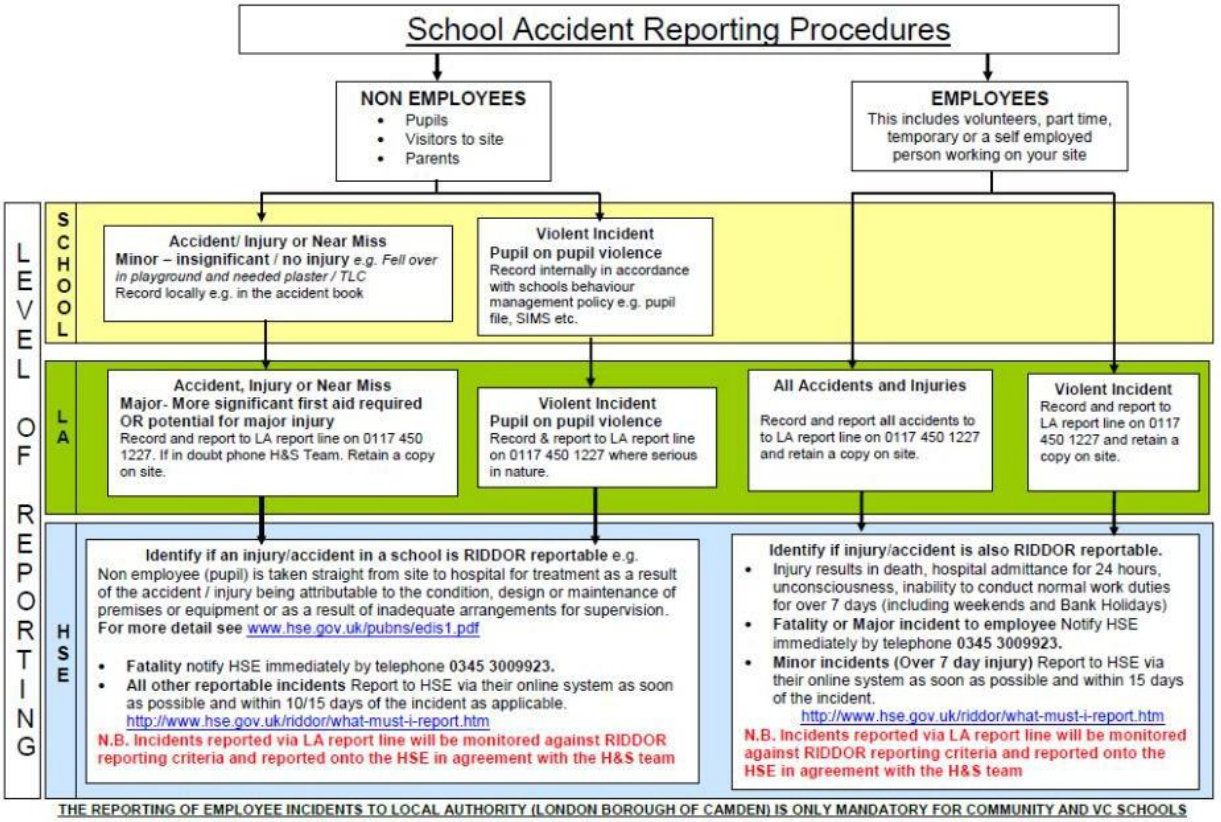
Appendix B – **Asthma Policy**

La Sainte Union recognises that asthma is a common, serious but controllable condition that can significantly impact a child's wellbeing and learning. We are committed to becoming an Asthma Friendly School and ensuring that all pupils with asthma are fully supported to participate in all aspects of school life.

The school will take the following steps to support pupils with asthma:

- Asthma Register
  - A regularly updated register of all pupils diagnosed with asthma or prescribed a reliever inhaler will be maintained by the SENDCO/Medical Lead/Asthma Champion and shared with relevant staff.
  - Copies will be saved on Teams and is accessible in the First Aid room.
- Asthma Care Plans
  - Every pupil with asthma must have a current, personalised Asthma Care Plan or School Asthma Card, completed with their GP or asthma nurse.
  - Parents are responsible for providing this annually. If not received, reminders will be sent via email and letter.
- Access to Inhalers
  - Pupils will have immediate access to their reliever inhalers at all times.
  - Inhalers should be clearly labelled, in-date, and stored in a safe, accessible location agreed with parents/carers.
  - Pupils should carry their inhalers with them at all times unless there are reasonable adjustments in place, agreed with parents/carers.
- Emergency Inhaler Kit
  - The school will maintain an emergency salbutamol inhaler and disposable spacer, stored in the medical room, for use in line with Department for Education guidance.
  - Parents/carers are able to give written consent to use the emergency inhaler, details of this will be saved.
  - In an emergency, the emergency inhaler may be used for students without written consent from parent/carer. This will only happen with verbal consent from the parent/carer, or advice from emergency medical services.
- Asthma Lead and Champion
  - The school will appoint an Asthma Lead and/or an Asthma Champion.
  - The SENDCO/Asthma Champion will implement the policy, maintain the register, and coordinate care.
- Staff Training
  - All staff will receive annual asthma awareness training from the School Health Team, including:
    - Recognising symptoms.
    - Administering inhalers.
- Asthma Clinic
  - In collaboration with the Camden asthma nurse and school nurse, the school will run an asthma clinic to support pupils with poorly controlled asthma.
- Record Keeping
  - Expiry dates of inhalers are monitored termly.
  - Parents are asked to ensure inhalers are clean, in-date, and in good working order.
  - Any use of inhalers during the school day will be recorded and communicated to parents via letter or email.
- Inclusion and Participation
  - Pupils with asthma will be supported to participate fully in PE, school trips, and extracurricular activities.
  - Inhalers must be taken to PE lessons and on all trips.
  - Staff will monitor pupils during physical activity and encourage inhaler use when needed.

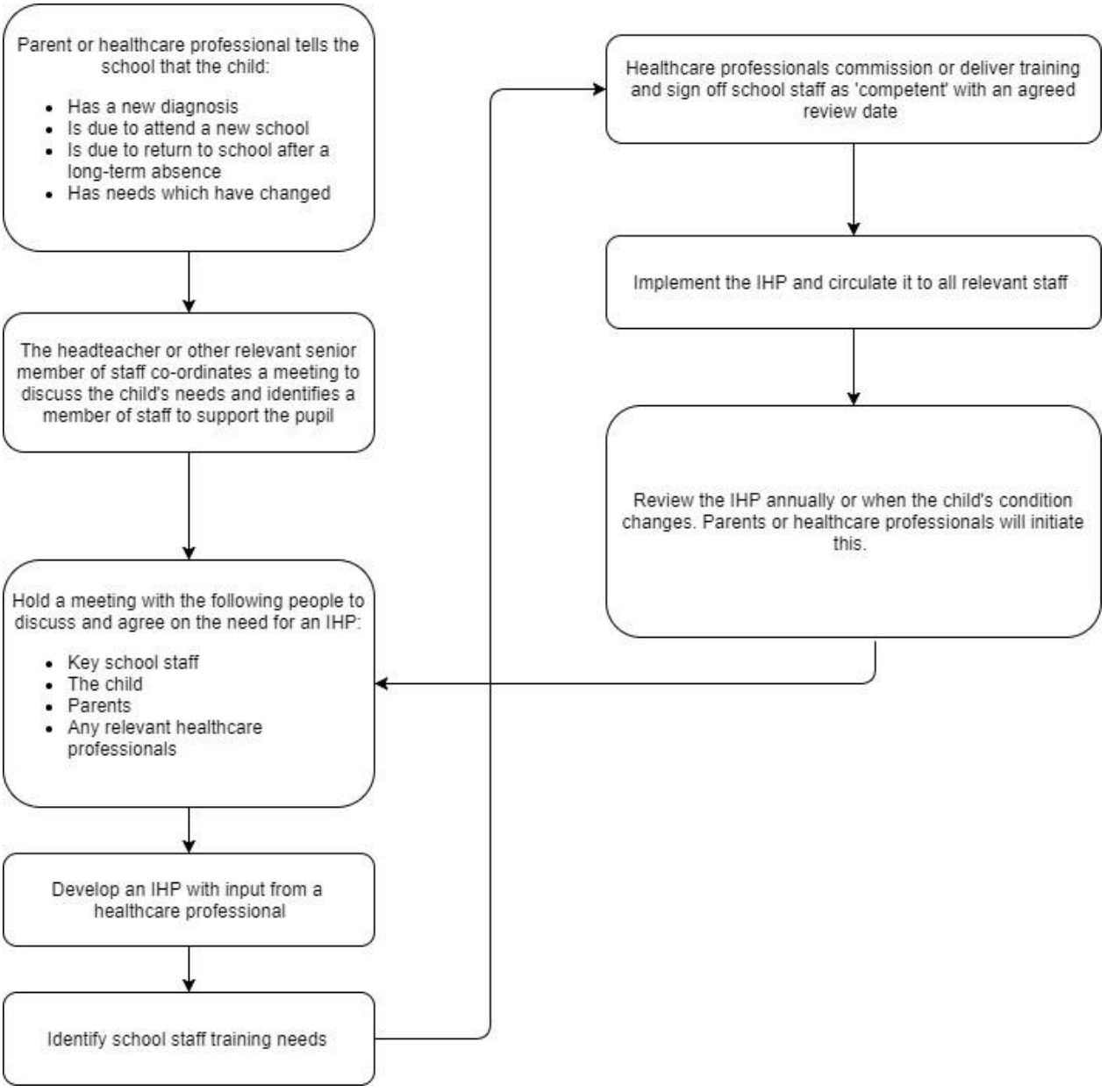
## Appendix 1: School Accident Reporting Procedures




THE REPORTING OF EMPLOYEE INCIDENTS TO LOCAL AUTHORITY (LONDON BOROUGH OF CAMDEN) IS ONLY MANDATORY FOR COMMUNITY AND VC SCHOOLS

- ***Local Authority (LA) report line telephone number is*** **0117 450 1227**
- ***Adult (18yrs plus) accident records need to be kept for at least three years.***
- ***Pupil accident records need to be kept for three years from their 18th birthday, therefore, until they are 21.***
- ***For further advice contact the Schools' Health and Safety Advisor on*** **020 7974 1278.**

## Appendix 2: Being notified a child has a medical condition



Appendix 3: Pupil Medical Plan

LA SAINTE UNION CATHOLIC SECONDARY SCHOOL

## Pupil Medical Plan

| | |
|---|---|
| Name of school | La Sainte Union |
| Child's name Form | |
| Date of birth | |
| Medical diagnosis or condition | |
| Date Review date | |
| **Family Contact Information** | |
| Name | |
| Phone no. (work) (home) | |
| (mobile) | |
| Name | |
| Relationship to child Phone no. | |
| (work) (home) (mobile) | |
| **Clinic/Hospital Contact** | |
| Name Clinic/Hospital | |
| Phone no. | |
| **G.P.** | |
| Name | |
| Address | |
| Phone no. | |

LA SAINTE UNION CATHOLIC SECONDARY SCHOOL

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Describe what constitutes an emergency, and the action to take if this occurs

Other information

I acknowledge that this information will be shared with emergency care staff, should an emergency occur during school hours or at a school activity outside the normal school day.

Signed:_____ Date: _____

Parent/Carer

LA SAINTE UNION CATHOLIC SECONDARY SCHOOL

**This page to be completed by school.**

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Person responsible for providing support in school

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix 4: Risk Assessment

| **Risk Assessment** | | | | | |
|---|---|---|---|---|---|
| **Assessment carried out by:** | **Health and Safety Co-ordinator** | **Date:** | | **Review Date** | |

| **Major Hazards** | **People at Risk** | **Existing Control Measures** | **Risk Category High/Medium/Low** | **Further Action** |
|---|---|---|---|---|
| Access Routes:<br><br>Buildings/Classrooms<br><br>No Lift in D-wing<br><br>Mobility: Break time<br>Lunch time | | | | |
| Medical Conditions: | | | | |
| Medication: | | | | |
| Fire Evacuation: PEEP<br>Mobility | | | | |
| Physical activity: | | | | |
| Personal Hygiene/Care | | | | |
| Travel to and from school | | | | |
| Fatigue | | | | |
| Extreme temperatures<br>Weather conditions | | | | |
| Confidentiality:<br>Parental consent to share information with staff. | | | | |

Appendix 5: Parental Consent for School to Administer Medication

Parental Consent for School to Administer Medication

The school will not give your child medicine unless you complete and sign this form

| | |
|---|---|
| Name of school | La Sainte Union Catholic Secondary School |
| Name of child | |
| Date of birth Form | |
| Medical condition or illness | |
| | |

**Medicine**

| | |
|---|---|
| Name/type of medicine *(as described on the container)* | |
| Expiry date | |
| Dosage and method Timing | |
| Special precautions/other instructions | |
| Are there any side effects that the school needs to know about? | |
| Self-administration – Y/N | |
| Procedures to take in an emergency | |
| | |

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

**Contact Details**

| | |
|---|---|
| Name | |
| Daytime telephone no. | |
| Relationship to child | |
| Address | |
| I understand that medication must be delivered personally to: | |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature:_____ Date: _____

Appendix 6: Details of Medication Given by Member of Staff

**Details of Medication Given by Member of Staff**

**Pupil's Name:** _____

| Date | Time | Dose / Medication | Staff Initials |
|---|---|---|---|
| | | | |
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