



St. Helens Council



Oakdene Primary School
Supporting Pupils at School with
Medical Conditions Policy

Adopted by:	Oakdene Primary School
Date ratified by governors and adopted:	11/07/23
Reviewed by:	L. Shelford
Next Review date:	May 2024

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents 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 person with responsibility for implementing this policy is Caroline Hughes (SENDCo) and Lynsey Young (Headteacher).

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](#).

1. Introduction

Pupils at school with medical conditions, including both physical and mental health conditions, should be properly supported so that they have full access to education, including school trips and physical education.

Some children with medical conditions may be disabled. Where this is the case, schools must comply with their duties under the Equality Act 2010. For children with SEND, this guidance should be read in conjunction with the SEND Code of Practice.

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.

No child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. These arrangements must give parents and pupils confidence in the school's ability to provide effective support for medical conditions in schools.

Individual medical plans can help staff identify the necessary safety measures to support children and ensure that they and others are not put at risk.

Definition

Pupils' medical needs may be broadly summarised as being of two types:

Short-term, affecting their participation in school activities when they are on a course of medication

Long-term, potentially limiting their access to education and requiring extra care and support

2. Scope

It must be ensured that:

- Pupils at school with medical conditions are properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential;
- The Governing Body is supported in their duty to ensure that arrangements are in place to support pupils at school with medical conditions; and
- The Governing Body is supported in their duty to ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

3. Responsibilities

Governing Bodies

It is the responsibility of the Governing Body to ensure that arrangements are in place to support pupils with medical conditions. In doing so, they should ensure that such children can access and enjoy the same opportunities at school as any other child. In order to do so, the Governing Body will ensure that:

- 1) They make available adequate resources in the implementation of the policy;
- 2) There are suitable arrangements at school to work in partnerships and to generally adopt acceptable practices in accordance with the policy;
- 3) They take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening;
- 4) The focus is on the needs of each individual child and how their medical condition impacts on their school life;
- 5) In making their arrangements, they give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school;
- 6) The school demonstrates an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care;
- 7) That staff are properly trained to provide the support that pupils need; and
- 8) That written records are kept of all medicines administered to pupils.

Headteacher

Is responsible for implementing the policy and the developing of Individual Medical Plans and to ensure that relevant staff have sufficient resources, including training and personal protective equipment, to support pupils with medical conditions. In order to do so, they should identify a suitable named person who has overall responsibility for ensuring that:

- 1) Sufficient staff are suitably trained.
- 2) All relevant staff will be made aware of the child's condition, including any requirement for the child to participate in outside the classroom activities where appropriate.
- 3) Cover arrangements are in place at all times in case of staff absence or staff turnover to ensure someone is always available.
- 4) Supply teachers are briefed.
- 5) Risk assessments have been carried out for school visits, holidays, and other school activities outside of the normal timetable.
- 6) Procedures are in place to cover any transitional arrangements between schools for any medical issues.
- 7) For children starting at the school, necessary arrangements are in place in time for the start of the relevant school term so that they start at the same time as their peers.
- 8) Individual Medical Plans (see Appendix 'A') are monitored including identifying pupils who are competent to take their own medication.
- 9) The accepting, storing and administering of medication is managed appropriately.
- 10) Appropriate protective equipment is made available to staff supporting pupils at school with medical conditions.
- 11) Monitoring arrangements are in place for the administering of medication.

Further to this, the Head teacher will need to ensure that there is effective co-ordination and communications with relevant partners, professionals, parents and the pupils.

In order to ensure that pupils' health is not put at unnecessary risk from infectious diseases, in line with safeguarding duties, Head teachers must inform parents that they should keep children at home when they are acutely unwell. **They should not accept a child in school at times where it would be detrimental to the health of that child or others to do so.**

In the event of an outbreak situation, the school must follow any guidance issued by Public Health England.

Teachers & Other Staff

Teachers & Other Staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any

member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Teachers and other staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.

Their responsibilities include:

- a) To be familiar with normal precautions for avoiding infection and follow basic hygiene procedures, as advised by health professionals. Staff should have access to and must use protective disposable aprons and non-powdered, non-latex gloves (also face and eye protection if splashing is likely) and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment;
- b) To administer medication in accordance with parental agreement and as set out in any Individual Medical Plan, following receipt of a request from the parent for the school to administer medicine to their child, using form Appendix 'B', for prescribed medicines or Appendix C for over-the-counter medicines.
- c) The recording of long-term conditions such as Epilepsy, Diabetes or Asthma along with instructions issued by the Doctor as set out in the Individual Medical Plan (see Appendix 'A'); Individual Medical plans will be initiated by the Headteacher (or their nominated named person) in consultation with the SENCo, Class Teacher, Parents and School Nurse (if applicable).
- d) Ensuring that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case in writing; the school must not administer the first dose in case of a reaction to the medication.
- e) Ensuring that medicines are personally handed over to the school by a responsible adult and not by a child;
- f) Ensuring that medicines are in date and in the original container marked with a pharmacy label (for prescribed medicines) stating the child's name, the type of medicine, and the required dosage and storage instructions;
- g) Ensuring that medicines are kept within a secured area, out of the reach of children and visitors. This is except in situations, where children are competent to self-administer. For medicines and devices such as Asthma inhalers, blood glucose testing meters and adrenaline pens, these should not be locked away and should always readily available to children;
- h) Logging any medicines administered to a child and entering a file note once the medicine is returned to the parents (see Appendix 'D');

The entry should include the pupil's name, drug administered, dosage, date and time.

- i) Ensuring that the directions on the Pharmacy label for prescribed medicines or over the counter medicines, the directions on the original packaging are strictly followed and that it corresponds with the parental agreement;

- k) Ensuring that another member of staff witnesses the administration of the medication, wherever possible;
- l) Ensuring that parents are informed of a refusal by their child to take medication on the same day. If a refusal to take medicines results in an emergency situation, the school or setting's emergency procedures should be followed; and
- m) Notifying the parents if the school becomes aware that their child has vomited or has had diarrhoea after taking the medication.

School Nurses

Every school has access to School Nursing Services (contact school for latest details). They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but can be responsible for:

- a) notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school;
- b) liaising with lead Clinicians locally on appropriate support for the child and associated staff training needs;
- c) supporting staff on implementing a child's Individual Medical Plan; and
- d) advise and liaison on training to local school staff

Community Nursing Teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other Healthcare Professionals

This includes GPs, Specialist Healthcare Teams and Paediatricians and should:

- a) notify the School Nurse when a child has been identified as having a medical condition that will require support at school;
- b) provide advice on developing Healthcare Plans; and
- c) provide support in schools for children with particular conditions (eg, Asthma, Diabetes).

Parents

Parents should:

- a) provide the school with sufficient and up-to-date information about their child's medical needs;
- b) be involved in the development and review of their child's Individual Medical Plan, and in its drafting, where required; and
- c) carry out any action they have agreed to as part of the implementation of their child's Medical Plan, eg, provide medicines and equipment and ensure they or another nominated adult are contactable at all times. If they fail to provide sufficient medication, they should be contacted immediately and

necessary arrangements made, eg, provision of medication, returning the child to the parent awaiting provision of the medication, etc.

Pupils

With medical conditions pupils will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their Individual Medical Plan. Other pupils will often be sensitive to the needs of those with medical conditions.

After agreement with parents, it is good practice to support and encourage pupils, who are able, to take responsibility for managing their own medicines from a relatively early age. Children develop at different rates and so the ability to take responsibility for their own medicines varies. If pupils can take their medicines themselves, staff may only need to supervise.

Inhalers for pupils with Asthma need to be readily available. Pupils who are mature enough can look after their own inhalers. They should always be available during physical education classes and outdoor learning experiences.

Local Authorities

Local Authorities are responsible for:

- a) commissioning School Nurses;
- b) promoting co-operation between relevant partners such as: Governing Bodies of maintained schools, proprietors of Academies, Clinical Commissioning Groups and NHS England, with a view to improving the well-being of children, so far as relating to their physical and mental health, and their education, training and recreation (Section 10 of the Children Act 2004);
- c) providing support, advice and guidance, including suitable training for school staff, to ensure that the support specified within Individual Medical Plans can be delivered effectively;
- d) working with schools to support pupils with medical conditions to attend full time;
- e) making alternative arrangements where pupils would not receive a suitable education in a mainstream school because of their health needs. Statutory guidance determines this to be when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Providers of Health Services

Should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with School Nurses and other healthcare professionals such as Specialist and Children's Community Nurses, as well as participation in locally developed outreach and training.

Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical Commissioning Groups (CCGs)

Commission other healthcare professionals such as Specialist Nurses and have a reciprocal duty to co-operate under Section 10 of the Children Act 2004. They should ensure that:

- a) commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions; and
- b) are responsive to local authorities and schools seeking to strengthen links between health services and schools and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this).

4. Individual Medical Plans

It is not appropriate to send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless specified in their Individual Medical Plans (see Appendix 'A'). This will include requiring parents to provide up to date information about their child's medical needs, provide their child's medication to the school in the original container and also carry out any action they have agreed as part of their child's Healthcare Plan, where one is in place.

The aim of Individual Medical Plans should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

The school has responsibility for informing parents of the need for them to complete an Individual Medical Plan and ensuring any Individual Medical Plans provided are implemented. They need to be reviewed when evidence is discovered or presented that the child's needs have changed. Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgments will be needed about what support to provide based on the available evidence. If consensus cannot be reached, the Headteacher is best placed to take a final view. No medication related to any undiagnosed serious condition will be administered.

5. Administration of Medication

The administration of medication at school will minimise the time that pupils will need to be absent.

Some children may need to take medicines at some time during their time in a school. The school will be flexible in their approach and examples of circumstances under which they may be requested to administer medicines are:

Prescription Medication

1. Cases of chronic conditions eg, Diabetes, Asthma or Epilepsy; or
2. Acute situations e.g. anaphylactic shock
3. Cases where pupils recovering from short term illnesses may be well enough to attend school but need to finish a course of antibiotics, cough medicine, etc.

However, medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the day. It should be noted that wherever feasible parents should administer medication outside of school hours.

School settings must never administer the first dose of any new medication

The management of accepting, storing and administering any medication can be completed by ensuring that;

- a) Consent is always obtained from parents (see Appendix 'B'), before the administration of any medication. Schools must not administer medication without written consent.
- b) As agreed with parents, any administration of medication is always recorded (see Appendix 'D'); and
- c) Medication is always stored securely and appropriately, with restricted access, but is always easily accessible to the child in case of an emergency (see 6.1, 6.4 & 6.9).
- d) As part of the signed agreement with parents, action is taken to ensure that medication is administered;
- e) Parents and all staff are aware of the policy and procedures for dealing with medical needs;
- f) The appropriate systems for information sharing are followed;
- g) Staff managing the administration of medicines and those who administer medicines will have received training and support from health professionals if deemed necessary to achieve the required level of competency before they take on responsibility to support children with medical conditions (see Appendix 'E'). This training includes induction arrangements for new staff and must be refreshed at suitable intervals as advised and a minimum requirement is every 3 years;
- h) The school will not accept medicines that have been taken out of the original container, unless this has been done by a Pharmacist and the medication is in the packaging/container supplied and labelled by the Pharmacist. Another exception to this is Insulin which must still be in date, but will generally be available inside an Insulin pen or a pump, rather than in its original container;
- i) The school never makes changes to prescription dosages on parental instructions;
- j) Circumstances requiring extra caution as per Individual Medical Plans are taken into account:
 - Where the timing of administration is crucial;
 - Where serious consequences may occur through failure to administer;
 - Where technical or medical knowledge is needed;
 - Where intimate contact is necessary.

In these circumstances Head teachers should consider carefully what they are being asked to do. Even if it is within the interest of the child to receive the medication in school, staff cannot be instructed to administer, however, the school still has a duty to ensure that arrangements are in place to support such pupils. In these cases, it would be useful to speak to the School Health Nurse.

Non-Prescription Medication (Over the Counter Medicines)

Over the counter medicines do not need an appropriate practitioner's prescription, signature or authorisation in order for a school to give them.

- a) Over the counter medicines, eg, Hayfever treatments, cough/cold remedies will be treated the same way as prescription medication. The parent/carer must clearly label the container with the child's name and complete a parental consent form with details of dose and time (see Appendix

'C'). The medication should be provided in the original container with the patient information leaflet (PIL).

- b) There is a potential risk of interaction between prescription and over the counter medicines, so where children are already taking prescription medicine(s), parents must sign Appendix C to confirm that approval has been given by the child's GP to take these medicines concurrently.
- c) The use of over-the-counter medicines should normally be for a limited period only. Therefore, where these medicines are administered the recommendations contained within the patient information leaflet (PIL) should always be followed;
 - *E.g. for Paracetamol - 'if no better in three days seek the advice of a GP', therefore, schools should only administer for three days unless they have had assurance the child had been seen by the GP*

Where a child's symptoms persist, medical advice should be sought by the parent. Other remedies, including herbal preparations, should not be accepted for administration in the school/setting.

- d) Only after parental advice will the school administer Paracetamol or other pain relief. For pupils under 16, parental consent must be obtained beforehand and a record of that consent and administration should be made.
- e) The school **must not** keep its' own stock of pain relief medication; the parent must provide the school with a supply of appropriate pain relief tablets for use solely by their child.
- f) Before any each period of pain relief medication is begun (e.g 3 days/per signed instruction), the school should obtain parental consent on the appropriate written form (Appendix C). The form also requires the adult to declare how many doses of the pain relief have been administered in the previous 24 hours, and staff will only administer pain relief if in line with the recommended dose. A record of that consent and any medication administered should be made (Appendices C & D).
- g) Staff should check that the over-the-counter medicine has been administered without adverse effect to the child previously and that parents certified that this is the case by completing the Appendix C.
- h) If a child suffers regularly from frequent or acute pain, the parents should be encouraged to refer the matter to the child's GP.

A child under 16 should never be given aspirin-containing medicine unless prescribed by a Doctor.

Prescription Medicines

- a) For Prescription Medicines, only medicines that are in date, labelled and have been prescribed by a Doctor, Dentist, Nurse Prescriber or Pharmacist Prescriber are accepted;
- b) Prescription Medicines should always be provided in the original container as dispensed/supplied by a Pharmacist or in a container as dispensed and labelled again by a Pharmacist. It must include the prescriber's instructions for administration, child's name and dosage and storage requirements;

- c) The school will not accept medicines that have been taken out of the original container, unless this has been done by a Pharmacist and the medication is in the packaging/container supplied and labelled by the Pharmacist. Another exception to this is Insulin which must still be in date, but will generally be available inside an Insulin pen or a pump, rather than in its original container;

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated Regulations. Some may be prescribed as medicine for use by children, eg, Ritalin®, Methylphenidate.

It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed and this is documented in the child's health care plan.

Any trained and competent member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering the medicine should do so in accordance with the prescriber's instructions.

Controlled drugs should be stored securely (a locked non-portable container), with limited access but should be easily accessible in an emergency, by named staff.

A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local Pharmacy). If this is not possible, it should be returned to the dispensing Pharmacist (details should be on the label). A written record should be kept, signed by the pharmacist and the parents informed.

Misuse of a controlled drug, such as passing it to another child or another person for use, is a criminal offence.

6. Storing Medicines

Medication should be stored as follows:

1. Medicines should be kept in a secure place with restricted access, with limited exceptions. Medicines and devices such as Asthma inhalers, blood glucose testing meters (and strips) and adrenaline pens should be always readily available to children and not locked away, but always in the vicinity of the relevant pupils.
2. A few medicines need to be refrigerated and these will be kept in a dedicated fridge. Where medicines are required to be kept refrigerated, daily temperature checks should be undertaken on a recorded basis (see Appendix F).
3. Large volumes of medicines should not be stored;
4. Children should know where their own medicines are stored, and who to ask for access to them (unless they are medicines to be self-administered - see 6.1 & 6.4);
5. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which it was dispensed;
6. Staff should ensure that the supplied container is clearly labelled with the name of the child, and that the name and dose of the medicine, storage instructions and the frequency of administration are recorded on the appropriate form (Appendix B or C);

7. Where a child needs two or more prescribed medicines, each should be in a separate container;
8. Staff should never transfer medicines from their original containers;
9. The inhaler and spacers for Salbutamol inhalers must be kept in the child's classroom where staff and children can have access at all times, although the inhaler may be kept out of the reach and sight of children if this is appropriate for a given child. The inhaler and spacer should not be locked away.

7. Medicine by Injection

The school has a duty to support children with medical conditions at school and as a result trained and competent staff may be required to administer injections to pupils suffering from conditions including Diabetes, Epilepsy, Anaphylactic Shock, etc. where the child is unable, for whatever reason, to do so themselves. In the case of pupils with an Individual Medical Plan, the Plan must set out what to do in the case of an emergency. This response should be drawn up in consultation with the School Health Nurse, other medical professionals as appropriate and the child's parents.

As per the Individual Medical Plan, consideration in these circumstances must be given to the reasonableness of the child being able to participate in out of school activities such as educational visits, residential trips, etc.

9. Return/Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired or unused medicines are returned to a Pharmacy for safe disposal. They should also collect medicines held at the end of each academic year.

Any returned medicines should be documented on the administration record.

If parents do not collect all medicines, they should be taken to a local Pharmacy for safe disposal. A written record should be kept and parents informed.

It is the parent/carer's responsibility to replace medication which has been used or expired, at the request of the school staff.

Sharps boxes should always be used for the disposal of needles. Collection and disposal of the boxes should be arranged with the Local Authority.

10. Hygiene and Infection Control

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

The school will ensure that any member of school staff providing support to a pupil with medical needs has received suitable training. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in Individual Medical Plans.

The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any Individual Medical Plans).

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

11. Children Requiring Emergency Medication

The Individual Healthcare Plans should detail the pupils and circumstances when emergency medication is required. All emergency medication must be readily available and located in an accessible place in a school, which has been communicated to staff and relevant pupils.

12. Transportation of Medication

In circumstances where the Local Authority provides school transport for pupils, the vehicle must be equipped with a lockable box and the medication placed in the box in a sealed bag by the responsible person. Once pupils have been collected, the box should be locked by the driver and, on arrival at school, handed to the relevant member of staff. The same procedure should apply where medication needs to be returned home with the pupil.

If a child requires emergency medication, this will be placed in a separate box so that it is easily and immediately accessible and arrangements made by the school for the Passenger Assistant to be trained in administering the medication.

The Transport Section operate a signing in/out procedure for medication when transferring children from home to school and on return.

14. Day Trips, Residential Visits and Sporting Activities

Arrangements must be clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities (including physical education lessons) and not prevent them from doing so, unless it is otherwise stated in their Individual Medical Plan.

Teachers and/or other designated school staff should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments.

Arrangements should be made for the inclusion of pupils in such activities with any reasonable adjustments as required, unless evidence from a clinician such as a GP states that this is not possible.

The school will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely in school trips and visits, or in sporting activities. The school must carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

When storing or transporting medicines for day trips, residential visits and sporting activities, all medication will be carried by the responsible adult for the group that the child is in (possibly a non-staff member). School staff will be informed if and when medication was administered, and they are responsible for ensure this is appropriately recorded.

15. Emergency Procedures

The Individual Medical Plan should clearly define what constitutes an emergency for that particular child and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

As part of general risk management processes all schools should also have arrangements in place for dealing with emergency situations. Schools should therefore take care not to solely focus on emergencies identified in the Individual Medical Plans and appreciate that other emergency situations may occur.

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back-up cover should be arranged for when the member of staff responsible is absent or unavailable, this includes out of class activities. At different times of the day other staff may be responsible for children, such as Midday Supervisors. It is important that they are also provided with training and advice. Other children should know what to do in the event of an emergency, such as, telling a member of staff.

16. Transport to Hospital

Where the Headteacher/person responsible for the child considers that hospital treatment is required, the school should contact the Emergency Services for advice and follow it. Parents must be contacted and informed of the situation.

If a child needs to be taken to hospital, staff must stay with the child until the parent arrives to accompany the child, or accompany a child taken to hospital by Ambulance and stay with the child until their parents/guardians arrive. Schools need to ensure they understand the local Emergency Services cover arrangements and that the correct information is provided for navigation systems.

If, despite being fully appraised of the situation, the Emergency Service does not consider it necessary for transport by ambulance, but the school considers that further medical advice is required, the school should contact the pupil's next of kin. If the next of kin cannot be contacted and/or do not have access to own transport, the school can, **only in these exceptional circumstances** arrange to transport the injured person using their school staff transport. They must be accompanied by an additional responsible adult to support the injured person. Please note: All staff who are likely to use their own vehicles for business travel must have the appropriate business insurance and a valid MOT certificate (where required). It is the responsibility of the Headteacher (or nominated officer) to check these documents together with the individual's Driving Licence in accordance with the St Helens Council Driving Policy.

17. Insurance

Schools using St Helens Council's Insurance Scheme:

Where a member of school staff acting in the course of their employment supports pupils with medical conditions, they will be indemnified by the Council's Employer's Liability Insurance for any claim for negligence relating to injury or loss through their actions, providing that the following criteria have been met:

- They have received full appropriate training and are competent to carry out any medical interventions for that pupil.
- They have received refresher training at the required intervals.
- They have used the relevant protective equipment for that purpose.
- There is written parental instruction and consent.
- It is made clear to non-trained staff that they should not administer medication.

Schools using Other Insurers:

Schools choosing not to use St Helens Council's Insurance Scheme should check with their own Insurers that the same cover applies.

Staff should have regard to any local guidance issued by appropriate Health Service staff.

18. Complaints

Should parents or pupils be dissatisfied with the support provided, they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's Complaints Procedure.

19. Review and Evaluation

This policy will be reviewed on an annual basis, to ensure that it continues to be effective and applicable and is in accordance with relevant legislation.

Appendix 1: Being notified a child has a medical condition

