

# Skidby Church of England Primary School

## Supporting Pupils at School with Medical Conditions

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### Policy Statement

**Our School Vision: A Christian school in a small community, making a big difference.**

Thessalonians Chapter Five tells us; “*Encourage one another and build one another up*”

### Our School Values

There are many Christian values, but our school vision is underpinned by our core values:

- developing **Respect** for all,
- creating **Resilience** in the face of new and challenging circumstances and
- taking **Responsibility** for our thoughts and actions.

### AIMS

This Policy is designed to ensure that:

- Pupils at school with medical conditions, including physical and mental health conditions, are properly supported so that they have full access to education, including school trips and PE, and can play a full and active role in school life, remain healthy and achieve their academic potential;
- The Governing Body ensures that arrangements are in place in school to care for pupils with medical conditions; and
- The Governing Body ensures that school leaders consult health and social care professionals, pupils and parents/carers, to guarantee that the provision effectively meets the needs of children with medical conditions.

### INFORMATION

Some children with medical conditions may be disabled. Where this is the case the school complies with its duties under the Equality Act 2010. For children with SEND, this guidance should be read in conjunction with the Special Educational Needs and Disability Policy.

Section 100 of the Children and Families Act 2014 places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions.

No child with a medical condition is denied admission or prevented from accepting a place in school because arrangements for their medical condition have not been made. These arrangements give parents/carers and pupils confidence in the school's ability to provide effective support for those with medical conditions.

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

## **DEFINITIONS**

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.

## **RESPONSIBILITIES**

### **Governing Body**

The Governing Body ensures that arrangements are in place to support pupils with medical conditions so that they can access and enjoy the same opportunities at school as any other child.

The Governing Body ensures that:

- Adequate resources for the implementation of the Policy are made available;
- There are suitable arrangements at school to work in partnerships and to generally adopt acceptable practices in accordance with the Policy;
- They acknowledge that many of the medical conditions that require support at school affect quality of life and may be life-threatening;
- The focus is on the needs of each individual child and how his/her medical condition impacts on his/her school life;
- In making his/her arrangements the Governing Body gives parents/carers and pupils confidence in the school's ability to provide effective support for those with medical conditions;
- The school demonstrates an understanding of how medical conditions impact on a child's ability to learn, as well as increase his/her confidence and promote self-care;
- Staff are properly trained to provide the support that pupils need; and
- Written records are kept of all medicines administered to pupils.

## Headteacher

The Headteacher is responsible for implementing this Policy, making sure that relevant staff are involved in developing Individual Healthcare Plans (IHPs), and ensuring that relevant staff have sufficient resources, including training and personal protective equipment, to support pupils with medical conditions. In order to do so the Headteacher has overall responsibility and has been identified for ensuring that:

- Sufficient staff are suitably trained;
- All relevant staff are aware of the child's condition and any requirement for the child to participate in outside the classroom activities where appropriate;
- Cover arrangements are in place at all times in case of staff absence or staff turnover to guarantee someone is always available;
- Supply teachers are briefed;
- Risk assessments are carried out for school visits, holidays, and other school activities outside of the normal timetable;
- Procedures are in place to cover any transitional arrangements between schools for any medical issues;
- Necessary arrangements are in place for children starting at the school in time for the start of the relevant school term so that they start at the same time as their peers;
- Individual Healthcare Plans (see Appendix IV) are monitored and identify pupils who are competent to take their own medication;
- The management of acceptance, storage and administration of any medication (see Appendix II).
- Appropriate protective equipment is made available to staff supporting pupils at school with medical conditions.

In addition, the Headteacher ensures that there is effective coordination and communications with relevant partners, professionals, parents/carers and pupils.

In order to ensure that pupils' health is not put at unnecessary risk from infectious diseases, in line with safeguarding duties, the Headteacher informs parents/carers that they should keep children at home when they are acutely unwell. **Pupils should not attend school at times where it would be detrimental to the health of that child or others to do so.** In addition, school staff should not attend school if acutely unwell and must be clear of any vomiting and diarrhoea for 48 hours prior to returning to work.

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

## ADMINISTRATION OF MEDICATION

The administration of medication at school minimises the time that pupils need to be absent. Some children may need to take medicines during the day at some time during their time in school for example:

- Cases of chronic conditions e.g. diabetes, epilepsy or anaphylactic shock;

- 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 brought to school where it would be detrimental to a child's health if they were not administered during the day. It should be noted that wherever feasible parents/carers should administer medication outside of school hours.**

The Headteacher is responsible for the management of accepting, storing and administering medication. The Headteacher ensures that monitoring arrangements are in place for the administration of medication, consent has been obtained from parents/carers (see Appendix I), the administration of medication is recorded (see Appendix II) and medication is stored appropriately and, in the case of an emergency, easily accessible to the child.

The Headteacher ensures that the instructions below are followed:

- As part of the signed agreement with parents/carers, action is taken for that medication to be administered;
- Parents/carers and staff are aware of the Policy and procedures for dealing with medical needs;
- Appropriate systems are followed for information sharing;
- Staff managing the administration of medicines and those who administer medicines have received training and support from health professionals to achieve the necessary level of competency to support children with medical conditions (see Appendix III). This training includes induction arrangements for new staff and is refreshed every three years and sooner if advised by the Local Authority.
- Parents/carers must only bring medication to school when essential and when it would be detrimental to their child's health if the medicine were not administered during the school day;
- The school will only accept medicines that are in date, labelled and have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber (see Non-Prescribed Medication page 9);
- Medicines should always be provided in the original container as dispensed 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, dosage and storage;
- 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 packaging/container supplied and labelled by the pharmacist. An exception to this is insulin which must still be in date, but is generally supplied inside an insulin pen or a pump, rather than in its original container;
- The school will not make changes to dosages on parental instructions;
- The school will not be responsible for administering medicines without having had written notification from the parents/carers (see Appendix I);
- The school ensures that medicines are stored securely and with restricted access, although all medication should be easily accessible in an emergency; and
- The school takes into account the circumstances requiring extra caution as per Individual Healthcare Plans:

- 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 the Headteacher will consider carefully what is being asked. Even if it is within the interest of the child to receive the medication in school, staff cannot be required to administer. However, the school has a duty to ensure that arrangements are in place to support such pupils and the Headteacher seeks advice from the School Health Nurse.

### **School Staff**

School staff have received sufficient and suitable training and achieved the necessary level of competency to be responsible for supporting children with medical conditions. Staff know what to do, and respond accordingly, when they become aware that a pupil with a medical condition needs help.

**Staff may be asked to provide support to pupils with medical conditions, including the administering 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.**

These responsibilities include:

- All staff are familiar with normal precautions for avoiding infection and follow basic hygiene procedures, as advised by health professionals. Staff have access to and must use protective disposable aprons and gloves (not latex) and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment;
- When the school has received a request from the parent/carer for the school to administer medicine to their child (see Appendix I), the administration of medication should only be conducted in accordance with parental agreement and as set out in the Individual Healthcare Plan;
- Long term conditions such as epilepsy, diabetes or asthma (Please refer to Asthma Policy) are recorded in the pupil's file along with instructions issued by the doctor as set out in the Individual Healthcare Plan (see Appendix IV);
- The school checks that the medicine has been administered without adverse effect to the child in the past and that parents/carers have certified this is the case in writing;
- Medicines must personally be handed over to the school by a responsible adult;
- Medicines must be in date and in the original container marked with a pharmacy label stating the child's name, the type of medicine, date and the required dosage and storage instructions;
- Medicines are kept within a secured area, out of the reach of children and visitors. Medicines and devices, such as blood glucose testing meters and adrenaline pens, are always readily available to children;
- Receipt of medicines is logged and an entry made when returned to parents/carers;

- An entry is made of the pupil's name, drug administered, dosage, date and time (see Appendix II);
- The directions of the pharmacy label are strictly followed;
- Where possible another member of staff acts as witness to the administration;
- Parents/carers are informed of a refusal to take medication on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed; and
- If the school becomes aware that a pupil has vomited or has had diarrhoea after taking the medication, a member of staff notifies the parents/carers.

### **School Nurses**

The school has access to school nursing services. They do not usually have an extensive role in ensuring that the school is taking appropriate steps to support children with medical conditions, but can be responsible for:

- 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;
- Liaising with lead clinicians locally on appropriate support for the child and associated staff training needs;
- Supporting staff on implementing a child's Individual Healthcare Plan; and
- Advice and liaison regarding training for school staff.

Community nursing teams are a valuable potential resource when the school seeks advice and support in relation to children with medical conditions.

### **Other Healthcare Professionals**

This includes GPs, specialist healthcare teams and paediatricians. They should:

- Notify the school nurse when a child has been identified as having a medical condition that requires support at school;
- Provide advice on developing Individual Healthcare Plans; and
- Provide support in school for children with particular conditions (for example, epilepsy, diabetes).

### **Parents/Carers**

Parents/carers should:

- 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 Individual Healthcare Plan, and may be involved in its drafting; and
- Carry out any action that they have agreed to as part of the implementation of their child's Healthcare Plan, for example, provide medicines and equipment and ensure that 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, for example, provision of medication, returning the child to the parent/carer awaiting provision of the medication, etc.

## **Pupils**

Pupils with medical conditions are often best placed to provide information about how their condition affects them. They are fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and compliance with, their Individual Healthcare Plan. Other pupils are usually sensitive to the needs of those with medical conditions.

After agreement with parents/carers it is good practice to support and encourage pupils, who are able, to take responsibility to manage 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 are readily available. They are always available during physical education classes and outdoor learning experiences. The school has purchased two salbutamol inhalers for use in an emergency, together with aeroChambers and Volumatic devices for their administration. (Please refer to Asthma Policy).

## **East Riding of Yorkshire Council**

East Riding of Yorkshire Council is responsible for:

- Commissioning school nurses;
- 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);
- Providing support, advice and guidance, including suitable training for school staff, to ensure that the support specified within Individual Healthcare Plans can be delivered effectively;
- Working with the school to support pupils with medical conditions to attend full time;
- Where pupils would not receive a suitable education in a mainstream school because of their health needs, the Local Authority has a duty to make other arrangements; and
- Statutory guidance sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

## **Providers of Health Services**

Providers of Health Services work with the school to support children with a medical condition. This includes 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.

The health services provide valuable support, information, advice and guidance to enable the school to support children with medical conditions.

### **Clinical Commissioning Groups (CCGs)**

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 ensure that:

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

### **INDIVIDUAL HEALTH CARE PLANS (IHPs)**

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 Healthcare Plans (see Appendix IV). This includes requiring parents/carers 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 Individual Healthcare Plans (IHP), where one is in place.

The aim of Individual Healthcare Plans is to capture the steps the school takes to help the child manage his/her condition and overcome any potential barriers to obtaining his/her educational potential.

The school is responsible for ensuring Individual Healthcare Plans are finalised and implemented. It agrees with partners who will take the lead in writing the IHP which will be reviewed at least annually or earlier if the child's needs have changed. IHPs are 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.

Individual Healthcare Plans, and their review, may be initiated, in consultation with the parent/carer, by a member of school staff or a healthcare professional involved in providing care to the child. Pupils are involved whenever appropriate.

In deciding what information should be recorded on Individual Healthcare Plans the following are considered:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication 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;
- specific support for the pupil's educational, social and emotional needs;
- the level of support needed including in emergencies;
- whether a pupil can self-manage their medication and the monitoring arrangements;



- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents/carers 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 child can participate, for example, risk assessments;
- where confidentiality issues are raised by the parent/carer or child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Healthcare Plan prepared by their lead clinician that could be used to inform development of their Individual Healthcare Plan; and
- The school does 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.

## **ADMINISTRATION OF MEDICATION**

### **Non Prescribed Medication**

- Only after seeking parental advice will the school administer Paracetamol or other pain relief. A record of the consent and medication administered is made.
- The school **does not** keep its' own stock of medication; the parent/carer must provide the school with a supply of appropriate pain relief tablets for use solely by their child.
- A dose of Paracetamol or pain relief is only given after effort has been made to ease the pupil's pain. Before each dose of medication is given the school will obtain parental consent. The school must ask the parent/carer how many doses of the pain relief have been administered in the previous 24 hours, and only administer pain relief if in line with the recommended dose. A record of that consent and any administration of medication is made.
- Staff check that the medicine has been administered without adverse effect to the child in the past and that the parent/carer has certified this is the case. A note to this effect is recorded in the written parental agreement for the school to administer medicine.
- If a child suffers regularly from frequent or acute pain the parents/carers are encouraged to refer the matter to the child's GP. **A child under 16 will never be given aspirin- containing medicine unless prescribed by a doctor.**

## **Storing Medicines**

The procedures for the storage of medication are:

- Medicines are kept in a secure place with restricted access;
- Controlled drugs are stored securely with limited access, they are easily accessible in an emergency. A record is kept for audit and safety purposes;
- Some medication, subject to the Individual Healthcare Plan (see Appendix IV), can be kept in a refrigerator alongside food in an airtight container and clearly labelled ;
- Large volumes of medicines are not stored;
- Children know where their own medicines are stored;
- Staff only store, supervise and administer medicine that has been prescribed for an individual child;
- Medicines are stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed;
- Staff ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, storage instructions and the frequency of administration;
- Where a child needs two or more prescribed medicines, each is stored in a separate container;
- Staff never transfer medicines from their original containers; and
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens are always readily available to children and not locked away;
- The inhaler and spacers for salbutamol inhalers are kept in a safe and suitably central location in the school Office, which is known to all staff, and to which all staff have access at all times, but out of the reach and sight of children. The inhaler and spacer are not locked away.

## **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, e.g. Ritalin, methylphenidate.

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

It is permissible for the school to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

A controlled drug, as with all medicines, is returned to the parent/carer when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it will be returned to the dispensing pharmacist (details should be on the label).

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

## **Regular 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, insulin etc., where the child is incompetent for whatever reason to do so themselves. In the case of pupils with an Individual Healthcare Plan, the IHP must set out what to do in the case of an emergency. This response is drawn up in consultation with the school health nurse, other medical professionals as appropriate and the child's parents/carers.

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

## **Self-Management**

After agreement with parents/carers it is good practice to support and encourage children, who are able and competent to do so, to take responsibility to manage their own medicines from a relatively early age and the school encourages this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they are encouraged to participate in decisions about their medicines and to take responsibility. This is documented in the Individual Health Care Plan after discussion with health care professionals and parents/carers.

## **Children Requiring Emergency Medication**

The Individual Healthcare Plans detail which pupils and the circumstances when emergency medication may be required. All emergency medication is readily available and located in an accessible place in the school office. All staff and relevant pupils are aware of its location.

## **Transport of Medication**

In circumstances where the Local Authority provides school transport for pupils, the vehicle is 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 is locked by the driver and, on arrival at school, handed to the relevant member of staff. The same procedure applies where medication needs to be returned home with the pupil.

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

Pupils may retain their own medication if the school notifies the transport section that they are competent to do so and it is not required for emergency purposes. In this instance it is not the responsibility of the transport section to ensure that it is safely retained.

## **Disposal of Medicines**

Generally, staff do not dispose of medicines. Parents/carers 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 term. If parents/carers do not collect all

medicines, they are taken to a local pharmacy for safe disposal. A written record is kept and parents/carers informed.

Sharps boxes are always be used for the disposal of needles. Sharps boxes can be obtained by parents/carers on prescription from the child's GP or paediatrician. Collection and disposal of the boxes is arranged with the Local Authority.

### **Hygiene and Infection Control**

All staff are familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff 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 ensures that any member of staff providing support to a pupil with medical needs has received suitable training. Training is 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 Healthcare Plans.

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

Staff do not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Healthcare Plans). **A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.**

### **Day Trips, Residential Visits and Sporting Activities**

Arrangements are clear and unambiguous about the need to actively enable 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 Healthcare Plan.

Teachers and/or other designated school staff are aware of how a child's medical condition impacts on his/her participation, but there is sufficient flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The school makes arrangements 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 considers what reasonable adjustments are required to enable children with medical needs to participate fully and safely on visits. It is best practice to 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 involves consultation with parents/carers 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, the staff refer to the 'Transport of Medication' and 'Storing Medicines' sections within this Policy.

## **EMERGENCY PROCEDURES**

The Individual Healthcare Plan clearly defines what constitutes an emergency for that particular child and explains what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

As part of general risk management processes the school has put arrangements in place for dealing with emergency situations. The school takes care not to solely focus on emergencies identified in the Individual Healthcare Plans and acknowledges that other emergency situations may occur.

All staff are aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover will 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 Assistants. They are also provided with training and advice. Other children know what to do in the event of an emergency, such as, telling a member of staff.

### **Transport to Hospital**

Where the staff consider that hospital treatment is required the school contacts the emergency services for advice and follows it. Parents/carers are contacted and informed of the situation.

If a child needs to be taken to hospital, staff stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance. The school ensures it understands 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 contacts the pupil's parent/carer. If the parent/carer 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 child using their school staff transport. The driver must be accompanied by an additional responsible adult to support the injured child. If a child needs to be taken to hospital by ambulance a member of staff accompanies the child and stays with the child until his/her parents/carers arrives. All staff who use their own vehicles for business travel have the appropriate business insurance and a valid MOT certificate (if required). The Office Manager checks these documents, together with the individual's driving licence, making note of any endorsements, on an annual basis and maintains appropriate records.

## **INSURANCE**

The school purchases Halton Borough Council's insurance. Where a member of staff acting in the course of employment supports pupils with medical conditions at the school, he/she will be indemnified by the Council's liability insurance for any claim for negligence relating to injury or loss through his/her actions, providing that the following criteria have been met:

- He/she has received full appropriate training and are competent to carry out any medical interventions for that pupil;
- He/she has received refresher training at the required intervals;

- He/she has 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.

## **COMPLAINTS**

Should parents/carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

## **REVIEW AND EVALUATION**

In order to ensure that this Policy continues to be effective and applicable it will be reviewed biennially by Halton's Risk and Emergency Planning Department. Conditions which might warrant a review of the Policy on a more frequent basis would include:

- Changes to legislation;
- Employee concern.

Following completion of any review, the Policy will be revised and/or updated. Any amendments will be agreed by the staff and Governing Body.

## Skidby Primary School

Lead Person for managing medicines at School    Samantha Grady

**School First Aiders** (full certificate) are:

<b>Name</b>	<b>Certificate Expires</b>
Stuart Richardson	Dec 2022

**School First Aiders** (emergency certificate) are:

<b>Name</b>	<b>Date of Training</b>
Jan Stott	23/10/2020
Debbie Rilatt	23/10/2020
Dieter Pritchard	23/10/2020
Joanna Morris	23 10 2020
Rachel Jones	23/10/2020
Samantha Grady	12/10/2020
Jacqui Hamilton	12/10/2020

**Paediatric First Aiders**

<b>Name</b>	<b>Date of Training</b>
Alex Bekker	03/07/2021
Rachael Reed	09/10/2018





**Date adopted by the governing body:** \_\_\_\_\_

**Signed:**

**Chair of governors:** \_\_\_\_\_

**Headteacher:** \_\_\_\_\_

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