RAINFORD HIGH

PARTNER OF THE EVERYONE MATTERS SCHOOLS TRUST

Medical and Health Care Policy 2026/2027

Everyone Matters

We expect our community to be kind, polite and respectful

Everyone Helps

We expect our community to make sensible choices

Everyone Succeeds

We expect our community to work hard

Policy Owner	**Principal**
Scope of the Policy	This policy applies to all of the school community
Last reviewed by trustees	**July 2026**
Next review due	**July 2027**
Summary of key changes	Updated dates Added reference to choking Updated procedures around inhalers for trips Updated section on nut allergy

RAINFORD HIGH

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Supporting Students with Medical Conditions at Rainford High

Compliance

Children and Families Act 2014

Equality Act 2010

Medical Conditions Act 2015

Rationale

This policy deals with all aspects of care and support for children attending Rainford High. Students 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 whilst ensuring they remain healthy and achieve their academic potential.

Some children with medical conditions may be disabled. In this case we recognise our duties under the Equality Act 2010. For children with SEND, this guidance should be read in conjunction with the Equality Act 2010.

Section 100 of the Children and Families Act 2014 to make arrangements for supporting students 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 students confidence in the school's ability to provide effective support for medical conditions in schools.

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

Definition

Students' 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.

This policy contains details of:

- *Medical care, administration and storage of medicines, medication errors and adverse reactions, disposal of products, auditing student supplies and analysing medical care reports.*
- *Asthma, epilepsy and emergency in case of chocking. Please refer to separate policy for allergies.*
- *First Aid in school and staffing, our basic First Aid procedures and emergency procedures along with hygiene and First Aid equipment available.*
- *Manual handling and safety for staff and students.*
- *Care plans and details of School Nurse.*

'Everyone Matters, Everyone Helps, Everyone Succeeds'

The person with Lead Responsibility is: - Jo Burgess (SENCo)

Staff can access medical conditions info on the tab on the medical condition's spreadsheet on the desktop and on synergy. Staff will be updated accordingly as new information becomes available. SIMs will also be updated with this information so that all teaching staff have instant access through their class registers on synergy.

Medication in School

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.

Wherever possible, parents should administer medication outside of school hours.

It is recognised that the administration of medication at school will minimise the time that students will need to be absent.

When medication needs to be taken during school time, school will support accordingly, and examples of these circumstances include:

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

Written permission must be obtained from parents before any medication can be administered. This must state the dosage, the frequency, and the expiry date of the

medication. If emergency medication has been prescribed by a doctor (e.g. epi pen) then school will have access to student's self-management plan and/or care plan.

Prescribed Medication
The medication must be clearly labelled and be for the named child. It will be kept in a locked cupboard or the medical fridge (if necessary). When medication is administered, this will be recorded on SIMs by a member of staff on duty in the medical room.
Permission for receiving medication in school will be logged on SIMs along with students' medical notes.
In terms of students with Individual Health Care Plans, circumstances are approached with extra caution into account relating to administration of medicines not recorded on their official documentation:

- 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 Principle 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 students. In these cases, it would be useful to speak to the school health co-ordinator.

In order to provide the highest level of care, there are two forms to be completed by parents/guardians. The information we receive back will allow us to ensure all information is correct and up to date:

- Form 1: Medical information (general medical questions and contact details) and medication.
- Form 2: Consent for administration of medication.

The information provided on these forms, will help us to ensure that individual needs are met accordingly and that students are appropriately supported with their medical needs during their time with us at Rainford High.

Staff will not be able to administer any medicines unless these forms are completed and signed.

<u>School must never administer the first dose of any new medication. Staff will never make changes to dosage on parental instructions.</u>

We will not accept medicines that have been taken out of the container as originally dispensed.

Parents are requested to inform us urgently of any changes to their child's medical condition or medication. This includes any changes to the dosage and frequency of medicines. New forms will be sent out at the start of the academic year to those students with existing medical conditions.

Non-Prescription Medication (Over the Counter Medications)

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

a) Over the counter medicines, eg, Hayfever treatments, cough/cold remedies should only be accepted in exceptional circumstances and treated the same way as prescription medication. The parent/carer must clearly label the container with the child's name, dose and time of administration and complete a parental consent form (form 2). 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), prior written approval from the child's GP should be sought.

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 students 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) A dose of paracetamol or pain relief should only be given after effort has been made to ease the student's pain through other methods, i.e, rest, fresh air, etc. Before each dose of the medication is given, the school should obtain parental consent. The school must ask the parent 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 medication administered should be made.

g) Staff should check that the over-the-counter medicine has been administered without adverse effect to the child previously and that parents have certified this is the case – a note to this effect should be recorded in the written parental agreement for the school/setting to administer medicine.

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.

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 record should be kept for audit and safety purposes (see Appendix 'E');

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.

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 students. Emergency medication will be stored in the General Office at the front of school where it is readily available yet under constant supervision.

2. A few medicines need to be refrigerated. Subject to the Individual Healthcare Plan, these can be kept in a refrigerator on a separate shelf but should be in an airtight container and clearly labelled. Where medicines are required to be kept refrigerated, daily temperature checks should be undertaken on a recorded basis.

3. Large volumes of medicines should not be stored;

4. Children should know where their own medicines are stored, who holds the key and be able to access them;

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, the name and dose of the medicine, storage instructions and the frequency of administration;

7. Staff should never transfer medicines from their original containers;

9. The inhaler and spacers for Salbutamol inhalers (see below) will be kept in the Medical Room which all staff have access to at all times. Inhaler is out of the reach and sight of children. The inhaler and spacer should not be locked away.

Asthma

We recognise that asthma is a physical condition, not an emotional illness. It affects at least one in every eleven children. On average, there are two children with Asthma in every classroom in the UK. A sudden narrowing of the air passages, making it difficult to breathe causes an attack. These passages are almost continuously inflamed or red or sore. Asthma can be controlled by, firstly avoiding known irritants and, secondly, by inhaling specific drugs.

Staff are aware of who is listed as having Asthma and are able to view their procedures using synergy and the medical conditions spreadsheet.

Drugs can be self-administered by the child concerned. It is good practice to allow students who can be trusted to do so to manage their own medication from a relatively early age, and schools should encourage this, provided the safety of other students is not compromised. As children grow and develop, they should be encouraged to participate in decisions about their medicines and to take responsibility. This should be documented in the Individual Health Care Plan after discussion with health care professionals and parents.

All staff receive asthma and allergy training during the academic year. Asthma triggers and how to act in the event of an asthma attack slides are being showcased around the school screens, all year round

As a school we:

- welcome all students with asthma
- encourage and help children with asthma to participate fully in all aspects of school life
- recognise that asthma is an important condition affecting many schools children
- recognise that immediate access to inhalers is vital
- do all it can to make sure that the school environment is favourable to children with asthma

- ensure that other children understand asthma so that they can support their friends; and so that children with asthma can avoid the stigma sometimes attached to this chronic condition
- have a clear understanding of what to do in the event of a child having an asthma attack
- work in partnership with parents, schools, school governors, health professionals, school staff and children to ensure the successful implementations school policies

Asthma Inhalers

- Children may have inhalers on their person during school time, if this has been agreed with parents and everyone feels that the child is responsible.
- Extra inhalers will be kept in a secure cupboard in the medical room. Children will have access to inhalers at all times (provided they do not exceed agreed dosage).
- Each time a child is provided with an inhaler from the medical room, this will be recorded accordingly on SIMs.
- **Ideally parents will be encouraged to provide a spare inhaler which can remain in school.**
- Staff must take a child's inhaler to all off-site activities. It is the parent/carer's responsibilities to make sure, it is on the student prior to leaving home in the morning.

Asthma UK
Summit House
70 Wilson Street
London EC2A 2DB
Phone 020 7786 4900
Fax 020 7256 6075
info@asthma.org.uk
www.asthma.org.uk

Epilepsy

Clear procedures must be discussed with parents regarding management of a child's epilepsy.

There are clear written procedures for dealing with each child's individual needs; these may entail use of emergency treatments. It is good practice to allow students who can be trusted to do so to manage their own medication from a relatively early age, and schools should encourage this, provided the safety of other students is not compromised. As children grow and develop, they should be encouraged to participate in decisions about their medicines and to take responsibility. This should be documented in the Individual Health Care Plan after discussion with health care professionals and parents.

Staff must take a child's emergency medicines to all off-site activities. It is the parent/carer's responsibilities to make sure, it is on the student prior to leaving home in the morning.

In the event of a child having a number of seizures or a prolonged seizure, an ambulance must be called immediately, and the Vice Principal/Principal must be notified.

It is the parent/carer's responsibilities to make sure that any emergency medicines are being given to school as a spare medicine. Parents/carers are responsible for replacing them, when they become out of dates. If those medicines are registered as controlled drugs, they will be stored securely, with limited access but should be easily accessible in an emergency, by names staff.

Epilepsy Action
New Anstey House
Gate Way Drive
Yeadon
Leeds LS19 7XY
Phone 0113 210 8800
Fax 0113 391 0300
epilepsy@epilepsy.org.uk
www.epilepsy.org.uk

Allergies

See Allergy Policy

Emergency Auto Injector Kit + Inhaler

From 1 October 2017, the **Human Medicines (Amendment) Regulations 2017** allows schools to purchase their own supply of AAI(s) and inhaler from a pharmaceutical supplier (such as a local pharmacy) *without a prescription*, if they wish to.

From September 2020, we have now purchased a 'spare' to use in case of emergency where a personalised AAI If /inhaler is unavailable.

Schools with spare AAIs/ inhaler should store these as part of an emergency kit, which should include

- 1 or more AAI(s)
- 1 or more inhaler(s)
-

- Instructions on how to use and store the device(s). This information can be found on the manufacturer's information leaflet included with the AAI./ inhaler.

Refusing Medication
No student should be forced to take medication. Staff should inform the child's parent / guardian as soon as possible within the school day if a child refuses medication. This should also be logged on SIMs and reported to SENCo.

Medication Errors
Examples of medicine errors include:

- *A medicine given to the wrong child*
- *The wrong medicine given to a child*
- *An incorrect dose of medicine*
- *Wrong route used for administration*
- *A medicine is omitted without due reason or record*

Staff should inform the SENCo immediately of an error. The error should also be reported to parents / guardians and G.P. The SENCo will also inform the Principal. Errors must be recorded in SIMs and an account of the error should be submitted to the SENCo by the member of staff involved.
All incidents will be recorded in the serious incidents file.

Adverse Reactions
Any adverse reaction should be monitored and recorded in SIMs by medical room staff. Mild reactions should be reported to the parent / guardian on the same day. For a child who suffers an acute reaction, emergency treatment should be administered and 999 call made.

The incident and the adverse drug reaction should be reported to the SENCo. The error should also be reported to parents / guardians and G.P. The SENCo will also inform the Principal. An account of the adverse reaction should be submitted to the SENCo by the member of staff involved.
All incidents will be recorded in the serious incidents file.

Disposal of Medicinal Products
Staff should not dispose of children's own medicines. Unwanted or date expired medicines should be returned to the parent / guardian for return to the pharmacy for safe disposal. School Nurses must follow SOP 9 Safe and Secure Handling of Medicines (St Helens School Nursing Service, 2013). Parents should also collect any medicines held at the end of each

term unless these are considered spares and are not needed over the period away from school.

An audit of medical care and student supplies will be carried out by Medical Room Staff, on a half termly basis.

Returned medicines should be documented on SIMS. If parents do not collect all medicines, they should be taken to a local Pharmacy for safe disposal. A log will be kept and parents will be informed of a collection window to take advantage of before medicines are taken to the Pharmacy for destroying.

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.

Day Trips, Residential Visits and Sporting Activities

Arrangements must be clear and unambiguous about the need to actively support students 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 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 students 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 students with medical conditions are included. This will require consultation with parents and students along with advice from the relevant healthcare professional to ensure that students can participate safely.

When storing or transporting medicines for day trips, residential visits and sporting activities, the school should refer to the 'Transportation of Medication' and 'Storing Medicines' sections within this Policy.

We are a NUT free school and that will include any chocolate bars in packed lunch (ie: snickers...). Students with anaphylaxis risk and asthma will be required to carry their **epipens and inhaler on them at all time**. Any other medicines should be handed in to the teachers before the trip, in a clear, labelled zip bag with the form filled in (form 2). School WON'T take any backup medicines stored in the medical room.

It will be the student's responsibilities to go to the teachers to get their medicines (including the ones which have to be taken on a daily basis) – Please discuss this further with the person responsible of the trip, if you have got any questions.

Medical Information and First Aid in School

The Health and Safety (First Aid) Regulations, 1981 cover all employees, teaching and non-teaching in Schools and education establishments. Although students and students are not covered by the Regulations, The DfE recommend that Schools have suitable First Aid facilities and a sufficient number of trained persons, **normally one First Aider for every 50 employees.**

In estimating additional provision sufficient to cover student numbers, **1 First Aider for every**
150 students is normally held to be a reasonable ratio.
Every School should have suitably equipped First Aid boxes in easily accessible places. Ours are located in the Science Prep. Room, P.E Staff Room and Outdoor Changing Rooms, Technology Prep. Room and Staff Room along with catering areas.

We have a designated medical assistant, who is First Aid trained, on duty every days, who is supported by trained colleagues where appropriate.
The Pastoral Team will work alongside First Aid in terms of students being 'generally unwell'.

Medical Room

This service will be available for First Aid incidents during break and lunch times. The First Aider will triage all cases and deal with them in their assessment of priority. During lesson times, First Aid assistance will be called for by walkie talkie and where possible, dealt with at the scene.

Guidance

First Aid should be a priority when it is requested. First Aid should be given at the nearest point to where the incident occurred. Students should not be passed from one First Aider to another without good reason.

First Aid is medical treatment required following an accident and causing bleeding, a bump, break, bruising or a scratch.

Staff should use their professional judgement to assess if, for example, headaches or upset stomachs require genuine First Aid treatment. If in doubt, signpost to Pastoral Staff.

Sport's injuries during lessons will be initially dealt with by the First Aider / Teacher in charge. If further medical attention is required, the student will be passed to another First Aider on the list. The notes should be completed by both First Aiders at the earliest opportunity. This will ensure that the student's records are accurate.

Serious injuries – head trauma and broken limbs, , including suspected broken limbs, for example (as per staff handbook)

1. Assess the situation.
2. Inform parents. (Use the Priority One contact).
3. Inform the parent that the student needs to be collected.
4. Advise parents that medical attention is needed straight away.
5. Complete an online Accident Report form.
6. Input the incident to the school system.

Emergency Procedures

The Individual Healthcare 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 Healthcare 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. 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.

Transport to Hospital

Where the First Aider/staff member attending the scene 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 student'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 Principal (or nominated officer) to check these documents together with the individual's Driving Licence in accordance with the St Helens Council Driving Policy.

Functions of First Aiders

- To ensure First Aid boxes are stocked, regularly checked and refilled.
- Ensure that records are kept of all First Aid treatment. All First Aid treatment must be recorded on SIMs and, where necessary on the St Helens Accident Reporting system.
- To administer treatment in accordance with the First Aid training they have received.
- To advise the pastoral staff of any concern or consideration regarding the treatment.

Hygiene and Equipment

At Rainford High, we aim to ensure that we have a healthy and safe environment. We cater for intimate care – please see separate, Intimate Care Policy.

All zones are equipped with basic First Aid supplies and equipment.

Contents of a First Aid Kit (several small kits around the school)

Item	Quantity
Guidance card	1
Contents list	1
Individually wrapped sterile adhesive dressings	20 (assorted sizes)
Sterile eye pads, with attachment	2
Individually wrapped triangular bandages	2
Safety pins	
Medium sized individually wrapped sterile (12cm x 12cm) un-medicated wound dressings	4
Large sized individually wrapped sterile (18cm x 18cm) un-medicated wound dressings	1
Alcohol free moist cleaning wipes	20
Disposable gloves (pair)	6
Resuscitation face shield (with one way valve)	1
Water resistant plasters (provide blue plasters for food handlers)	40
Finger sterile dressing	2
Burn dressing	1
Conforming bandage (7.5cm wide)	1
Adhesive tape (2.5cm wide)	1
Foil blanket	1
Scissors (suitable for cutting clothing & leather)	1

First Aid boxes and kits should contain only the items that a First Aider has been trained to use. They should not contain medication of any kind.

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

Manual Handling

Rainford High will work towards a safe handling policy and as part of this process will ensure a current policy of minimal lifting. We will ensure that the necessary arrangements are made to facilitate the information of the policy, for example by provision of appropriate and suitable training by professionally competent persons, for those who have duties under the policy.

The main objective is to reduce the risk of injury and disablement caused by manual handling in the workplace to the minimum.

Rainford High has a duty of care to ensure that:

- Minimum requirements for the manual handling of loads are followed where there is a particular but not exclusive risk of back injury to workers.
- The need for manual handling is avoided or, when it cannot be avoided, an assessment is made of the operation and where there is a risk of injury, appropriate steps taken to reduce or avoid that risk.
- Assessment of manual handling operations take into account factors which include characteristics of the load, the physical effort required, characteristics of the working environment and the requirements of the task.
- Information and training is provided to staff ensure that manual handling requirements are clearly identified when recruiting staff so that appropriate medical advice can be taken as part of pre-employment health screening.
- Make allowance for any known health problems which might have a bearing on an existing employee's ability to carry out manual handling operations safely.
- Refer to occupational health advisors if there is any good reason to suspect that an individual's state of health might significantly increase the risk of injury from manual handling operations.
- Monitor and review manual handling assessments when there is reason to suppose that they are no longer valid due to changes in working conditions, personnel involved or a significant change in the manual handling operation affecting the nature of the task or the load.
- Maintain records of accident and ill health related to manual handling operations.

The responsibilities of the employee:

The employee must;

• Take responsible care of their health and that of others whose safety may be affected by their activities when involved in manual handling operations.

• Co-operate with the owner/manager in the making of assessments of hazardous manual handling tasks.

• Observe safe systems of work and use of safety equipment

• Participate in training given in manual handling.

• Report pregnancy or any medical conditions which may affect their ability to handle loads safely.
• Report any change in working conditions, personnel involved in manual handling risks or a significant change in the nature of the task or the load which may necessitate a review of the assessment.
• Employees have a duty to use manual handling equipment provided and ensure it is used correctly.

Individual Health Care Plans

All our Care Plans are written by Healthcare Professionals or the School Nurse along with the child, parents and School.

All Care Plans are kept in a file in the general office for easy access to EMERGENCY MEDICATION as quickly as possible.

These documents will also be under individual profiles as linked documents on SIMS. Should the student be under a specialist for health issues, the care plan will be written by them and passed on to School.

Copies of Care Plans are kept in School, parents have a copy, the family GP is sent a copy and one is put into the child's health record for the School Health Team.

The main aims of having a Care Plan in place are to ensure the child is safe in School and to ensure their medical conditions do not interfere with students enjoying or achieving in School.

All Care Plans are updated appropriately according to need.

School Nurse – St Helen's North 0-19 Service
North West Boroughs Healthcare NHS Foundation Trust
Moss Bank Children's Centre
Kentmere Avenue
St Helens
WA11 7PQ

Tel: 01744 411 277
Email: wchc.billingeschoolnurses@nhs.net

Complaints

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

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.