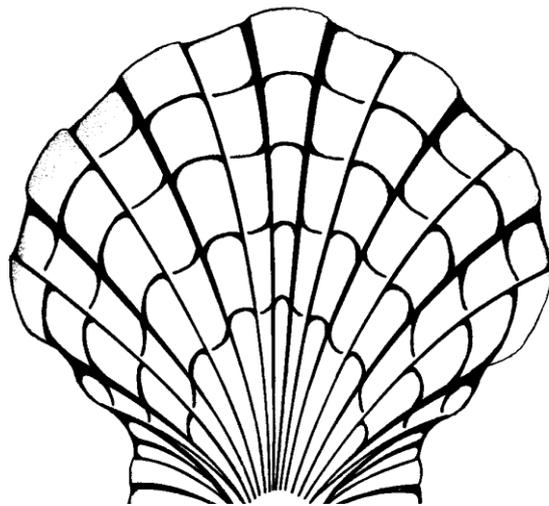


# ***NAZEING PRIMARY SCHOOL***



## ***MEDICAL POLICY*** ***(Supporting Pupils with medical needs)***

# MEDICAL POLICY

## (Supporting Pupils with medical needs)

### **1. Introduction and General Principles**

Children with medical needs have the same rights of admission to a school or setting as other children. The staff and Governors of Nazeing School are wholly committed to pursuing a policy of inclusive education that welcomes and supports pupils with medical conditions.

Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.

This policy is designed to support the management of medication and medical care in school and to support individual pupils with medical needs.

### **2. Rationale and Aims**

To provide a clear policy that is understood and accepted by all staff, parents/carers and pupils, providing a sound basis for ensuring that pupils with medical needs receive proper care and support in school, and that such pupils' attendance is as regular as possible.

The policy includes:

- A clear statement of parental responsibilities in respect of medicines
- Roles and responsibilities of staff administering medicines
- Procedures for managing prescription medicines which need to be taken in the school day
- Procedures for managing prescription medicines on outings and trips
- Written permissions from parents/carers for medicines
- Assisting pupils with long term medical needs
- Staff training
- Record keeping
- Safe storage and disposal of medicines
- The school's emergency procedures
- Notification of absence
- Confidentiality

### **3. Responsibilities**

- a) Parents/Carers have prime responsibility for their child's health and should provide the school with up-to-date information about their child's medical conditions, treatment and/or any special care needed. If their child has a more complex medical condition, they should work with the school nurse or other health professionals to develop an individual health care plan, which will include an agreement of the role of the school in managing any medical needs and potential emergencies. It is the parents/carers responsibility to make sure that their child is well enough to attend school. In line with government guidelines, we would ask that children are not sent to school when they are clearly unwell or infectious. Local health services can often provide assistance.
- b) **There is no legal duty which requires school staff to administer medications; this is a voluntary role.** While Teachers have a general professional duty to safeguard the health and safety of their pupils and to act in 'loco parentis', that is, to act as any reasonable parent/carer would, this does not imply a duty or obligation to administer medication. Staff will have access to information on pupils' medical conditions and actions to take in an emergency. Staff who volunteer and manage the administration of medicines and those who administer medicines will receive appropriate training and support.
- c) The policy of this school is to administer medication and medical care for pupils with

medical conditions, which if not managed, could prove detrimental to their health or limit access to education. This will be done only with a health care plan. The Headteacher accepts responsibility, in principle, for the school administering or supervising the taking of prescribed medication or giving medical care during the school day; only where it is absolutely necessary.

#### **4. Arrangements for children who are competent to manage their own medicine in school**

A child who has been prescribed a medicine may be responsible enough to administer medicine or carry out medical testing e.g. blood sugar testing kit. The school will consult with parents and any relevant medical agencies before a final decision is reached. Any decision cannot compromise the safety of all children.

#### **5. Prescribed Medicines**

- a) Prescribed medicines should only be brought to school when essential: that is, where it would be detrimental to a child's health if the medicine were not administered during the school day. Medicines prescribed 'three times a day' should be administered "before school, after school and at night". **Parent** can speak to the school about coming in to **administers the medicine** at lunch time. The school recognises in extreme cases and agreed by the Headteacher, that staff may administer medication.
- b) Parents **MUST** sign the agreed slip for prescribed medicines to be administered to their child in school. Without this agreement then the school will not be able to give them the dose.
- c) Exceptions to this are pupils on health care plans who have individual medical needs requiring emergency medication to treat specific conditions, such as anaphylaxis.
- d) This school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and are presented in the original container dispensed by a pharmacist which include the pupils' name, prescriber's instructions for administration and dosage.

#### **6. Long Term Medical Needs**

Where a pupil has a chronic illness, medical or potentially life-threatening condition, the school will initiate a health care plan to meet individual needs and support the pupil. This will be drawn up by health care professionals in consultation with the pupil's parents/carers and will contain the following information:

- Definition and details of the condition
- Special requirements e.g. dietary needs, pre-activity precautions
- Treatment and medication
- What action to take/not to take in an emergency
- Who to contact in an emergency
- Staff training where required
- Consent and agreement

#### **7. Administering Medicines**

- a) Hayfever medication should be administered before school. If a doctor has prescribed medication, parents/carers may contact the Welfare Assistant to discuss administering this during the school day.
- b) All medicines are to be kept in the welfare room and clearly labelled with the child's name. Parents are asked to complete a form which details dosage and frequency.
- c) It only requires one parent/carer to agree that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom the school has day-to-day contact. Where parents disagree over medical support, the disagreement must be resolved by the Courts. The school will continue to administer the medicine in line with

the written consent given and in accordance with the prescriber's instructions, unless and until the Court decides otherwise.

d) The school recognises that pupils under 16 should not be given medicines without their parent's/carer's written consent. Following written consent by using the appropriate form, any member of staff administering medicines to a pupil should check:

- The pupil's name
- Name of medication
- The prescribed dose
- Expiry date
- Written instructions provided by the prescriber on the label or container
- Medicine has been previously administered without adverse effects.

If in doubt about any procedure, staff will not administer the medicine. They will then check with parents/carers or a health professional before taking further action.

- e) A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- f) A written record must be kept following administration of medicines to pupils.
- g) If a child refuses to take a medicine, staff will not force them to do so, but will record this as appropriate and parents/carers will be notified of the refusal.
- h) If a pupil self-administers medication a written record will be kept.

## **8. Record Keeping**

a) Parents/Carers should tell the school about the medicines their child needs to take and provide details of any changes to the prescription or the support required. Parents/Carers will also inform the school immediately when a change is required to the care plan. Medicines should always be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions. Requests for staff to administer medication should be written on a form, copies can be collected from the office. These should include:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Any side effects
- Expiry date

Completed forms should be kept in office medical folders and referred to when administering medication. A record must be completed by staff following administration. If a pupil refuses medication, this must be recorded as appropriate and parents/carers should be notified immediately.

- b) Requests for updated medical conditions including asthma, is included in the newsletter to parents/carers at the beginning of each school year.
- c) Pupils with food allergies have their photographs, for staff, and their details are displayed on the school kitchen computer system to ensure that food products are safe for those pupils. **Pupils who have food allergies have a Health Care plan which is shared with all staff.**
- d) It is a parents/carers responsibility to inform the school of any changes otherwise all health care plans are reviewed and updated at the start of the academic year.

## **9. Storing Medicines**

- a) Staff will only store, supervise and administer medicine that has been prescribed for an individual pupil. Medicines must be stored safely in the pharmacist's original container and clearly labelled with the child's name, the dosage and instructions for administration.
- b) Non-emergency prescribed medication is stored with the consent form in the welfare room in a locked cabinet. Medication requiring refrigeration will be stored in the welfare room in a locked fridge.
- c) Emergency medications such as:
  - Epi-pens. A list of children who need an epi-pen is located in the welfare room and staffroom. All epi-pens are kept in the cupboard in the Welfare Room. Staff are trained in the use of the epi-pen. A spare epi-pen is kept in the child's class.
  - All containers will have a photo of the child and a copy of their Allergy Action Plan
  - Asthma - Asthma pumps are kept in welfare room, easily accessible for all pupils under the direct supervision of any adult.
- d) Parents/Carers are ultimately responsible for checking expiry dates on their children's medicines and replacing as necessary. A reminder phone call will be made to the parent prior to the expiry date. However all medicines are sent home at the end of each school year.

## **10. Disposal of Medicines**

- a) Staff should not dispose of medicines. Parents/Carers are responsible for ensuring that expired medicines are returned to a pharmacy for safe disposal and must collect medicines held at the end of each school year. Any medicines that have not been collected should be taken to a local pharmacy for safe disposal.
- b) Sharps boxes should always be used for the safe disposal of needles. Parents/Carers should obtain these from their child's GP and return to a pharmacy for safe disposal.

## **11. Emergency Procedures**

- a) All staff are aware of procedures when dealing with a medical emergency.
- b) All staff are aware of pupils on a health care plan and understand the need to follow the agreed emergency support.
- c) All staff know to call the emergency services if needed.
- d) In the event of an emergency, every effort will be made to contact the pupil's parent/carer so that they may accompany their child to hospital. If this is not possible, a member of staff will accompany the pupil to hospital by ambulance and stay until the parent/ carer arrives. Health care professionals are responsible for any decisions on medical treatment when parents/carers are not available.

## **12. Educational Visits**

- a) This school actively encourages pupils with medical needs to participate in trips and visits. Staff will aim to facilitate reasonable adjustments to enable pupils with medical needs to participate fully and safely on visits. Risk assessments will be used to highlight any potential difficulties and ensure procedures are in place to support pupils. Additional staff/adults will be considered for this purpose.

- b) Prior to an overnight school trip, parents/carers must complete an up-to-date medical questionnaire about pupil's current general health and medication. Prescribed medication will be administered, providing parents/carers have completed the relevant form. Parents/Carers are invited to provide written consent to enable staff to act 'in loco parentis' and administer medication if required. Where this is refused, parents/carers are requested to discuss alternative support measures with staff.
- c) Accompanying staff will be aware of any medical needs and relevant emergency procedures. A copy of health care plans will be taken on all visits as well as emergency medication that may be required.

### **13. Staff Training**

- a) Staff training is provided to support the administration of emergency medications such as Epi-pens or insulin. The school keeps a register of staff who have undertaken the relevant training. Any staff who agree to accept responsibility for administering prescribed medication should have appropriate training/guidance.
- b) Nazeing Primary has several appointed First Aiders.

### **14. Medical Conditions**

Long term medical needs will be addressed through an Individual health care plan.

**Asthma** - Parents/Carers are required to complete an asthma form. Parents must inform the school (when completing the school data form) if a child suffers from asthma. Parents should keep a spare inhaler at home.

### **15. Accident/Injury/Illness**

Accidents are dealt with by the nearest adult. If first aid is needed the First Aider takes over. All LSA's are trained to carry out First Aid. If the injury sustained is serious, the Headteacher or Deputy Headteacher will be sent for. All accidents must be recorded on the school's welfare record. Any injury to the head will be reported to the parents, via a text and the child wearing a wristband and the class teachers informed.

If a child feels unwell, they can be accompanied to the welfare room by another child or adult.

- **Wounds** should be washed in running water only or cleaned with a medicated non-alcoholic wipe – no creams or lotions. Wounds should be patted dry with paper towel / kitchen roll then covered with a plaster.
- **Plasters** First check that the child is not allergic to plaster by looking at the list of allergies in the welfare room. If allergic, wound should be covered with a dry sterile dressing, if necessary.
- **The first aid box** should only contain bandages, assorted sterile dressings, water medicated wipes, plasters and safety pins.
- **Splinters** can be removed at the discretion of the trained welfare assistant or should be covered with a plaster and left for the parent / guardian to extract.
- **Objects in eyes or ears** – flush out with cold water or saline. Do not attempt to remove manually. If flushing out does not work, parent / guardian to be called.
- **Stings, bites or sunburn** – bathe in cold water. The Welfare Assistant can administer bite cream/after sun at parents discretion.
- **Gloves** should be worn when dealing with any open wound, graze or sickness no matter how small the amount of blood involved.
- **Used dressings, gloves,** etc to be placed in the first aid bin provided in the welfare room.

#### **Location of First Aid Supplies:**

Welfare Room

Travelling First Aid kit, kept in welfare room, for use on educational visits etc.

Office First Aid kit.

Kits for use on the playground  
First Aid kits in each class

### **First Aiders**

The Headteacher keeps an up-to-date register of qualified first aiders in school.

Parents/Carers of the pupil (or next of kin of an adult) should also be informed by telephone immediately if there is an emergency. Emergencies are classified as the incidents listed below:

- Clear sprain or fracture
- \*Following a fall from height
- Dental injury
- \*Anaphylaxis and following the administration of an Epi-pen
- \*Epileptic seizure
- \*Severe hypoglycaemia for pupil, staff or visitors with diabetes
- \*Severe asthma attack
- \*Difficulty breathing
- \*Bleeding injury (uncontrolled)
- \*Loss of consciousness
- Head injuries:

Pupils who sustain a head injury MUST be reviewed by a First Aider in school. If a pupil has a visible wound, swelling or adverse reaction, parents/carers will be informed and are welcome to assess their child personally. Where there are no residual effects, the pupil can remain in school whilst being observed. A minor accident/mild illness letter must be completed and sent home.

If non-emergency transportation is required, an authorised taxi service will be used if the parents/carers are delayed. A member of staff will accompany the pupil until a parent/carer arrives.

Parents/Carers can be informed of other non-emergency accidents or injuries at the end of the school day by the Class Teacher. However, if a pupil has an accident or sustains an injury which is not considered an emergency first aid shall be applied, the incident recorded and the pupil monitored regularly for 30 minutes. If no improvement after 30 minutes parents/cares will be called even if there are no visible signs or symptoms of injury.

### **16. Contacting the Emergency Services**

An ambulance should be called for any starred condition listed above or any injury that requires emergency treatment. This would be authorised by SLT. Any pupil taken to hospital by ambulance must be accompanied by a member of staff until a parent/carer arrives. All cases of a pupil becoming unconscious (not including a faint) or following the administration of an Epi-pen must be taken to hospital.

### **17. Accident Reporting**

The accident book must be completed for any accident or injury occurring at school, at the local sports facilities, or on a school trip. This includes any accident involving staff or visitors. The accident book is a computer based record which is saved onto the office drive. It will be monitored by the appointed person as certain injuries require reporting (RIDDOR requirement).

### **18. Pupils who are unwell in school**

Any pupil who is unwell cannot be left to rest unsupervised in the welfare room. If a pupil becomes unwell a parent/carer should be contacted as soon as possible by the appointed person, the school office staff or the Headteacher.

Anyone not well enough to be in school should be collected as soon as possible by a parent/carer. Staff should ensure that when pupil who goes home ill the office staff are informed who will officially sign out the pupils when they are collected.

All children seen in the Welfare room will be logged in the accident book.

## **19. Dealing with body fluids**

In order to maintain protection from disease, all body fluids should be considered infected. To prevent contact with body fluids the following guidelines should be followed:

- When dealing with any body fluids wear disposable gloves
- Wash hands thoroughly with soap and warm water after the incident
- Keep any abrasions covered with a plaster
- Spills of the following body fluids must be cleaned up immediately: contact Site Team to assist with this clean up.
- Bodily fluids include: blood, faeces, nasal and eye discharges, saliva, vomit.

Disposable towels should be used to soak up the excess and then the area should be treated with a disinfectant solution. Never use a mop for cleaning up blood and body fluid spillage. All contaminated material should be disposed of in a yellow clinical waste bag then placed in the waste bins provided (in the first aid room or office). Avoid getting any body fluids in your eyes, nose and mouth or on any open sores. If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.

## **20. Infectious diseases**

If a pupil is suspected of having an infectious disease advice should be sought from Senior Leadership Team who will follow up with parents/carers.

## **21. Notification of Absences**

Parents are asked to inform the school on the first day of absence with the reason for the absence and each subsequent day thereafter.

## **22. Confidentiality**

The medical information relating to a pupil will be treated as confidential and will only be disclosed to those who need to know to be able to support the pupil and with agreement of the parents and/or pupil.

Review: This policy will be reviewed annually.  
Last review: July 2021