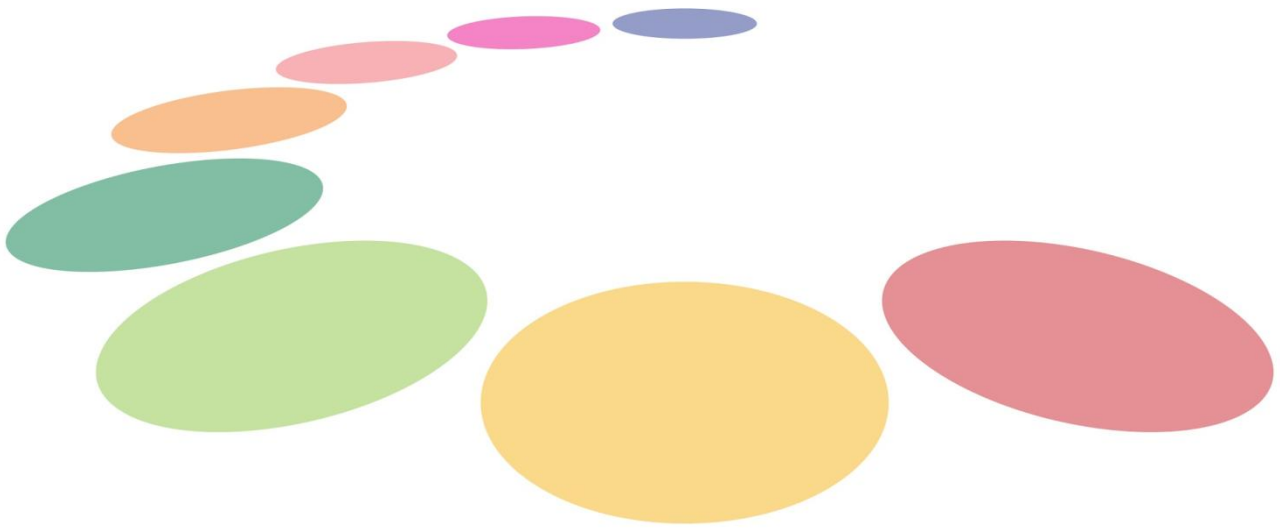


**Claremont Primary School**

**Supporting Pupils with Medical Needs Policy**



|                    |                 |
|--------------------|-----------------|
| <b>Agreed Date</b> | <b>Dec 2017</b> |
| <b>Review Date</b> | <b>Feb 2020</b> |

**Statutory Policy to be reviewed every 3 years by the FGB**

**(Approved at FGB meeting 06/12/2017)**

**(Website)**

# Claremont Primary School

## Supporting Pupils with Medical Needs Policy

### **Aim**

The aim of this policy is the safeguarding of children.

### **Introduction**

Most children at some point have a medical condition which may affect their participation in school activities. This may be a short term situation or a long term medical condition which, if not properly managed, could limit their access to education. We firmly believe children should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school or other activities.

### **Roles and responsibilities**

The ultimate responsibility for the management of this policy lies with the Head Teacher and Governing Body.

### **Records of Medical Need**

A central record of all pupils' medical needs will be stored centrally in the school office. Each class teacher will keep a record of their children's medical needs this will be shared with all staff working with the children including lunchtime organisers and after school club staff.

### **The role of staff**

All staff have a duty of care to act like reasonably prudent parents. This extends to visits and trips off site, and may extend to taking action in an emergency. Teachers and other staff who have children with medical needs in their care should understand the nature of the condition, and when and where the child may need extra attention.

### **Staff training**

Staff working with a child with a known medical condition should have up to date training in the correct procedures in how to deal with the condition.

### **The role of parents and carers**

It is the responsibility of parents to provide the school with up to date information about their child's medical condition, treatments or special care needed. If their child has a more complex medical condition, they should work with the school/other health professionals to develop an individual healthcare plan which will include an agreement on the role of the school in managing any medical needs and potential emergencies. All long term medical conditions must be documented with medical evidence from professionals (hospital letters / appointments / diagnosis). All medicines and equipment to be used in school must be labelled with its original pharmacy label, and parents / carers must be complete the relevant paperwork in school regarding the medication / dosage / times of medicating / the need and frequency / the duration (if short term) . If parents and carers withhold information about their child's medical condition then staff cannot be held responsible for treating a child incorrectly in good faith.

## **Identification of Medical Need**

Upon entry to Claremont parents and carers are asked to fill in an admission form requesting details about their child with details of any medical conditions the child has. Throughout the year newsletters will remind parents and carers to keep the school up to date with information about their child's medical condition. We also annually send out new data collection sheets for parents and carers to complete and notify the school of any amendments to current medical provision.

## **Individual Health Care Plans / Risk Assessments**

The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. The IHCP clarifies for staff, parents and carers and the child, the help the school can provide and receive. These plans will be reviewed annually as a minimum, or more frequently at the request of parents and carers or the school, or as required.

An IHCP will include:

- details of the child's condition
- what constitutes an emergency?
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play
- special requirements e.g. dietary needs
- pre-activity precautions
- any side effects of medicines

In conjunction with the IHCP, it is usual that a risk assessment is completed. This will identify any limitations that may need to be adhered to in relation to an illness / medical condition, offering guidance and information. A copy of the IHCP will be given to parents and carers, the class teacher and a copy will be stored in the Medical Needs and Allergy List file in the school office. The parents will be asked to sign a copy of the risk assessment. This will usually have a review date on.

## **First Aid and recording of medical treatments and accidents**

A number of staff in school are trained in first aid. They will deal with minor incidents. All minor incidents /accidents requiring first aid are filled in the accident book and a copy of the entry is sent home to parents informing them of the incident / accident. Parents are called if a child has been hurt at school, and the first aider has deemed the injury to be more severe, whereby a parent may be needed to assess the matter further.

## **Taking a child to hospital**

In the event of a serious medical emergency the school will try to contact parents and carers. If they cannot accompany their child to a hospital a member of staff will accompany the child to hospital, collecting a data collection sheet from the office to ensure all correct details are passed on to medical staff.

## **Participation in P.E lessons and physical activity**

Any restrictions in a child's ability to participate in PE or specific physical activities should be recorded in their IHCP and a risk assessment will be completed if necessary to show any limitations.

## **School Visits**

When preparing risk assessments staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits. Sometimes additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent or carer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned or as part of the risk assessment and visit planning process. A copy of the IHCP and individual risk assessments (when required) should be taken on trips and visits.

## **Residential Visits**

Parent and carers of children participating in residential visits will need to complete a consent form giving details of all medical/dietary needs. Record of medicine administered forms need to be completed prior to the day of departure and all medication which needs to be administered during the course of the visit should be handed directly to the group leader before leaving the school. The Headteacher will accept responsibility for members of school staff administering medicine or supervising children.

## **Administration of Medicines**

The Headteacher will accept responsibility for members of school staff giving or supervising children taking prescribed medication during the school day. The Headteacher can ask any member of staff to administer medicine. Every member of staff has a right to refuse to do so.

Before medicines can be accepted or administered in school, the office staff will request that parents complete the 'Parental Agreement for School to Administer Medicines' and the 'Record of Medicines Administered to a Pupil' forms (see Appendix 1 & 2). In the case of asthma medication, this will be the 'Asthma Healthcare Plan' (see Appendix 3). All medicines received will be checked for a dispensing label, dosage, frequency, date of dispensing, expiry and name of child. Any additional medical information from a GP / hospital / medical staff will also be reviewed and requested if necessary. A review date of the forms completed will be decided depending on the term of the medicine or condition.

The member of staff administering the medication will sign and date the record form and another member of staff will witness this and countersign the document.

## **Storing Medicines**

Large volumes of medicines will not be stored at school. We will only store and administer medicine that has been prescribed for an individual child. Medicines will be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. The supplied container must be clearly labelled with the name of the child, the name and dose of the medicine and frequency of administration on a dispensing label and stored with the relevant forms for consent and records. Children should always know where their medicine is stored and who is going to administer the medicine. All emergency medicines, such as asthma inhalers and epi-pens should be readily available and not locked away and stored near to the child's location. This type of medication should also accompany the child on any off site visits. A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled.

## **Disposal of Medicines**

Staff will not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term.

## **Hygiene and Infection Control**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. All rooms have anti bacterial hand sanitizer dispensers or a sink and staff are advised to use these.

## **Photographs and information about children with certain medical conditions**

Photographs and information about how to treat a child in an emergency with conditions such as epilepsy and anaphylaxis will be in the staff room and school office. All members of staff must be made aware of these children's needs every term. Parents must consent to the use of the photograph for this purpose, and be advised that this information will be shared with staff.

## **Evacuation in case of fire**

In the case of a fire, teachers take medications that are stored in the classroom with them to their fire evacuation point (IHCP). The Medical Needs and Allergy List file should be taken from the office.

## **Confidentiality**

All members of staff must treat information about any children's medical conditions confidentially.

**This policy was adopted by the Governing Body on: 6<sup>th</sup> December 2017**

**To be reviewed: 6<sup>th</sup> December 2020**

**Appendix 1:**



**PARENTAL AGREEMENT FOR SCHOOL TO**

**ADMINISTER MEDICINE**

Please complete both sides of this form, providing as much information as possible. Where medication is required 3 times a day, we recommend that this is given outside of school hours. Wherever possible, medicines should be administered by parents.

**PUPIL DETAILS**

Name of child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Class Group: \_\_\_\_\_

Medical condition / illness: \_\_\_\_\_

(Reason for medication)

**MEDICINE DETAILS**

All medicines must be provided in their original container with a pharmaceutical dispensing label identifying the pupil's name, dosage / times a day. Non-prescribed medicines **cannot** be accepted.

Name / Type of medicine: \_\_\_\_\_

Date dispensed: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Agreed review date: \_\_\_\_\_

Dosage & method: \_\_\_\_\_

Times of administration: \_\_\_\_\_

Special precautions: \_\_\_\_\_

Are there any side effects that school need to be aware of: \_\_\_\_\_

Procedures follow in an emergency: \_\_\_\_\_

Self administration: Yes / No (delete as appropriate)

**Please note:** Your child must be competent and confident to do so, using correct administration (e.g using an inhaler spacer)

**Please complete the reverse of this page**

**CONTACT DETAILS**

Parents / Carers name: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Doctor's name & phone no: \_\_\_\_\_

\_\_\_\_\_

**I understand that I must deliver and collect the medicine personally at the school office and accept that this is a service that the school is not obliged to undertake for minor illnesses. The information within this document is, to the best of my knowledge, accurate at the time of writing and I consent for my child to be administered medicine as outlined by the above member of staff.**

**I understand that I must complete a 'Individual Healthcare Plan' for my child for any medication that is for an ongoing / long term medical condition**

**I understand that I must notify the school of any changes in writing.**

Date: \_\_\_\_\_

Signature of parent / carer: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Return of medicines held in school:**

**(only to be completed when medicines are returned back to parents / carers)**

Signature of parent / carer: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Witnessed by staff (name) \_\_\_\_\_

Appendix 2:



RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of child \_\_\_\_\_

Class Group \_\_\_\_\_

Date medicine provided by parent \_\_\_\_\_

Name of medicine \_\_\_\_\_

Expiry of medicine \_\_\_\_\_

Dose and frequency of medicine \_\_\_\_\_

Staff signature (on receipt & check of medicines) \_\_\_\_\_

Parent signature \_\_\_\_\_

Medicines returned to parent (date) \_\_\_\_\_

**Record of medicine administered:**

All medication administered to a pupil must be witnessed **by 2 staff members** (excludes self-administration). Medicines must be checked before administration using the table in the appropriate boxes below:

|                                       |            |   |          |
|---------------------------------------|------------|---|----------|
| Date:                                 | __/__/____ | Pupil check ?                             | Yes / No |
| Medication check – details?           | Yes / No   | Medicine expiry check?                    | Yes / No |
| Replacement medication required?      | Yes / No   | Dosage check as per dispensing label?     | Yes / No |
| Dosage given (actual amount)          | _____      | Last dosage received? (check)             | _____    |
| Time medicine administered            | _____      |   |          |
| Staff name (witness): _____ (PRINT)   |            | Staff signature (witness): _____ (SIGN)   |          |
| Staff name (dispenser): _____ (PRINT) |            | Staff signature (dispenser): _____ (SIGN) |          |



**Appendix 3:**



**School Asthma Health Plan**

Date completed: ...../...../.....

Please complete as much detail as possible and return back to the school office ASAP.

Child's name: ..... DoB: ...../...../.....

Address: ..... Home Tel: .....

..... Work Tel : .....

Postcode: ..... Mobile Tel: .....

**GP Details**

Doctor's name: ..... Surgery Name: .....

Surgery Address: ..... Surgery Tel: .....

About your child:

Does your child tell you when they need to take their inhaler? Yes / No

Does your child need help taking their inhaler Yes / No

Does your child use a spacer to take their inhaler Yes / No

Does your child need to take their inhaler before exercise? Yes / No

Does your child only use an inhaler when they have a cold? Yes / No

Has your child had a confirmed diagnosis of asthma from GP? Yes / No

**Complete this section if your child requires their inhaler ONLY if they have a cold:**

|               |                        |  |
|---------------|------------------------|--|
| Inhaler Type: | Dose (how many puffs)  | When to be taken?  |
|               | Use a spacer: Yes / No | Before activity: Yes / No<br>During activity: Yes / No<br>Staff to observe: Yes / No |

**What are your child's asthma triggers? (tick the boxes that you are aware of that cause the triggers)**

|   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Cold air           | <input type="checkbox"/> Colds / viral infection | <input type="checkbox"/> Pollen          | <input type="checkbox"/> Stress/ Anxiety    |
| <input type="checkbox"/> Changes in weather | <input type="checkbox"/> Exercise                | <input type="checkbox"/> Dust            | <input type="checkbox"/> Emotion/excitement |
| <input type="checkbox"/> Damp/mould         | <input type="checkbox"/> Night-time              | <input type="checkbox"/> Pets/animal fur | <input type="checkbox"/> Cigarette smoke    |

Relief Treatment when required: for coughs/ wheeze / sudden chest pain / breathlessness.....

.....

|               |                        |                                    |
|---------------|------------------------|------------------------------------|
| Inhaler Type: | Dose (how many puffs)  | When to be taken / how frequently? |
|               | Use a spacer: Yes / No |                                    |

**Use of a school emergency Salbutamol Inhaler**

In case of emergency only, the school has Salbutamol Inhalers for use. These can only be used if your child does not have a usable inhaler available **ONLY**. This will **not** be available for regular use, and your child will still have to have their own inhaler in school.

**Consent:** School needs a parent / carers consent to be able to administer a school inhaler in an emergency. Please

Parent / Carer Name: ..... Parent signature: .....