Organisation	Manor Court Community Primary School
Title	Medical Policy
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Owner	Head Teacher
Protective Marking	OFFICIAL - Unclassified

MEDICAL POLICY

Manor Court Community Primary School are wholly committed to pursuing a policy of inclusive education that welcomes and supports pupils with medical conditions. This policy is designed to support the management of medication and medical care in our school and to support individual pupils with medical needs. The policy is drawn up in consultation with the Head teacher and the school's Special Needs Co-ordinator and complies with DFE guidelines for 'Managing Medicines in Schools and Early Years Settings (2005).'

The school Aims to provide a clear policy that is understood and accepted by all staff, parents and children, providing a sound basis for ensuring that children with medical needs receive proper care and support in school, and that for such children attendance is as regular as possible.

In order to comply with the above, this policy provides; the school's rules that must be followed, the standards to be maintained and signposts to further guidance. It also highlights the risks to users, clients and the school and the potential consequences of breaching this policy.

This document will be available to the: Head Teacher, Local Governing Body, Employees within the Trust, and any 3rd Party Contractors working for or on behalf of the school and Volunteers.

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 for medicines
- Circumstances in which children may take non-prescription medicines
- Assisting children with long term medical needs
- Staff training
- Record keeping
- Safe storage of medicines
- Emergency procedures
- Risk assessment and management procedures
- Management of medical conditions

RESPONSIBILITIES

a) Parents or guardians have prime responsibility for their child's health and should provide their 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 their school head teacher & Special Educational Needs Co-Ordinator (SENCO) or other health care 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. It is the parent/carers' responsibility to make sure that their child is well enough to attend school.

b) All 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 would. Section 100 of the Children and Families Act 2014 places a duty on schools to make arrangements for supporting pupils at their school with medical conditions. Therefore, our school will, so far as is reasonably practicable, assist with the administering of prescribed medication to children where ***essential***. Staff will have access to information on pupils' medical conditions and actions to take in an emergency. Staff managing the administration of medicines and those who administer medicines will receive appropriate training and support from health care professionals.

c) The policy of the school is ***not*** to administer medication or medical care unless the pupil has a medical condition, which if not managed, could prove detrimental to their health or limit access to education. The head teacher accepts responsibility, in principle, for school staff administering or supervising the taking of prescribed medication or medical care during the school day only where it is absolutely necessary.

SHORT-TERM MEDICAL NEEDS

If children are unwell and unable to cope with a busy school day or if the child has an infectious or contagious condition, they should not be sent to school. If they become ill during the day, parents/ carers will be contacted by the school office in order that the child can be taken home.

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/ SENCO in consultation with the child's parents or guardians 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
- The role the staff can play
- Consent and agreement

Where a child's needs are particularly complex and could affect their ability to access the full curriculum or participate in other areas of school life, then special arrangements will be made. The PIMS Team and SENATAS may be contacted to support any adaptations to the curriculum.

In some cases, this might take the form of dedicated adult support, at certain times of the school day. Alternatively, the child's needs could be such that modifications to the learning environment and/or the provision of specialist aids will need to be considered.

INDIVIDUAL HEALTH CARE PLANS

a) A written, individual health care plan will be developed where needed, to clarify for staff, parents and the child, the support that will be provided and what training may be required. This will include:

- Details of the child's medical condition,
- Any medication,
- Daily care requirements
- Action to be taken in the event of an emergency
- Parents/ carers details including emergency contact numbers

b) Those who may contribute to a health care plan include:

- The school nurse, specialist nurses, children's community nurses, the child's GP or other health care professionals (depending on the level of support the child needs)
- The parents/ carers (and the child, if appropriate)
- The head teacher and SENCO
- The class teacher, care assistant or teaching assistant
- Support staff who are trained to administer medicines or trained in emergency procedures
- PIMS Team
- Trust H&S Compliance Officer

It is good practice to have a health care plan endorsed by a health care professional and in many cases, it is essential to do so.

c) The school will agree with parents how often they should jointly review a health care plan. The timing of this will depend on the nature of the child's needs. In most cases this will take place at the start of each school year; however, some plans will need to be reviewed more frequently depending on individual needs.

d) Health care plans and training are not transferrable, even when children have the same condition.

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''. The school recognises in extreme cases (as stipulated by a doctor in writing), and agreed by the head teacher, that staff may administer medication following completion of the appropriate medical forms, with a supporting letter from the doctor. Without a letter from a doctor, staff will not administer three times a day prescribed medicine. However, parents and carers are allowed into school to administer medication if they so desire.

b) Exceptions to this are pupils on health care plans who have individual medical needs requiring emergency medication to treat specific conditions, such as anaphylaxis.

c) Our 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 and include the pupil's name, prescriber's instructions for administration and dosage.

NON-PRESCRIBED MEDICINES

Non-prescribed medicines will only be administered with prior written permission from parents in extreme circumstances such as residential trips. Staff will check the medicine has previously been administered without adverse effect and the appropriate medical forms must be completed.

Staff will never administer medicines containing aspirin unless prescribed by a doctor.
Staff will never administer medication containing ibuprofen to children who are asthmatic.

ADMINISTERING MEDICINES

a) The school recognises that no child under 16 should be given medicines without their parent's written consent. Following written consent using the appropriate medical forms, any member of staff administering medicines to a pupil should check:

- The child's name
- Name of medication
- The prescribed dose
- Expiry date
- Written instructions provided by the prescriber on the label or container

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

b) A written record must be kept following administration of medicines to pupils, using the appropriate medical forms. These are witnessed by another member of staff.

c) If a child refuses to take a medicine, staff will not force them to do so, but will record this on the appropriate medical form and parents/carers will be notified of the refusal.

RECORD KEEPING

a) Parents should tell their school about the medicines their child needs to take and provide details of any changes to the prescription, or the support required. 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 completed using their school's medical form. These should include:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of medication
- Any side effects
- Expiry date

Completed forms should be kept in the class medical folder and referred to when administering medication. The medical form must be completed by staff following administration; this should also be kept in the class medical folder. If a child refuses medication, this must be recorded on the medical form and parents should be notified.

b) Requests for updated medical conditions including asthma, are distributed to parents at the beginning of each school year. These are collated by the school office/ SENCO/ SEN Assistant and registered and recorded. All staff have access to this information and actions to take in an emergency.

c) A confidential file containing photographs of pupils with medical needs, together with outlines of their medical condition and action to be taken, is available to all teaching and support staff and is kept in the SEN room. It is also recorded electronically on SIMS.

d) Health care plans for individual children are also kept in the classroom where they are accessible to all staff involved in caring for the child.

e) Further copies and full medical records are stored in the child's personal file locked in the SEN cupboard.

f) Children with food allergies have their photographs and details provided by the office to the catering provider to ensure that food products are safe for children.

g) Updated medical conditions and reviews of policies and practice are monitored and disseminated by the head teacher/SENCO as they are presented.

STORING MEDICINES

a) Staff will only store, supervise and administer medicine that has been prescribed for an individual child. 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 medical consent form in the school office. Medication requiring refrigeration will be stored in the staff room and access will be restricted to the refrigerator holding medicines.

c) Emergency medications such as Epi-pens and asthma inhalers should be readily available in a clearly labelled container in the class teacher's cupboard. Children should know where their medicines are stored; they should not be locked away. Where children are considered safely able to take care of their own medicines, they will be supported to do so.

d) Parents are ultimately responsible for checking expiry dates on their children's medicines and replacing as necessary. The school will also check medication expiry dates twice a year.

DISPOSAL OF MEDICINES

a) Staff should 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 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 should obtain these from their child's GP and return to a pharmacy for safe disposal.

EMERGENCY PROCEDURES

a) All staff are aware of procedures when dealing with a medical emergency. These should be supervised by a trained First Aider.

b) All staff are aware of pupils on a health care plan and understand the need to follow agreed emergency support.

c) All staff know how to call the emergency services; guidance is displayed on the school office noticeboard.

d) In the event of an emergency, every effort will be made to contact a parent so that they may accompany their child to hospital. If this is not possible, a member of staff will accompany the child to hospital by ambulance and stay until the parent arrives. Health care professionals are responsible for any decisions on medical treatment when parents are not available.

e) If there is an emergency within the school i.e. if the fire alarm goes off, then it is the responsibility of staff to ensure that any essential medication is taken to the assembly point, for the child/ children to whom it applies.

EDUCATIONAL VISITS

a) This school actively encourages children 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 must complete an up-to-date medical questionnaire about pupil's current general health and medication. Prescribed medication will be administered, providing parents have completed the appropriate medical form. Parents are invited to provide written consent to enable staff to act 'in loco parentis' and administer Calpol analgesia if required. Where this is refused, parents are requested to discuss alternative support measures with staff.

c) All medication or equipment which needs to be administered during the visit should be handed directly to the class teacher in accordance with the school's guidelines.

d) 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.

e) Children's parents will not be required to accompany their own children on school trips. If there is any concern about whether the school can provide for a child's safety, or the safety of other children on a visit, then parents will be consulted, and medical advice sought from the school health service or the child's GP.

SPORTING ACTIVITIES

a) All children with medical conditions will be encouraged to participate as fully as possible in physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental, and physical health & well-being. Staff will be sensitive to their individual needs and sufficient flexibility will be incorporated into the lesson for all children to be included in ways appropriate to their own abilities.

b) Any restrictions on a child's ability to participate in PE will be recorded in their individual health care plan. This will include a reference to any issues of privacy and dignity for children with particular needs.

c) Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers.

d) Children are not permitted to share medicines in any circumstances. Only medicines prescribed for a particular child may be taken by that specific individual.

STAFF TRAINING

a) Staff training is provided to support the administration of emergency medications such as Epi-pens or insulin. Each school keeps a register of staff who have undertaken the relevant training. Only staff who have received this training should administer such medications.

b) If school staff need to be trained to administer medical procedures the school will contact the relevant health care professional, e.g. the school nurse, specialist nurse or children's community nurse. Parents cannot be responsible for leading this training, but parents and children will be asked to participate in the training and give evidence on how they prefer things to be done.

c) Parents and school staff cannot cascade training that they have received when the training is specific to an individual child.

d) School staff who have been trained are responsible for following and delivering the health care plan and if the child's condition changes, they will contact an appropriate professional and the parents, making them aware of the change and requesting further training if needed or an alteration to the plan.

e) School staff will request further training when needed, and professional updates.

f) Staff who have been trained in the child's care are responsible for following the procedures in children's care plans as they have been trained to do so.

g) The SENCO / Assistant Headteacher (in discussion with the head teacher) will liaise with health care professional and the trained staff to support and facilitate training refreshers and updates as needed.

h) Individual members of staff are responsible for identifying and communicating any changes that they notice in the child's care needs. The SENCO will inform parents and health care professionals in writing and discuss whether further training is needed.

d) In addition to all of the above, this school also has several appointed First Aiders and Paediatric First Aiders. Training for them is also reviewed and updated regularly.

MEDICAL CONDITIONS

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 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 bumped head form must be completed and sent home with the child.

ASTHMA, EPILEPSY, ANAPHYLAXIS AND DIABETES

Parents have a duty & responsibility to notify the school if their child has any of these conditions & should provide details of any treatment & support, they may require in school. Relevant health care professionals will liaise between parents/guardians & school personnel to ensure staff are aware of, and trained to provide, any relevant or emergency support or treatment. An individual health care plan will usually be compiled, detailing the course of action to be taken. The Trust has separate policies for Asthma, Epilepsy & Anaphylaxis which should always be consulted. These are available on Share Point via the PPAT info hub.

ABSENCE FROM SCHOOL FOR MORE THAN 15 DAYS

a) For those children who attend hospital appointments or who are admitted to hospital on a regular basis, special arrangements may also need to be considered. In this event, advice may be sought from Medical/ PEVP panel who might offer additional support from the Link Education Centres.

b) Children with medical needs may be unable to attend school for many reasons relating to their condition and in this event the school will make arrangements to link the child to suitable learning opportunities and will facilitate their links with other children so that friendships are sustained.

Policy Review and Revision

This policy will be reviewed as it is deemed appropriate, but no less frequently than every **36 months**.