



Fladbury
Church of England First School

MEDICAL CONDITIONS POLICY

Supporting Pupils with Special Medical
Needs

Reviewed by Head teacher May 2022
Approved by Governors May 2022

INTRODUCTION

The staff and governors of Fladbury First 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 school and to support individual pupils with medical needs. Children need to be fit and well to cope with a busy school day and to fully participate in all activities. However, many children will need to take medicines during the day at some time whilst they are at Fladbury School. This will usually be for a very short period, perhaps to finish a prescribed course.

Most medications can be given at home, with doses fitted in around the school day. However, occasionally this is not possible and as long as the guidance in this policy is adhered to, the medication can be administered in school.

DEFINITION

Pupils' medical needs may be broadly summarised as being of two types:

(a) Short-term affecting their participation in school activities which they are on a course of medication.

(b) Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

RATIONALE

LAs and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and must supply the school with all relevant information.

It is our aim 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.

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
- The school's 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 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 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) There is no legal duty which requires school staff to administer medication; 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 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 managing the administration of medicines and those who administer medicines such as asthma inhalers and epi pens, will receive appropriate training and support from health professionals.

- c) The policy of this 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.

PRESCRIBED MEDICINES

- a) Only prescribed medicines will be accepted and should be brought to school and only 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". 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) 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 and include the pupil's name, prescriber's instructions for administration and dosage. Medicines taken out of the container will not be accepted
- d) Parents must complete a "Parental consent/permission form for medication" and will be responsible for proving the correct information to school
- e) Medication must be delivered to and collected from **the office** at the beginning and end of the day **by an adult** (i.e. not a child)
- f) 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. This is then stored in the locked first aid cabinet in the school office
- g) Medication requiring refrigeration is stored in the staffroom fridge.
- h) Emergency medications such as Epi-pens and asthma inhalers should be readily available in a clearly labelled container in the school office. Children should know where their medicines are stored; they should not be locked away.
- i) Parents are ultimately responsible for checking expiry dates on their children's medicines and replacing as necessary. The office manager will also check medication expiry dates twice a year.

NON-PRESCRIBED MEDICINES

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

The Head Teacher will accept responsibility for members of school staff for giving or supervising children taking prescribed medication during the school day, as long as prior agreement has been given and where those members of staff have volunteered to do so and have agreed to adhere to this policy, signing it to demonstrate so. (Teacher's conditions of employment do not require them to give, or supervise, a child taking medicines.)

- a) Following written consent using Request for Fladbury First School to Administer Medication Form (orange form), 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 form kept within the Medicines Administered folder. 2 staff signatures are required.

c) All medicines will be kept in a secure place not accessible to children, in the school office locked cabinet

d) If children refuse to take medication, staff will not force them and parents will be informed immediately

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 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

RECORDS

- a) Requests for updated medical conditions such as an asthma care plan are distributed to parents at the beginning of each school year. These are collated by office manager and registered and recorded in the first aid folder kept in the office, class registers and on display in the staffroom. All staff have access to this information and actions to take in an emergency.
- b) Children with food allergies have their details displayed in the office and in every school register to ensure that food products are safe for children.
- c) Updated medical conditions and reviews of policies and practice are monitored and disseminated by the office manager in liaison with the class teacher.
- d) Under the reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) some accidents must be reported to the HSE.

School must keep a record of any reportable injury, disease or dangerous occurrence. This must include:

- the date and method of reporting
- the date, time and place of the event
- personal details of those involved
- a brief description of the nature of the event or disease.

A record should be kept of any first aid treatment given by first aiders and appointed persons. This should include:

- the date, time and place of incident
- the name and class of the injured or ill person
- details of the injury/illness and what first aid was given
- what happened to the person immediately afterwards (e.g. collected from school, returned to class, taken to hospital).
- Name and signature of the first aider or person dealing with the incident

As good practice we report all serious or significant incidents to the parents

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) Used Epi-Pens should be disposed of via the emergency ambulance crew only

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. A competent designated person takes charge when a child is injured or becomes unwell

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.

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 orange 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) 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.

Travelling First Aid Containers

The Headteacher will assess what level of first-aid provision is needed and the contents of the travelling first-aid containers. They will include:

- six individually wrapped sterile adhesive dressings
- one large sterile unmedicated wound dressing approximately 18cm x 18cm
- two triangular bandages
- two safety pins
- individually wrapped moist cleansing wipes
- one pair of disposable gloves. Equivalent or additional items are acceptable. Additional items may be necessary for specialised activities.

STAFF TRAINING

- a) A log of staff training is kept and reviewed every 12 months to ensure new staff receive training.
- b) 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. Only staff who have received this training should administer such medications.
- c) Fladbury First School has several appointed First Aiders and Paediatric First Aiders. Training is reviewed regularly and updated every three years. The following Staff are trained First Aiders: Mrs Heather Edwards, Mrs Jo O'Malley, Mrs Kerry Bullas, Miss Sophie McCotter and Mrs Laura James, with the remaining staff first aid at work trained only

MEDICAL CONDITIONS

ASTHMA

This school recognises that asthma is a widespread, potentially serious, but controllable condition and encourages pupils with asthma to achieve their potential in all aspects of school life.

- a) Parents have a duty to inform staff if their child is asthmatic. Preventative inhalers should be provided and labelled with the pupil and class name. These should be kept in the school office and will accompany the child if they are educated outside the school premises.
- b) Children with asthma must have immediate access to inhalers when they need them and know where they are kept (in the school office). A spacer device may be required and the pupil may need support to use this.
- c) A record sheet to record the frequency of an inhaler use can be found in the administered medicine folder kept in the school office.

This should be completed for all children **every time they have their medication**

d) Parents should be notified when a child has used an inhaler excessively or more regularly than usual.

e) Pupils with asthma are listed in the school Asthma Register, found in the school office.

f) Leaders of 'after school clubs' are notified on club registers if a member is asthmatic.

HEAD INJURIES

a) 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 head injury advice sheet must be completed and sent home.

EPILEPSY, ANAPHYLAXIS AND DIABETES

Parents have a duty and responsibility to notify the school if their child has any of these conditions and should provide details of any treatment and support they may require in school. Relevant health care professionals will liaise between parents/guardians and school personnel to ensure staff are aware of, and trained to provide, any relevant or emergency support or treatment. An individual health care plan must be compiled, detailing the course of action to be taken.

CONTENT OF FIRST AID BOXES

- ten antiseptic wipes, foil packaged
- one conforming disposable bandage (not less than 7.5 cms wide)
- two triangular bandages
- one packet of 24 assorted adhesive dressings
- three large sterile unmedicated ambulance dressings (not less than 15 cm x 20 cm)
- two sterile eye pads, with attachments
- twelve assorted safety pins
- one pair of rustless blunt-ended scissors
- maintained in a good condition
- suitable for the purpose of keeping the items referred to above in good condition
- readily available for use
- prominently marked as a first-aid container

Mrs Edwards is responsible for examining the contents of first-aid containers. These should be checked frequently and re-stocked as soon as possible after use.

- There should be extra stock in school.
- Items should be discarded safely after the expiry date has passed.

First compiled: June 2014

Reviewed: May 2022

Date of next review: May 2025