

Stanbridge Primary School

MEDICAL NEEDS POLICY



Signed (Chair):	Name: Mrs C McKinstry	Date: 04/10/16
Signed (Headteacher):	Name: Miss F Bertham	Date: 04/10/16
Reviewed by Headteacher Ratified by Personnel Committee	Next Review: Term 1 (18/19)	

Equality Impact Assessment (EIA) Part 1: EIA Screening

Policies, Procedures or Practices	Medical Needs Policy	Date:	04/10/16
EIA CARRIED OUT BY:	F Bertham	EIA APPROVED BY:	F Bertham

Groups that may be affected:

Are there concerns that the policy could have a different impact on any of the following groups? (Please tick the relevant boxes)	Existing or potential adverse impact	Existing or potential for a positive impact
Age (young people, the elderly; issues surrounding protection and welfare, recruitment, training, pay, promotion)		
Disability (physical and mental disability, learning difficulties; issues surrounding access to buildings, curriculum and communication).		
Gender Reassignment (transsexual)		
Marriage and civil partnership		
Pregnancy and maternity		
Racial Groups (consider: language, culture, ethnicity including gypsy/traveller groups and asylum seekers)		
Religion or belief (practices of worship, religious or cultural observance, including non-belief)		
Gender (male, female)		
Sexual orientation (gay, lesbian, bisexual; actual or perceived)		

Any adverse impacts are explored in a Full Impact Assessment.

Stanbridge Primary School

Medical Needs Policy

Introduction

There is a need for a clear policy dealing with the issue of medicines and children with medical needs in school. This should be understood and accepted by staff, parents/carers and children so that problems and queries can be dealt with quickly, efficiently and with no misunderstandings. This policy is available for all who wish to see it.

Rationale

Stanbridge Primary School ensures that all children with medical needs, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain active and achieve their academic potential.

Prescription medicines often need to be given during school time. For many children this will only be over a short period of time but for some children their medical needs may require medication to be administered regularly. In both cases parents/carers, schools and medical personnel work together to ensure the best health for the individual child and their continued and continuing education.

1. Aims

- 1.1 To ensure proper care and support for children who need to take medicine or need medical attention in school.
- 1.2 To enable regular attendance at school.
- 1.3 To provide information to parents/carers and staff and to establish regular procedures for the administration of medicines or support for a medical condition.

2. Scope:

- 2.1 **Daily Care Requirements/ Long-term Medication** - Some children may require ongoing daily care requirements in order to attend school and remain in good health, which may include the school administering long-term medication. Where this has been established, the school will follow the procedure outlined in Appendix 3.
- 2.2 **Short-term Prescription Medicine** - Most prescription medicine will only need to be taken for a short time and wherever possible parents/ carers should plan for this to be taken outside of the school day. However, where this is not possible, parents/ carers can request that medication be administered by the school, although this is a voluntary act by the school and is not an automatic right of parents.

3. Responsibility

- 3.1 The Governing Body has general responsibility for all school policies.
- 3.2 **The Headteacher is responsible for:**
 - i. the implementation of the policy
 - ii. for the support and training of staff
 - iii. day to day decisions regarding the administration of medicine
- 3.3 **The parent/carer is responsible for:**
 - i. making sure that their child is well enough to attend school;
 - ii. providing sufficient information about the medical needs of their child by completing a *Request to Administer Medicine* form;
 - iii. ensuring that medicines are properly supplied in a container labelled with the child's name, dosage and frequency of administration; (spoon or otherwise to be provided).
 - iv. making sure all medication held at school is in date.

3.4 Staff responsibilities:

- i. Unless the child is subject to an Individual Health Care Plan and identified Long-term medical needs, school staff are under no contractual obligation to administer medicine and any exception to this is voluntary and will first need to be agreed by the school.
- ii. Should staff agree to administer medicine, they are responsible with the Headteacher for the storage of medicines, checking that they are correctly supplied and should be aware of possible side effects and the procedures for emergencies.
- iii. Staff will not routinely administer medicines which require being taken at a set time as this impedes their other core duties.
- iv. The school has an insurance policy in place to provide liability cover relating to school staff administering of medication. This is accessible to those school staff who provide this support and any requirements of this insurance (such as training) must be adhered to by staff administering medication.

4. Types of medicine administered:

- 4.1 Only medicine prescribed by a doctor will be given. This includes inhalers.
- 4.2 Medicine will only be given to the child named on the container and in the dosage stated. (A spoon should be provided)
- 4.3 Only a current course of medicine will be given.
- 4.4 Medicine will only be given with the consent of the parent/carer. A consent form with additional information must be signed by a parent/carer before medicine is administered. (Appendix 1)
- 4.5 If there is a request from parents/carers for a child to have, for example, mentholated sweets, during the school day, these will be kept by the teacher and given as appropriate.

5. Exceptions where medicine will not be administered:

- 5.1 The school cannot administer pain-killers such as Calpol etc unless explicit permission has been given for this by the Headteacher where exceptional circumstances exist.
- 5.2 Prescribed medicine will not be given where the timing of the dose is vital and where mistakes could lead to serious consequences.
- 5.3 If a child refuses to take medicine no member of staff will force them to do so. Parents/carers will be informed as soon as possible of the problem.

6 Storage of Medicines:

- 6.1 Medicine brought into school must be given personally to a member of staff in the office. This includes inhalers, where these are used under supervision or must be given to the child. Children must know where their medicine is stored and be able to access it immediately with adult supervision when required.
- 6.2 Older children are allowed to look after their own inhalers and use them as appropriate. If necessary, the class teacher may be given an inhaler for safe keeping and for immediate access should this be necessary.
- 6.3 The school will not store large amounts of medicine and this will not normally be stored overnight. Inhalers may be stored in school where a child has a spare at home.
- 6.4 Medicines must be in the original container and labelled with the child's name and the dosage required. Medicines will be stored in the main office.
- 6.5 Staff will not dispose of medicine. Parents/carers will collect medicines such as inhalers at the end of each term and they are responsible for the safe disposal of out of date medicine.
- 6.6 Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are not locked away, but stored safely and are readily available for school staff to access when required.

7 Recording

7.1 Staff that volunteer to give medicine in school should make a record each time medication is given to a pupil. This protects staff and is proof that procedures have been met.

8 Long Term Medical Needs

8.1 The school must have full information about the medical needs of a child before they start school or as soon as the need is recognised.

8.2 Where parents/carers cannot give full information this will be obtained from the relevant professional and training will be obtained if necessary.

8.3 The school will make a record of the health care needs of children with long term medical needs.

8.4 The school will work in partnership with parents and the school nurse to devise an appropriate healthcare plan.

8.5 Where possible children should participate in the PE curriculum unless otherwise stated in their health record. Certain changes may need to be made to accommodate the needs of such children.

8.6 Medication should be accessible e.g. inhalers, Epi-pen.

8.7 On school visits medication will be carried with the class teacher/ group leader and any additional arrangements will be made. We reserve the right to refuse to take children on a school visit if we feel that medical needs are a significantly serious to risk the safety of the child. However, we would inform the parents/carers and make appropriate arrangements for the child in school.

9 Hygiene

9.1 Staff who give medicine are familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

9.2 Disposable gloves are available and great care is taken with accidents dealing with spillages of blood or other body fluids.

10 Emergency Procedures

10.1 In the event of an emergency, qualified first aiders will be called and the necessary immediate care of the child will be assessed.

10.2 The Head Teacher (or Deputy Head upon the absence of the HT) will follow emergency procedures as required. Parents/Carers will also be contacted.

10.3 In the event of a minor accident parents/carers or responsible adults will be contacted and asked to take any further action such as visit to doctors or the hospital.

10.4 In the event of the need to call an ambulance then the child would be accompanied by a member of staff and the parents/carers or responsible adult contacted as soon as possible. The member of staff will stay with the child until the parent/carer or other adult arrives.

10.5 Transporting children to hospital by private vehicle should not be undertaken if at all possible. Where it is unavoidable then they should be accompanied by another member of staff and should have public liability vehicle insurance.

11 Concerns and Complaints

- 11.1 Stanbridge Primary School aims to work in partnership with parents in the best interests of the children. Any complaint will be given careful consideration and will be dealt with fairly and honestly. Should any parent/carer be dissatisfied with the support provided, they should follow the schools Concerns and Complaints policy.



STANBRIDGE PRIMARY SCHOOL

REQUEST TO ADMINISTER MEDICATION FORM

Parents/carers are advised that, unless you complete and sign this form the school will not administer medication to your son/daughter/ward. The Headteacher and staff must still agree to administer medication as this is purely a voluntary act on their part.

DETAILS OF PUPIL

Surname Forename(s)

Home Address

.....

Date of Birth

Class

CONDITION OR ILLNESS

Type of condition or illness

.....

Name and Type of Medication
(as described on the container)

Expiry Date of Medication Does it need to be refrigerated? Yes/No

How long will your child require the medication?

.....

(ongoing or specific time span)

FULL DIRECTIONS ON USE

Dosage and Method.....

Timing

Special Precautions

CONTACT DETAILS

Name of Parent/Carer

Address

Daytime Telephone Number Alternative Number.....

I understand that I must personally deliver the medicine to a member of staff in the Reception Office and accept that this is a voluntary service provided by the school. I have read and agreed the Medical Needs Policy.

Signature of Parent/Carer Date

