



Policy for for Supporting Pupils with Medical Needs and Handling and Administering Medicines

St. Andrew's C of E Primary School

March 2017

Rationale

Most pupils will at some time have a medical condition that may affect their participation in school activities. Pupils' medical conditions may be summarised as being of two types:

- Short-term affecting their participation in school activities while they are on a course of medication (requiring an Administration of Medication form – Appendix 1).
- Long-term potentially limiting their access to education and requiring extra care and support (requiring an Individual Healthcare Plan – Appendix 2).

Such pupils are regarded as having medical needs. The school will take reasonable measures to support pupils with medical needs.

The Children and Families Act 2014 (Section 100) places a duty on the governing body to make arrangements for supporting pupils at school with their medical conditions in line with the statutory guidance issued. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported at school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. 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.

The governing body 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 governing body must comply with other relevant duties, such as for disabled children or for children with a statement of special educational needs (see also Special Educational Needs Code of Practice).

All staff will be aware of and follow pupil's individual healthcare plans, particularly with reference as to what to do in an emergency. This duty also extends to staff leading activities taking place out of normal school hours or off the school site. This could extend to a need to administer medication or call for help from the emergency services. In the absence of a healthcare plan, the school's standard emergency procedure will be followed.

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

St Andrews CE school will;

- Welcome and support pupils with medical conditions and make arrangements for them based on good practice.
- Adopt and implement the statutory guidance.
- Assist parents in providing medical care for their children by developing healthcare plans on notification of their child's medical condition.
- Educate staff and children in respect of providing support to children with medical conditions.
- Arrange suitable training for staff as required to support pupils with medical conditions.
- Liaise as necessary with parents and medical services in support of the individual pupil.
- Provide emergency support to children in line with their individual healthcare plans.
- Ensure that all children with medical conditions participate in all aspects of school life.
- Monitor and keep appropriate records.
- Provide information on school policies, plans, procedures and systems.

Entitlement

The school accepts that pupils with medical conditions:

- Should be assisted if at all possible
Have a right to the full education available to other pupils;
- Should be enabled to have full attendance – where absence is unavoidable, appropriate support will be put in place;

- Will receive necessary proper care and support.

St Andrew's CE school accepts that all employees have rights in relation to supporting pupils with medical needs as follows:

- to choose whether or not they are prepared to be involved;
- to receive training as appropriate and work to clear guidelines;
- to bring to the attention of management any concern or matter relating to supporting pupils with medical conditions.

Parental responsibilities & record keeping

Parents or guardians have prime responsibility for their child's health and should provide the school with information about their child's medical condition. This should be completed using the Administration of Medication form in appendix 1

Medical information, including Healthcare plans will be stored on individual children's files and shared with school based staff, particularly during transition meetings and with other relevant professional agencies.

Healthcare Plans will be reviewed at the start of each academic year. Parents have specific responsibility to inform the school of any changes which are needed to these plans and also to any prescribed medication.

Parents will be asked when their children start school, to give their permission for named school -based staff to administer emergency medication and first aid.

Individual Healthcare plans

Individual healthcare plans help to ensure that school effectively supports pupils with medical conditions. However, not all children will require one. The school, healthcare professional and parent will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view.

Individual healthcare plans, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, eg school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim will be to capture the steps which school will take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. Guidelines for writing a plan can be found in appendix 2.

Copies of a child's Individual Healthcare plan will be stored in their classroom in order that any member of school staff (temporary or permanent), working with the child can have access to it. Copies will also be held in the First Aid room. Children with Individual Healthcare Plans will be identified on the Class Profiles.

Procedures for managing prescribed medicines during the school day

No medicine should be brought into school except for that which is included as part of a child's individual Healthcare Plan.

Parents should be encouraged to ask their doctor to prescribe medicines, where clinically possible, in dose frequencies which enable them to be taken outside school hours.

Procedures for managing prescribed medicines during educational visits

We encourage all children, including those with Healthcare Plans, to participate in school visits.

Risk assessments identifying children requiring either preventative or reactionary medication must be completed and authorised by the Headteacher prior to the start of any activity being taken off the school site. Portable First-Aid kits and individual pupil's medicines must be taken on Education Visits.

In the case of residential visits additional medical details should be gathered using the Administration of Medication on Residential visits form in appendix 1. This form will detail any preventative or reactionary medication which the staff need to administer along with parental/carer permission for them to do so. Parents/carers should supply the school with the child's NHS number, which can be obtained from their GP.

Before the school visit, parents must bring the child's medical supplies to the school, clearly labelled with the child's name and with explicit instructions as to its administration. Parents/Carers must give written permission for medicines to be administered. The member of staff with responsibility for medicines on the visit should then enter this in a book and the book kept with the medicines. The medicines should be kept secure at all times during the visit.

Roles & responsibilities

The **governing body** will ensure that the school's policy enables provision of effective support for medical conditions. It is to focus on the needs of individuals in ensuring that pupils and parents have confidence in the school's ability to provide effective support.

The **headteacher** is to ensure that everyone in the school is aware of the policy and that they understand their role in its implementation. Parents are made aware through the school website, newsletters and the school prospectus.

Any member of **school staff** may be asked to provide support to pupils with medical conditions and develop healthcare plans, but there is no legal duty which requires school staff to administer medication; this is a voluntary role.

The **school nurse** is to notify school when a child is identified as having a medical condition and support school staff.

Other healthcare professionals may also provide notification, support and advice.

Pupils are to provide information and be part of discussions about their medical support needs.

Parents should provide school with sufficient and up-to-date information about their child's medical needs.

Those members of staff who do accept responsibility for administering medication or first aid must acknowledge any limitations in their competence for which the Headteacher and governors will seek appropriate instruction.

A school employee acting in the course of their employment who administers medication to pupils with special care needs will be fully indemnified by Cambridgeshire County Council's insurance policy for any injury or loss caused by their actions, provided they have received full training relevant to the medication being administered.

All staff are encouraged to contact their respective GP to arrange for the administering of a hepatitis A injection.

Two members of the lunchtime staff are authorised to deal with minor first aid issues; head bumps and simple issues. These staff must carry the small portable first aid kits. Any issues of a more serious nature or where the lunchtime staff are concerned, should be referred directly to the named staff below.

Non prescription medication.

Children are **not** allowed to self-administer any painkillers, such as Ibuprofen, aspirin or paracetamol. If a child suffers from headache or muscle pain, parents/carers are required to administer any pain relief that the child requires. This may involve the parent/carer coming into school to administer the medication. Children should not self-administer cough sweets, syrup or throat lozenges without prior permission from the teacher.

Long term & complex medical needs

The school recognises that circumstances may arise when the admission, full time or continued attendance of a pupil with medical needs may not be considered appropriate. In such situations advice will be sought from other professionals such as admissions officers, the school nurse, EWO, SEN support agencies and other health professionals.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), school will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Self administration of medicines

We encourage children to take responsibility for the management of their own medication from an early age. Children who suffer from Asthma are allowed to carry and administer their own inhalers following their Healthcare Plans. Children with Diabetes are encouraged to be responsible for testing their own blood sugar levels and administering insulin as and when needed, again in line with their Healthcare Plans. If children take their medicines themselves, staff may need to be trained in order to supervise and support. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the Individual Healthcare Plan. Parents will be informed so that alternative options can be considered.

Staff Training

All school staff who are involved in the handling and administration of medication shall be appropriately trained with regard to safety, security and administration. Staff must only undertake special care duties if they have received relevant training.

First Aid staff must hold the appropriate up-to-date Health and Safety at Work Certificate and should attend renewal courses as necessary. *Our current qualified First Aiders are, Mrs Fuller, Mrs Murtagh, Mrs Gipp, and Mrs Hannan* Most members of staff have had basic First Aid training.

The Headteacher has responsibility for ensuring the regular training of all members of staff in the administration of epi-pens and other common forms of medication. A record must be kept in the school of all staff training received; this record must show individual competence, responsibilities and authorisations.

Each year the school produces a photographic register identifying children at risk from anaphylactic shock. These are displayed in prominent areas of each classroom. Appropriate risk assessment forms must be completed when any activity is undertaken which might involve access to identified allergic items.

Storage of medicines.

With the exception of asthmatic inhalers and insulin in pumps, all prescribed medication must be stored in either the respective class teacher's cupboards or the locked first aid room cupboard.

Although parents maintain overall responsibility for ensuring that appropriate, sufficient and 'in date' medication is kept in school, school staff will endeavour to check medication on a regular basis and ensure that parents are informed of any requirements.

It is the responsibility of First Aid staff in school to ensure that the first aid stocks are checked and replenished regularly and ensure that all first aid equipment is maintained. Where deficiencies are identified they should ensure new stock is ordered through liaison with the school administrator.

Unacceptable Practice

School staff should use their discretion and judge each case on its merits with reference to the child's Individual Healthcare Plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents: or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their Individual Healthcare Plans;
- if the child becomes ill, send them to the school office or first aid room with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, Eg; hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- prevent children from participating, or create unnecessary barriers to children participating in every aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Summary

- The Headteacher remains responsible for the overall implementation of the policy.
- The governing body will review compliance with the policy annually.
- The school will keep proper documentation at all stages when considering the issue of support for pupils with medical conditions in school. Copies of all documentation to be available in the school First Aid Room.
- Any complaints are to be made in writing to the Headteacher and will be dealt with in accordance with the school's complaints procedure.

Communicable diseases

Please see appendix 3 for guidance regarding the exclusion period for communicable diseases.

Appendices:

Administration of Medication Forms	Appendix 1
Authorisation of medication during a residential visit, request form.	Appendix 2
Individual Healthcare Plans	Appendix 3
Communicable diseases	Appendix 4
Locations and Inventory of First Aid cupboards:	Appendix 5

St Andrew's CE Primary School Soham

Administration of Medication within school.

The school will only administer medicines when it would be detrimental to a child's health or school attendance not to do so. You **MUST** complete and sign this form before any member of staff is able to administer medicine to your child.

Child's Name: _____

Class: _____

Name and strength of medicine: _____

How much to give (i.e. dose) _____

Daily Dosage Instructions
(from pharmacy Label) _____

Course Completion Date _____

Any Other Instructions _____

NOTE: "Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage".
Supporting pupils at school with medical conditions. DfE April 2014

Daytime Phone No (parent or other adult contact) _____

GP Name and contact No _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to St Andrew's CE Primary school Soham staff administering medicine in accordance with the school policy.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medication is stopped.

Signature _____

Print Name _____

Date form completed _____

St Andrew's CE Primary School
Authorisation of medication during a residential visit, request form.

Name of Child.....Class.....

Name of Medication.....

Dosage and Frequency of administration:

Dosage.....

Frequency:

Start date for course of medication

End date for medication (if appropriate).....

Name of doctor.....

Tel number.....

I request the school's authorisation for the administration of the above medication during the residential visit to..... and agree to inform the school of any changes to this information.

Signed.....

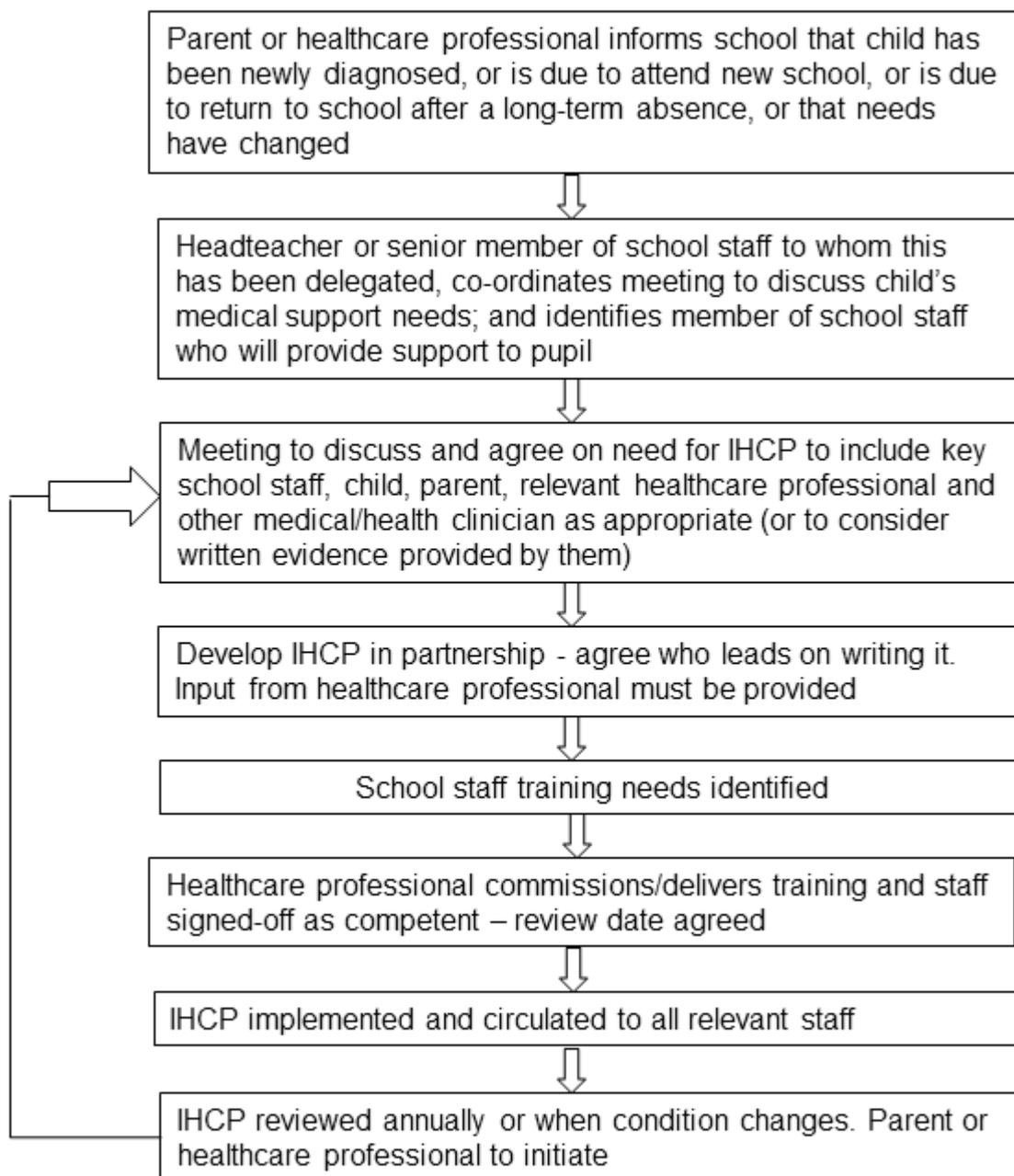
I agree to the above request and authoriseto administer this medication for the duration of the residential visit.

Signed.

R. D Liddington
Headteacher

Parents/carers must be able to confirm that any necessary medication has been specifically prescribed for the pupil, is correctly labelled, in date, with storage details attached and that the school will be informed of any changes to the medication prescribed or its administration.

Guidelines for Writing an Individual Healthcare Plan



When deciding what information should be recorded on Individual Healthcare plans, the following should be considered;

- The medical condition, it's triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication(dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete SATs, use of rest periods or additional support in catching up with lessons, counselling sessions;

- The level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child is able to participate, Eg risk assessments;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
- What to do in an emergency, including whom to contact and the contingency arrangements. Some children may have an emergency Healthcare Plan prepared by their lead clinician that could be used to inform development of their Individual Healthcare Plan.

Individual Healthcare Plan for a Pupil with Medical Needs

Name:

PHOTO

Address:

Date of Birth:

Name of School:

Class/Form:

Medical Condition:

Date plan drawn up:

Review date:

CONTACT INFORMATION

Family Contact 1

Name:

Phone No:

(work):

(home):

(mobile):

Relationship:

Family Contact 2

Name:

Phone No:

(work):

(home):

(mobile):

Relationship:

GP

Name:

Phone No:

Clinic/Hospital Contact

Name:

Phone No:

Describe medical condition and give details of pupil's individual symptoms:

Daily care requirements (e.g. before sport/at lunchtime):

Describe what constitutes an emergency for the pupil, and the action to be taken if this occurs:

Follow up care:

Who is responsible in an emergency (State if different on off-site activities)

Signed:

Medical Professional..... Date.....

Parent/carer..... Date.....

Head teacher Date.....

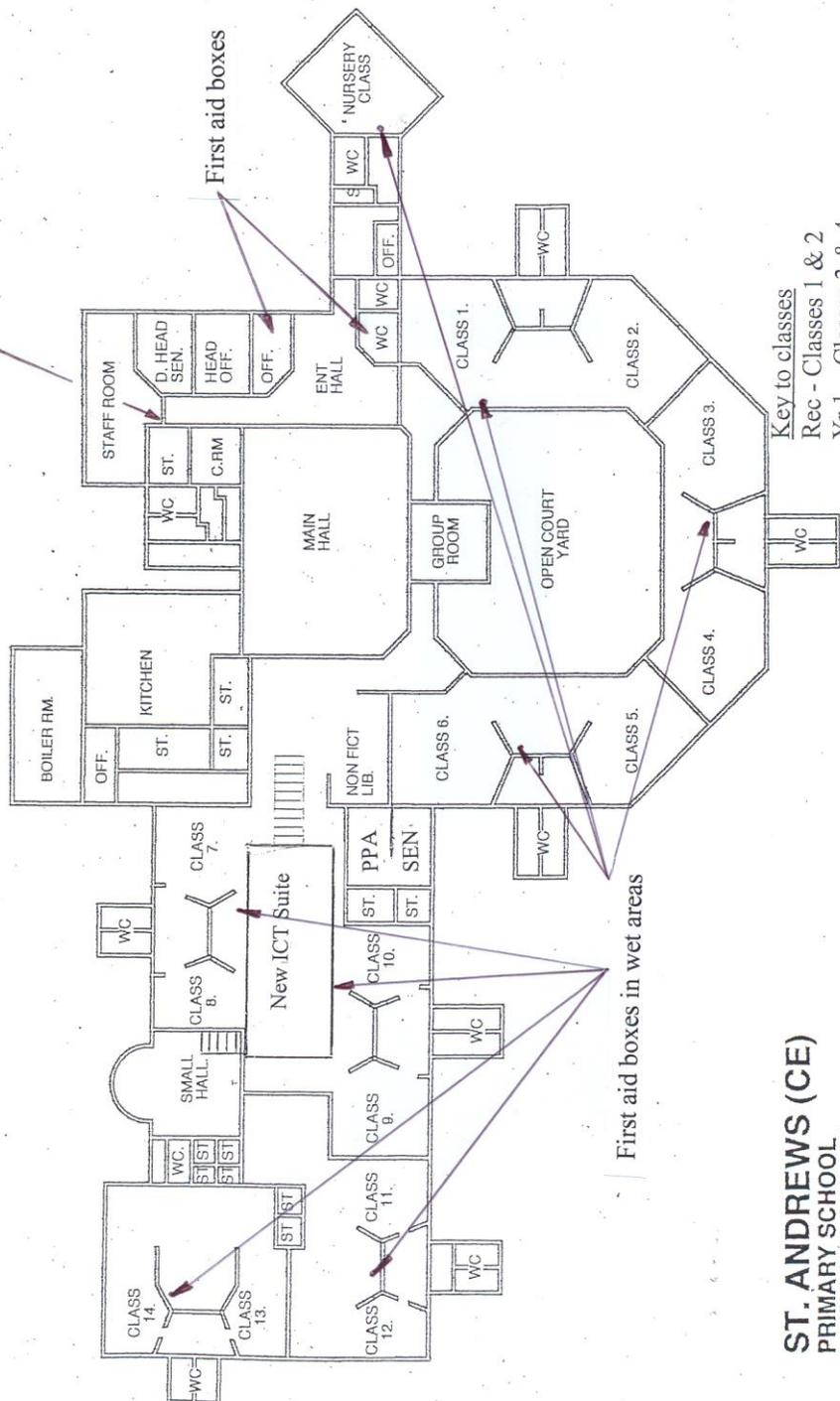
SENCo..... Date.....

Communicable Disease - Guidance for Schools

DISEASE	INCUBATION PERIOD	INFECTIOUS PERIOD	RESTRICTIONS/EXCLUSIONS	SCHOOL CONTACTS	NOTES
Athletes foot	Unknown	Infectious while lesions are present. Fungal spores are spread by direct contact or via contaminated floors, showers etc.	None	No Action	Dry between toes after bathing. Apply fungicidal dusting powder to feet
Chicken pox	2-3 weeks	Infectious up to 5 days before and not more than 5 days after appearance of spots	Exclusion for at least 5 days after spots first appear or until spots become dry	Pregnant women should be made aware so that they can consult their doctor for advice if they are not immune	Infection confers long immunity. Second attacks are rare
Cold sores	2 - 12 days	Virus can be present up to 7 weeks after recovery from lip lesion, usually spread by direct contact or saliva	None	No Action	Good personal hygiene can minimise transfer of infectious material
Conjunctivitis "Pink eye"	24 - 72 hrs	Can be infectious while eye is inflamed. Spread by contact, sharing flannels etc.	Exclusion not usually necessary after medical treatment/advice	No Action	Good personal hygiene can minimise transfer of infectious material
Gastroenteritis (Diarrhoea &/or vomiting)	Varies according to cause	Multiple linked cases should be reported at the earliest opportunity to the local environmental health department.* Under usual circumstances, individual cases aged 5 years or over should be excluded until well and free from symptoms. Children under 5 years or those not able to implement good standards of personal hygiene should be excluded until 72 hours after they are symptom free.			
Glandular fever	4- 6 weeks	The virus may be carried by the affected person for a year or more after the illness. Transmission is via saliva, usually kissing	Exclusion until clinically well	No Action	
Hand foot & mouth	3-5 days	Infectious during period of illness	Exclusion until clinically well	No Action	Usually mild illness causing blisters on palms, soles & mouth
Headlice		Headlice can only move from one head to another during prolonged head to head contact (at least 1 minute)	Refer to local policy and leaflet "A simple guide to headlice"		It is advisable that all members of an affected persons family are treated
Hepatitis A "Yellow Jaundice"	15 - 50 days	The virus is spread from the faeces of an affected person to the mouth of another. The infectious period is during the last half of the incubation period and for up to a week after jaundice appears	Exclusion until 1 week after jaundice appears plus clinically well	Advice should be sought from CCDC** at an early stage	Scrupulous hygiene after lavatory
Influenza	1 - 5 days	Infectious up to one week after onset	Exclusion until well	No Action	Immunisation available for certain vulnerable groups eg: asthma, diabetes, heart or kidney disease
Impetigo	4 - 10 days	Infectious usually until lesions healed. The bacteria are usually spread by pus on fingers	Exclusion for 48 hours after treatment commenced unless lesions can be covered	No Action	Medical treatment, covering lesion and personal hygiene are important
Measles	7 - 18 days	Infectious from just before illness starts until 4 days after appearance of rash	Exclusion until well	No Action (Most children immunised)	Unimmunised persons can usually be vaccinated successfully if within 3 days of contact
Meningitis	Varies according to cause	Advice should be sought at an early stage from the CCDC** according to the circumstances of individual cases			
Mumps	12-25 days	Infectious from 1 week before to 1 week after onset of facial swelling	Exclusion until swelling has subsided	No Action	
Ringworm	10 - 14 days	Infectious until lesions healed. Spread by direct contact skin to skin or indirect contact via combs, clothing etc.	Exclusion not necessary after treatment has started.	No Action	Pets and farm animals may be a source of infection
Rubella "German Measles"	14-23 days	Infectious for about 1 week before and at least 4 days after onset of rash	Exclusion for 7 days after onset of rash	Pregnant women should be made aware so that they can consult their doctor for advice if they are not immune	
Scabies	2 - 6 weeks (1 - 4 days if previously infected)	Infectious until treated. Mites are transferred during skin-to-skin contact and via recently infected under clothes or bed linen	Exclusion until the day after treatment	Household members and those who have had prolonged skin-to-skin contact should have simultaneous treatment	The mites make tiny burrows in the skin which itch intensely especially at night. Sites include between fingers, wrists elbows etc.
Scarlet fever Scarlatina	1 - 3 days	Usually spread by direct contact. Infectious until treated with appropriate antibiotic for 48 hours	Exclusion until 48 hours after treatment	No Action	
Slapped face disease "Fifth disease"	4 - 20 days	Infectious before onset of rash but probably not after rash appears	Exclusion until clinically well	This virus may unusually cause damage to the foetus in early pregnancy. Advice should be sought from G.P.	Rash has a "slapped face" appearance on cheeks followed a day or so later by a lace like rash on body.
Threadworms	Few days	Infectious until treatment. Eggs can be transferred to mouth on fingers if the anus is scratched	None	Contacts and family members should be treated simultaneously	Good hygiene and adequate treatment are essential
Verrucae and warts	2 - 3 months	Infectious while visible lesions persist	None. Verruca socks may be worn for swimming	No Action	Usually disappear spontaneously. If pain on walking medical advice can be sought
Whooping Cough	7 - 10 days	Infectious from onset until about 3 weeks later. (Or 5 days if treated with appropriate antibiotic)	Exclusion for 3 weeks from onset. If treated with antibiotic can return when clinically well	Unimmunised household contacts under 7 years should be excluded until on antibiotic treatment	During an outbreak children under 5 years should not be admitted to school unless known to be immunised

* and ** For details of contact numbers see overleaf

LOCATION OF FIRST AID BOXES



- Key to classes**
- Rec - Classes 1 & 2
 - Yr 1 - Classes 3 & 4
 - Yr 2 - Class 5 (some yr 2 children in classes 3&4)
 - Yr 3 - Classes 7 & 8
 - Yr 4 Classes 9 & 10
 - Yr 5 Classes 11 & 12
 - Yr 6 Classes 13 & 14

**ST. ANDREWS (CE)
PRIMARY SCHOOL
SOHAM**

St Andrews CE Primary School
First Aid Inventory

As a guide, where no specific risk arises, the stock of first aid items should normally be:

1. Card giving first aid guidance
2. Individually wrapped sterile dressings
3. Sterile eye pads with attachment
4. Triangular bandages
5. Safety pins
6. A selection of sterile un-medicated dressings
7. Gloves

Soap and water and disposable drying materials, or suitable equivalents, should also be available. Where drinking water is not available, sterile water or normal saline in disposable containers each holding at least 300ml, should be kept easily accessible and or near to the first aid box for cleaning wounds and eye irritation.

Travelling First Aid Boxes.

The contents of small travelling first aid kits may vary according to the circumstances in which they are being used. In general, the following items should be sufficient:

1. 6 individually wrapped sterile dressings
2. 1 medium sized sterile un-medicated dressing
3. 1 triangular bandage (this should be sterile if possible; if not a sterile covering appropriate for serious wounds, should be included)
4. 6 safety pins
5. Sterile water
6. Gloves

