



# Medical Policy

Draft prepared by: Laura Jeffery

Agreed: Spring 2016

Signed:

Chair of Governors:

Headteacher:

A handwritten signature in black ink, written in a cursive style. The signature appears to be 'M. J.' followed by a flourish.

### **Introduction, aims, purpose of policy**

At Chase Bridge we aim to welcome and support all pupils with medical conditions. We will ensure we make reasonable adjustments so these pupils can access and enjoy the same opportunities as others at our school. We want to work in partnership with parents/carers and the child where appropriate for them to achieve their full potential. We recognise that there are medical conditions that may be serious and can potentially be life threatening so it is vital to have robust systems in place to support these children. Medical conditions can also have an impact on a child's ability to learn, their attendance and their emotional and social wellbeing this will all be taken into account when supporting these children.

The purpose of the policy is to ensure parents/carers and staff have a clear understanding of their mutual responsibilities towards the health and care of the children at school. It also ensures that healthcare professionals, the child concerned, social care professionals and the local authority are consulted and involved where appropriate. Each pupil's medical condition will be considered on the individual needs of that child and how it impacts their school life. We also recognise that supporting a child with a medical condition is not the sole responsibility of one person.

### **Policy summary**

The medical care of children at Chase Bridge is a shared responsibility and as such individual roles are outlined. Staff are provided with appropriate and relevant training and all understand that they have a duty of care to the children we are collectively responsible for. Parents/carers also have the responsibility of liaising with the school about the child's medical conditions, helping develop individual healthcare plans and giving permission and providing adequately labelled medication. The policy makes clear that both prescription and in exceptional circumstances non-prescription medication will only be administered if it affects the child's ability to access learning or their attendance. Records of medication given or if it was refused will be kept.

### **Please also refer to the following policies and documents**

- Accident and Injury Policy
- Children and Families Act 2014 (section 100)
- Equality Act 2010
- Inclusion Policy
- Health & Safety Policy
- Safeguarding & Child Protection Policy
- Supporting pupils at school with medical conditions April 2014
- Education Act 2002

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## **Roles and Responsibilities**

### **Role of the Governing Body**

The Governing Body has:

- nominated a member of staff to take charge of medical conditions
- delegated powers and responsibilities to the Headteacher to ensure all school staff and visitors to the school are aware of and comply with this policy
- responsibility for ensuring that the school complies with all equalities legislation
- responsibility for ensuring all policies are made available to parents
- ensure that appropriate level of insurance is in place and appropriately reflects the level of risk
- ensure that arrangements are in place to support children with medical needs
- nominated a link governor to visit the school regularly, to liaise with the Headteacher and to report back to the Governing Body
- responsibility for the effective implementation, monitoring and evaluation of this policy.

### **Role of the Headteacher**

The Headteacher will:

- ensure the school policy is effectively implemented
- ensure all staff who need to know are aware of a child's medical condition
- ensure that there are sufficient numbers of trained staff available to implement this policy and individual healthcare plans
- make sure staff are appropriately insured
- ensure that the nominated person is suitably trained, has sufficient time to undertake their role and an adequate budget to purchase medical equipment
- have overall responsibility for development of individual healthcare plans
- ensure all school staff, pupils and parents/carers are aware of and comply with this policy
- work closely with the link governor, deputy head, inclusion manager and welfare officer
- provide guidance, support and training to all staff.

### **Role of the Inclusion Manager**

The inclusion Manager will:

- contact the school nurse if there is a child with a medical condition who needs support in school who also has special educational needs and/or a disability
- ensure all relevant staff will be made aware of a child's condition
- arrange cover to ensure someone is always available
- monitor individual healthcare plans
- help co-ordinate emergency procedures
- ensure staff room 'Medical Needs' display board is updated when necessary

### **Role of the Deputy Head**

The deputy head will ensure:

- enough school staff are trained in first aid arrangements and hold a valid certificate of competence that is valid for three years
- any staff sign off they have completed any training
- staff follow basic hygiene procedures
- risks assessments are completed for all off-site activities whether sporting or trips or residential

- supply teachers are briefed by making sure they are aware of the yellow teacher's file – this file details vital information about the school and also includes a list of the children's medical needs; these are kept on teachers desks for reference.

### **Role of the Welfare Officer**

The welfare officer will:

- organise and maintain the medical room
- ensure that there are adequate stocks of medical equipment
- ensure the appropriate medical resources (asthma inhalers, insulin, epipens) are available
- maintain a list of medical needs, keep teachers yellow folders and lists of those attending out of hours clubs updated
- for all educational visits and sporting activities prepare medications to give to teachers
- undertake any training deemed necessary to support a child with a medical condition
- help develop and implement of individual healthcare plans
- ensure all staff who need to know are aware of a child's condition
- liaise with school nurses and other health professionals where necessary
- support the emergency procedures
- keep up to date with new developments and resources
- inform parents/carers are if their child is unwell.

### **Role of School Staff**

All school staff must:

- report any concerns they have on the medical welfare of any pupil
- read relevant medical information provided e.g. medical needs outlined in class yellow folders, individual healthcare plans
- undertake any appropriate training deemed necessary to support a child with a medical condition within their role in school e.g. administering medication (although they cannot be required to do so), using equipment such as oxygen tanks
- undertake first aid training which is updated every 3 years and signed off, if necessary for their role
- ensure risks assessments are completed to include information on any medical conditions, what will happen in an emergency and how that child can participate fully and safely (this may require consultation with parents/carers and/or healthcare professionals)
- ensure first aid kits are taken on educational visits or off-site sporting activities
- declare any medical conditions that may affect their safety in the workplace e.g. epilepsy.

### **Role of Parents/Carers**

Parents/carers must:

- inform the school of their child's medical history that maybe a cause for concern
- tell the school of their child's current medical conditions that may affect them in school, on a residential trip, school visit and other out-of-school activities
- be involved in the development and review of their child's individual healthcare plan
- provide in date prescription medication as part of any individual healthcare or medical condition in line with the school policy (see managing medicines section) and complete the relevant forms for permission
- immediately inform the school of changes to any medication for example dosage or if it is discontinued
- make sure someone is always contactable

- keep their child at home if they are not well enough to attend school
- inform the school and provide a copy a medical appointment, if requested, e.g. at the hospital

### **Role of Pupils**

Pupils must:

- inform a member of staff immediately if help is needed
- if appropriate, be involved in discussion about their medical condition and administer their own medication
- if appropriate, be involved in the writing of their individual healthcare plan

### **Toilet Training**

Starting school or nursery is a time of growth and very rapid developmental change for all children. As with all developmental milestones in the Early Years Foundation Stage, there is a wide variation in the time at which children master the skills involved in being fully toilet trained.

At Chase Bridge we aim to work in partnership with the parents/carers of the children. Therefore we aim to support parents/carers in the process of toilet training; where necessary we will work on the advice of the child's health visitor and ensure appropriate provision is in place to manage the child's needs.

### **Managing Medicines**

At Chase Bridge prescription and only in exceptional circumstances non-prescription medication will only be administered at school when it would be detrimental to a child's health or school attendance not to do so. All medicines (prescription or non-prescription) require written consent by the parent/carer otherwise they cannot be administered. Prescription medication will only be accepted if it is **in date, labelled with the child's name, the original container as dispensed by the pharmacist is provided and instructions for administration, dosage and storage are included** (the exception is insulin, which must still be in date). All medicines will be stored safely and as recommended e.g. refrigerated if necessary. All children will know where their medication is stored. Sharp boxes are always used for the disposal of needles.

Parents/carers must record when medication expires and provide new when necessary. All medication will be sent home at the end of the summer term and if still required be returned in September. When no longer needed, medicines will be returned to parents/carers for correct disposal.

Some children may be prescribed controlled drugs such as Ritalin and Midazolam (class B drugs). These are securely stored in a non-portable container and only named staff have access. Designated school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines do so in accordance with the prescriber's instructions. In the case of controlled drugs the school also records the quantity held on site.

### **Record keeping**

All medicines administered or supervised will be recorded with details of the member of staff, name of the pupil, dose, date and time, any side effects will also be noted (see Appendix D). If a child refuses medication this is also recorded and parents/carers are informed as soon as possible.

### **Individual Healthcare Plans**

Where a child or member of staff requires medical care and support an individual healthcare plan will be devised that is agreed between the school, parents/carers, the child (if appropriate) and healthcare professionals (see appendices for template). It will include details of the child's triggers, signs,

symptoms, medication and emergency procedures. These are displayed in a staff only area to make sure all concerned are aware of the correct procedures. Individual healthcare plans will be reviewed annually at the start of a new school year and updated as and when necessary if circumstances change. If a child is off school for a significant amount of time due to their medical condition arrangements will be made to support their reintegration back into school.

### **Emergency Procedures**

If the child is able to be taken to the welfare room, do so or if not, clear the area of other pupils/ unnecessary staff. The welfare officer will assess the situation and in consultation with the deputy head or inclusion manager will decide the next steps. Depending on the level of illness either the parents will be called to take their child for further medical support or if part of the individual healthcare plan or if the child is unconscious or a clear serious injury an ambulance will be called. Then the parents will be contacted. If a child needs to be taken to hospital staff will stay with the child until parents arrive or accompany a child taken to hospital in the ambulance.

### **Transitional arrangements for pupil's medical conditions**

Within two weeks, Chase Bridge will make every effort to ensure arrangements are in place to support a newly diagnosed condition or child joining from another school.

### **Complaints**

Please see the complaints policy.

### **Unacceptable practice**

It is not generally acceptable practice to:

- prevent children accessing their inhalers and medication
- assume that every child with the same condition requires the same treatment
- ignore the views of parents/carers or the child or ignore medical evidence or opinion (although it may be challenged)
- send children with medical conditions home frequently
- penalise children for their attendance if related to their medical condition e.g. hospital appointments
- prevent children from eating, drinking and using the toilet if related to their medical condition
- ask or insist a parent attends school to support their child with a medical condition by administering medication including toileting issues
- prevent children from participating in any activity and requiring parents to accompany their child on school trips.

# Appendices

**Appendix A- Individual Healthcare Plan template**

**Appendix B- Who has parental responsibility?**

**Appendix C- Consent Form for the Administration of Medicine**

**Appendix D- Chase Bridge's Record of Medication Administered**

**Appendix A- Individual Healthcare Plan for** \_\_\_\_\_

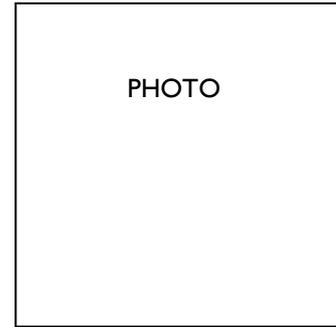
Date of Birth: \_\_\_\_\_

Medical Diagnosis or condition:  
\_\_\_\_\_  
\_\_\_\_\_

Year Group: \_\_\_\_\_

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

Name of School: **Chase Bridge Primary School**



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

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

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**CONTACT INFORMATION**

**Parent/ legal guardian contact with parental responsibility 1**

Name: \_\_\_\_\_

Phone No.: (work) \_\_\_\_\_  
(home) \_\_\_\_\_

**Clinic/Hospital contact**

Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**Family contact 2**

Name: \_\_\_\_\_

Phone No.: (work) \_\_\_\_\_  
(home) \_\_\_\_\_

Parent /legal guardian with parental  
Responsibility yes or no (please circle)

**G.P.**

Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Describe the medical needs and give details of the child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of medication, dose, method of administration, when to be taken, side effects, contra-  
indications, administration by.../self-administered with supervision

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Specific support for the pupil's educational, social and emotional needs

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Arrangements for school visits/trips etc

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

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Who is responsible in an emergency?: (state if different for off-site activities)

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Plan developed with:

- 
- 

Staff training needed/undertaken- who, what when?

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Form copied to:

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Signature of Parent/Legal Guardian with parental responsibility: .....

Print Name:

Date:

## **Appendix B- Who has parental responsibility?**

### **For children born before 31<sup>st</sup> November 2003**

- **Mothers** automatically have parental responsibility for their children
- **Fathers** also have parental responsibility if they were married to the mother when the child was conceived or born, or if they got married to her later
- **Unmarried fathers** do not automatically have parental responsibility for their child, but a court order or a “parental responsibility agreement” can give it to them”
- **People looking after your child** like child minders or grandparents do not have parental responsibility, but you can authorise them to take medical decisions for your child, if your wish.

\*The National Family and Parenting Institute produce a leaflet, *Is it legal? A parents guide to the law* which gives more information about parental responsibility and how to acquire it. ([www.eparents.org](http://www.eparents.org) or telephone 020 7424 3460)

Reference: [www.doh.gov.uk/consent/parentsconsent.htm](http://www.doh.gov.uk/consent/parentsconsent.htm)

A guide for parents “What you have a right to expect 2002”

### **For children born after 1<sup>st</sup> December 2003**

- Both of a child’s parents have parental responsibility if they are registered on the child’s birth certificate. This applies irrespective of whether the parents are married or not.
- Where the child has been formally adopted, the adoptive parents are the child’s legal parents and automatically acquire parental responsibility.
- Where the child has been born as a result of assisted reproduction, there are rules under the Human Fertilisation and Embryology Act 1990 that determine the child’s legal parentage.
- People looking after your child like child minders or grandparents do not have parental responsibility, but you can authorise them to take medical decisions for your child, if your wish.

Reference: BMA Parental Responsibility, Guidance from the Ethics Department, June 2006

**Appendix C- Consent Form for the Administration of Medicine**

**PRIVATE & CONFIDENTIAL**

Child's Name:		Date of Birth:	
Parent's surname if different:		Home telephone:	
Home address:			
Emergency contact names and telephone numbers:	1.	2.	3.
Doctor's Name:			
Doctor's Address & phone number			
Nature of condition or illness:			

I agree to members of staff administering medicines that have been supplied / or providing treatment or care to my child as directed below	Name in print: Parent/ legal guardian with parental responsibilities
I agree to update information about my child's medical needs, held by the school, on a regular basis	Sign :
I will ensure that the medicine held by the school has not exceeded its expiry date.	Date:
Procedures to be taken in an emergency:	

Name of medicine	Dose & instrument for administering dose Eg. Volumatic, EpiPen/AnaPen	Frequency/ Times	Completion date of course of medicines if known	Expiry date of medicine

**Appendix D- Chase Bridge’s Record of Medication Administered**

Print Name															
Signature of staff															
Any reactions															
Dose given															
Name of medication															
Time															
Childs Name															
Date															