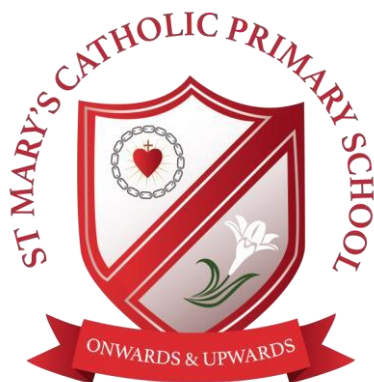


St Mary's Catholic Primary School
CHILD MEDICAL TREATMENT AND WELFARE
POLICY



Date Adopted: Summer 2019

Review date: Summer 2022

Staff Responsible: Headteacher

PRINCIPLES

St Mary's Catholic Primary School as an inclusive school aims to support and welcome children with medical conditions providing the same opportunities as for other children at school. The governors and leadership of the school aim to include all children with medical conditions in all school activities wherever possible.

The governors have agreed that the school will follow the Department for Education's guidance paper, Supporting Children at School with Medical Conditions, December 2015.

The governors understand that medical conditions should not be a barrier to learning and have developed this policy to help to ensure that all staff members understand their duty of care to children.

This policy will assist staff members in the event of an emergency and enhance confidence in knowing what to do in an emergency.

A child with any medical condition will be encouraged to take control of his or her condition and the school will make every effort to ensure that the child is confident in the support received to help do this. There will be an expectation that medical intervention in school time should be minimised to ensure full access to the curriculum.

The governors understand that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood. Therefore, this policy will help to ensure that all staff understand the common medical conditions that affect children at this school and receive training on the impact this can have on them. School staff members will receive information and reminders on this policy during the year through regular updates.

LEGAL FRAMEWORK

The development of this policy is based on the following: -

Supporting Children at School with Medical Conditions, DfE, December 2015

The Special Educational Needs Code of Practice, DfE, January 2015

The Children and Families Act 2014

The School Premises (England) Regulations 2012

The Children Schools and Families Act 2010

The Children Act 2004

The Education Act 1996

The Children Act 1989

The Health and Safety at Work Act 1974

The Misuse of Drugs Act 1971 when Class 1 and 2 drugs (primarily "Ritalin" prescribed for Attention Deficit Syndrome) are kept on school premises, a written stock record is also required and the drugs kept securely locked away.

The Medicines Act 1968

Cross Reference: Equality Policy; Child Protection and Safeguarding Policy; Health & Safety Policy; Intimate Care Policy

PURPOSES

This policy covers matters which affect a child's welfare except child protection and safeguarding which has its own policy: medical treatment, administration and storage of medicines, and counselling issues

The school aims to:

- assist parents in providing medical care for their children;
- educate staff and children in respect of special medical needs;
- adopt and implement appropriate policies and procedures;
- ensure that arrangements are in place to support children at the school with medical conditions;
- arrange and update training for staff to support individual children;
- liaise as necessary with outside agencies in support of the individual child; • ensure access to full education including school trips and physical education if possible;
- monitor and keep appropriate records.

In applying these policies, the best interests of the child will be paramount.

It is possible given the range and scope of medical and welfare issues that this policy lacks particular guidance on a matter. In such cases reference will be made to statutory guidance: Supporting children at school with medical conditions, DfE, December 2015

GUIDELINES

The school will follow these guidelines.

Administering Medication

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where possible medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- For a child to be administered any medicines it must be duly prescribed by a doctor or other recognised medical practitioner with dispensing powers and the parent or carer must complete the permission form (Appendix A).
- The school will only administer prescription drugs to children. All such drugs will be in the original container as dispensed by the pharmacy and the dispensing information will clearly state the medicine's name, the dosage, the storage instructions, the patient's name and the date. Drugs administered will be recorded on the appropriate form (Appendix B) and it will be held on the child's file.
- The school will not administer non-prescription drugs or other substances. Parents or carers will have to come into school to administer these and will be required to record what has been administered, when, for what condition and any side effects. In such cases the school will not be responsible for any reactions by the child to the medication.

- The school may want to measure the number of times prescription drugs are administered in school and the appropriate form, Appendix C, can be used.
- All children at this school with medical conditions should have appropriate access to their medication. This will only be administered under the supervision of a member of staff at the school - even if the child can administer the medication by him/herself (children will be encouraged to administer their own emergency medication when their parents and health specialists determine they are able to start taking responsibility for their condition).
- All staff will understand the importance of medication being taken as prescribed and training will be given to staff members who administer medication to children. Medicines for children will be kept in the school office or in the Medical Room.
- When a child is off-site his/her medication will be carried by a responsible adult, who will be available to administer the medicine and assist the child. All staff attending off-site visits are required to be aware of any child with medical conditions on the visit. They will receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed. This is always addressed in the risk assessment for off-site activities.
- Training is given to all staff members who agree to administer medication to children, where specific training is needed. If a trained member of staff who is usually responsible for administering medication is not available, the school will make alternative arrangements to provide the service.
- Parents at the school must understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they must notify the school immediately. The school will not be responsible for a parent or carer's failure to keep the school fully apprised of changes to a child's condition or medication.
- If a child misuses medication, either theirs or another child's, their parents will be informed as soon as possible. These children will be subject to the school's usual disciplinary procedures.
- If a child at this school refuses their medication, staff will record this and parents or carers will be informed as soon as possible. The school will not be held responsible for any adverse effects to the child.

Antibiotics

- Most antibiotic medication will not need to be administered during school hours. Twice daily doses should be given in the morning before school and in the evening.
- If antibiotics need to be administered in school, parent(s) must complete the Consent Form (Appendix A) and confirm that the child is not known to be allergic to the antibiotic and give details of any possible reaction and course of action to be taken.
- The antibiotic should be brought into the school in the morning and taken home again after school each day by the parent. Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent(s). All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose and the date of dispensing.

- In school the antibiotics should be stored in a secure cupboard or where necessary in a refrigerator. Many of the liquid antibiotics need to be stored in a refrigerator - if so, this will be stated on the label.
- Some antibiotics must be taken at a specific time in relation to food. Again this will be written on the label and the instructions on the label must be carefully followed. Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent.
- The appropriate records must be made. If the child does not receive a dose, for whatever reason, the parent must be informed that day.

Admissions

- Children with medical conditions are entitled to a full education and have the same rights of admission to school as other children. No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition(s) have not been made. However, the school does not have to accept a child in school (whether at time of admission or other times) where such would be detrimental to the health of other children or adults.

Controlled Drugs

- There might be times when a child has been prescribed a controlled drug and may legally have it in their own possession if they are competent to do so. Such must be clearly defined on an Individual Healthcare Plan (see Appendix D). Passing a controlled drug to another child or to an adult other than the designated member(s) of staff or first aider without expressed pre-approval is an offence and the school will refer all such incidences to the Police.
- School staff may administer controlled drugs to children provided this meets with the school's policy on administering medicines, the correct procedure is followed and a record is made.
- The school will usually, notwithstanding the above, hold all controlled drugs in a locked box in the Office. Access will be controlled. Records of administration of such drugs must be recorded and must be in accordance with the prescription (see Appendices A and C).

Counselling and Consent Issues

- The school engages the services of a counsellor who visits the school regularly to provide counselling to children. The Counsellor understands the Fraser Guidelines and also understands that s/he is required to report any suspected child protection issues.
- Children in school will have access to counselling only with prior parental/carer consent.

First Aid

- The school has trained first aiders and will make sure that they continue to receive appropriate training. A first aider will deal with any illness or injury, calling an ambulance or doctor as necessary.
- One of the school's appropriately-trained first aiders will be in charge in the case of any serious illness or injury, making sure appropriate action is taken.

- A designated member of staff will be in charge of medical equipment and supplies. This will include making sure that all first aid kits are stocked to at least the level recommended by the Health and Safety Executive. S/he also has responsibility for keeping all staff and children informed about the first aid arrangements.
- Appropriate arrangements will be made for first aid on any off site visits.

Individual Healthcare Plans & Long Term Needs

- Individual Healthcare Plans provide clarity about what needs to be done, when and by whom. They will be essential for complex conditions especially ones where there is a high risk of emergency intervention.
- Parents or carers must work with the school's SENCO and whichever healthcare agencies are involved in producing an Individual Healthcare Plan for a child. The child should be involved whenever appropriate.
- Where a child has long term medical needs the school will liaise with parents or carers to make a detailed plan about what the school will need to do and what records need to be kept. (See also Individual Healthcare Plans.)
- A Care Plan must be completed by the parent(s) in conjunction with the medical agency(ies) or health professional(s) involved and the school's SENCO. Minor changes to the Care Plan can be made if signed and dated by the parent(s). If, however, changes are major, a new Care Plan must be completed. Care Plans must be reviewed annually as a minimum.
- Parents or carers need to ensure there is sufficient medication and that the medication is in date. Parents or carers must replace the supply of medication at the request of relevant school or the health professional. Medication should be provided in an original container with the following, clearly shown on the label: -
 - Child's name,
 - date of birth;
 - Name and strength of medication;
 - Dose;
 - Expiry dates;
 - Dispensing date/pharmacist' details.
- Before a formal diagnosis of a medical condition is given the school will attempt to provide reasonable support to a child. Where the condition is unclear or where there is a difference of opinion, judgements will be needed about what support is to be provided. It will be based on the evidence which will involve some form of medical evidence and consultation with parents or carers and should be in the best interests of the child. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. The proposed support for the child will not be in conflict with the guidelines provided by this policy.

Intimate Care

- Refer to the school's Intimate Care Policy
- Some medical intervention will be of an intimate nature. This will be handled sensitively by the school. The management of children with intimate care needs will be carefully planned. A child who requires care will be treated with respect at all times; the child's welfare and dignity is of paramount importance.
- Staff who provide intimate care are trained to do so and will be fully aware of best practice.
- Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from a physiotherapist or occupational therapist.

Medical emergencies

In cases of medical emergencies, the following principles will be followed: -

- If there is a medical emergency and parents or carers cannot be contacted the school will act in the best interests of the child which may involve giving permission for emergency treatment.
- When a child is sent in an ambulance and a parent or carer is not available, a member of staff will accompany the child if at all possible. The school will look to ensure that the staff member will be one well-known to the child.
- Except in exceptional circumstances, which must be documented, children will not be taken to hospital in a staff member's own car.

Medical Treatment

- All medical information received is treated confidentially in accordance with the school's Data Protection Policy.
- Medication will only be administered if the consent of a person with parental responsibility for the child has been received. Ordinarily, this consent will be required in writing (See Appendix A). In the case of more urgent matters, parents or carers will be contacted by telephone and recorded appropriately.

On site Provision of a medical room

- The school will set aside a room for the care of ill or injured children.

Parents and carers

- The prime responsibility for a child's health lies with the parent or carer who is responsible for the child's medication and care. The parent or carer should provide the school with sufficient and up-to-date information about the child's medical needs. The parent or carer may in some cases be the first to notify the school that the child has a medical condition.

- Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- Parents or carers can come into school to administer medicines if they wish. The school will record the visit and the medicine being administered.
- Parents will keep their child at home if they are not well enough to attend school and 24 hours after any incidents of vomiting or diarrhoea.
- Parents will ensure their child catches up on any school work the child may have missed.

School visits

- The school will do all it reasonably can to allow children with medical needs to participate in off-site visits. With reference to the school's Accessibility Plan, there may occasionally be reasons why the school cannot take a child with medical needs on a particular trip. Where this is the case, the school will provide a full explanation of its reasons.

Specific conditions

- The school has protocols for the management of asthma attacks, diabetes, epilepsy and anaphylactic reaction and has provided training to staff members generally.

Staff Awareness

- Since there is no legal or contractual duty on school staff to administer medicine the school accepts that staff members have rights in relation to supporting children with medical needs:
 - to choose whether or not they are prepared to be involved;
 - to receive appropriate training;
 - to work to clear guidelines;
 - to bring to the attention of management any concern or matter relating to supporting children with medical needs
- Staff members are aware of the most common serious medical conditions at this school and they understand their duty of care to children in the event of an emergency. In an emergency situation school staff are required (under common law duty of care) to act like any reasonably prudent parent or carer. This may include administering medication.
- Action for staff to take in an emergency, for the common serious conditions at this school, is displayed in prominent locations for all staff.

Storage of medicines

The following principles will be followed: -

- Medicines must be provided in the original container as dispensed with prescriber's dosage instructions.
- The dosage given will be that in the original dosage instructions. It cannot be altered at the parent's instruction unless supported by a letter from the child's doctor.
- Medicines will be stored appropriately.
- Medicines to be dispensed discretionally three times a day will not be administered in school.

Any medication not presented properly will not be accepted by the school.

For staff members, any medicines brought into the school by the staff e.g. antibiotics, pain medication, hay fever medication, inhalers for personal use, should be stored in an appropriate place and kept out of the reach of the children (e.g. staff locker). Any staff medicine is the responsibility of the individual concerned and not the school. Misuse by the member of staff or by a child will be considered under the school's disciplinary procedure.

Record keeping

- The school will keep records about injuries and illness which occur in accordance with health and safety legislation.
- The school will also keep a record of any first aid given.

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Appendix A: parental agreement for setting to administer medicine

The school will not give a child medicine unless the parent or carer completes and signs this form and the requirement to administer the medicine conforms to the school's policy.

Date for review to be initiated by

--

Name of child

St Mary's Catholic Primary School

Date of birth

--

Class

--

Medical condition or illness

--

--

Medicine

Name/type of medicine
(as described on the container)

--

Expiry date

--

Dosage and method

--

Timing

--

Special precautions/other instructions

--

Are there any side effects that the school needs to know about?

--

Self-administration - y/n

--

Procedures to take in an emergency

--

NB: Medicines must be in the original container as dispensed by the pharmacy

--

Contact Details

Name

--

Daytime telephone no.

--

Relationship to child

--

Address

--

I understand that I must deliver the medicine personally to [agreed member of staff]

--

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Appendix B: record of medicine administered to an individual child

	St Mary's Catholic Primary School
Name of child	
Date medicine provided by parent	
Class	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date

Time given

Dose given

Name of member of staff

Staff initials

Appendix C: record of medicine administered to all children

Date	Child's Name	Time	Name of Medicine	Dose Given	Any reactions	Signature	Print name of staff

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of 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, administered by/self-administered with/without supervision

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken - who, what, when

Form copied to

Appendix E: staff training record - administration of medicines

Name	St Mary's Catholic Primary School
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location
4. state what the postcode is - please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone.