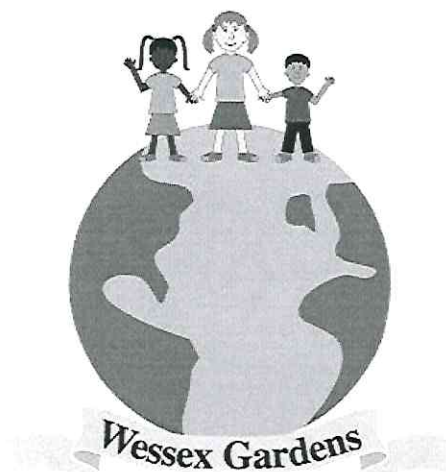


# Wessex Gardens

## Primary and Nursery School



### Medical Needs Policy

**2020 – 2023**

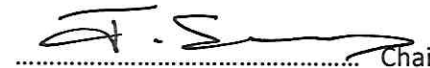
At Wessex Gardens we believe that every child has the right to feel safe and to be protected from any situation or practice that could result in them being harmed. Each child's welfare is of paramount importance and we are committed to safeguarding and promoting the welfare of all children in our care and we expect all staff, governors, placements and volunteers to share this firm commitment.

Growing Together

Wessex Gardens Primary and Nursery School is a place where we grow kind, confident, resilient and independent lifelong learners in a trusting and honest environment. Here everyone is welcome and valued. We are motivated and supported to reach our full potential as we continue to aspire to excellence.

The policy was ratified by the Governing Body on 14<sup>th</sup> July 2020

Signed:  Headteacher

Signed:  Chairman of Governing Body

Review date: July 2023

### **Medical Needs Policy**

Most children at some time have a medical condition, which could affect their participation in school activities. This may be a short-term situation or a long-term medical condition, which, if not properly managed, could limit their access to education.

At Wessex Gardens we believe that every child has a right to participate fully in the curriculum and life of the school; including all outdoor activities and residential trips and that they should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support. We work with the family to ensure that children receive the care and support they need so they can attend school regularly and achieve their full potential.

### **Roles and Responsibilities**

The ultimate responsibility for the management of this policy lies with the headteacher and governing body.

The assistant headteacher will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained.

The welfare officers will work with the assistant headteacher and administration team to ensure accurate and up to date records are kept for children with medical needs.

### **The role of Staff**

Anyone caring for children has a common law duty of care to act like any reasonably prudent parent. This duty extends to staff leading activities taking place off site, such as visits, outings or field trips and may extend to taking action in an emergency.

All staff (teaching and non-teaching) who have children with medical needs in their care should understand the nature of the condition, as well as when and where the child may need extra attention. They should be aware of the likelihood of an emergency arising and know the protocols and procedures for specific children in school through attending training provided and reading individual health care plans devised for individual children.

### **The role of parents/carers**

Parents and carers 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 health care plan which will include an agreement on the role of the school in managing any medical needs and potential emergencies. Parents and carers are responsible for ensuring that all medication in school is replaced before it reaches its expiry date.

If information is withheld from staff, they will not generally be held responsible if they act incorrectly in giving medical assistance that they provided in good faith.

### **Identification of needs**

Upon entry to school, parents and carers will be asked to complete admission forms requesting medical information. This information is passed on to the assistant headteacher or welfare officer who then meet with the parent or carer to determine the severity of the condition and the support required at school. If children develop medical conditions after entry to the school, we rely on parents and carers to inform us. If a member of school staff has concerns about a child's health, they report this to the assistant headteacher or welfare officer. Medical records are updated annually in the autumn term.

### **Individual Health Care Plans**

A minority of children will have long-term serious conditions that require ongoing treatment and medication. Such illnesses include asthma, diabetes, epilepsy, cystic fibrosis and allergies that may lead to anaphylaxis. To ensure the safety and inclusion of these children we work with health professionals and the family to plan and deliver an individual health care plan.

The main purpose of the health care plan is to identify the level and type of support that is needed at school for an individual child. These plans will be reviewed annually or more frequently if the child's needs change.



An individual healthcare plan will include:

- details of the child's condition
- details of routine care, treatment and medication
- special requirements e.g. dietary needs, pre-activity precautions
- any side effects of medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency

### **Administration of Medicines**

While there is no legal duty for school staff to administer medicines, the headteacher will accept responsibility for members of school staff giving or supervising children taking prescribed medication during the school day where those members of staff have volunteered to do so and have agreed to adhere to this policy.

- The parents/carers must specifically request in person that the school administers the medication. They will complete a Medicines Consent Form giving clear written instructions as to administration.
- Each item of prescribed medication must be delivered in its original, pharmacy labelled container and handed directly to the welfare officer or person authorised by the headteacher. The school will not accept medication which is in unlabelled containers.
- The welfare officer will consider in each case the nature of the medication to be administered, any potential risks and all other relevant information before deciding whether in any particular case medicine can be administered in school. Where there is concern about whether the school can meet a child's needs the assistant headteacher should seek advice from the school nurse or doctor, the child's GP or other medical professional.
- Staff who volunteer to assist in the administration of medication must receive appropriate training and guidance.
- The headteacher or representative will seek the advice of healthcare professionals on the type of training required for each authorised member of staff and what types of medication that training covers.
- The school member of staff administering the medication must record details of each occasion when medicine is administered to a child.
- If children refuse to take medication, the staff should not force them to do so. The school should inform the child's parent/carer as a matter of urgency, and may need to call the emergency services.
- Parents and carers will be advised that it is their responsibility to notify the school of any changes to a child's medication. Parents and carers should also inform the school of any other circumstances that may affect the administration of medication or of the child's reaction to the medication.

The school will also administer some non-prescribed medication after consultation between a senior leader and the parent/carer.

### **Storage of Medication**

All medication must be stored in the designated medication areas i.e. the secure medication cupboard or in the fridge (depending on prescriber's instructions.)

Epipens and inhalers should be readily available in the classroom and clearly marked with a red cross. They should not be locked away. Some children may carry their medication with them.

### **Disposal of Medicines**

Staff should not dispose of medicines. Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. Medical waste should be disposed of in the medical waste bin in the welfare room. A sharps box is kept for the disposal of needles.

### **Staff safety**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with blood or other bodily fluids and disposing of dressings or equipment.

### **Self management of medical conditions**

We encourage children to manage their own condition as they get older, and to administer their own medication. For example, diabetic children may carry out their own blood tests and self inject. However, the welfare officers, or other designated adult, will monitor and supervise this. Children with asthma may carry their inhalers with them at all times. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents/carers and children the appropriate time to make this transition.

Parents/carers will be required to complete a 'Self-Management' form, which will detail where the medicines are to be stored during the school day. This will form part of the health care plan.

### **Asthma**

Many children suffer from asthma that is either managed through medication administered at home or by the occasional use of an inhaler at school. For children with more severe asthma an individual health care plan may be made.

Whenever possible, children in Key Stage 2 should assume responsibility for their own inhalers. Spare, individually named inhalers, are kept in the welfare room, but parents should complete the school's 'permission to dispense' form.

In the case of children in Early Years and Key Stage 1, the inhaler should be kept in the classroom but the school will assist or supervise the child using it.

It is the responsibility of the parent to ensure that the inhalers are renewed and that the medication has not exceeded its expiry date. All inhalers should be collected at the end of the school year.

### **Head Lice**

We ask that parents report any case of head lice to the school. The class teacher will send out a standard letter along with advice from the local health authority on prevention and treatment to all parents/carers in that class. Copies of these letters are kept in the office.

### **First Aid**

We have a number of school staff who are trained 'paediatric first-aiders' and in the event of illness or accident will provide appropriate first aid. In the event of a more serious accident, we will contact the parent/carer as soon as possible. If hospital treatment is required and a parent/carer is not available, a member of staff will travel with the child in the ambulance and stay with them at the hospital until the parent/carer arrives.

If a child has a minor head bump, injury or illness a first aider in the classroom or playground will treat them. Children will have a sticker put on their clothing to ensure parents are aware at the end of the day. For an accident involving a bang to the head that requires more attention, we always endeavour to talk to the parent/carer, either by phone or in person to explain the details of the injury. A standard 'head bump' letter is sent home with the child. For children in the Nursery with a head bump we will always contact parents.

### **Accident reporting**

Details of minor accidents/incidents are recorded in the First Aid Day Book together with any treatment provided. Accidents of a more serious nature are entered in the Accident Book and may be reported to the local authority.

### **Physical Activity**

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All staff should be aware of issues of privacy and dignity for children with particular needs.



Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.

### **Intimate care**

Some children may require assistance with their intimate care and hygiene. Procedures and safeguards are detailed in the 'Intimate Care Policy', which should be read alongside this policy.

### **School Visits**

When preparing risk assessments staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits. Sometimes additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent/carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned for as part of the risk assessment and visit planning process. A copy of the individual health care plan should be taken on trips and visits in the event of information being needed in an emergency.

### **Residential Visits**

Parents/carers of children participating in residential visits will need to complete a consent form giving details of all medical/dietary needs. The 'Administration of Medicine' form need to be completed prior to the day of departure, and all medication that needs to be administered during the course of the visit should be handed directly to the group leader before leaving the school at the start of the visit. The school will liaise with health professionals and the family to ensure that individual health care plans are updated to include information and advice for 24 hour care of the child.

### **Communicating Information**

A medical file containing class lists, together with an outline of any medical condition and action, is kept in the welfare room.

Individual Health Care Plans for children are kept in the classroom where they are accessible to all staff involved in caring for the child. Copies are kept in the central medical file in the medical room.

Children with life threatening conditions such as anaphylaxis have their photographs and basic medical details displayed in the classroom next to the medical box containing the care plan and medication. Copies are also displayed in the staffroom, medical room and kitchen (if appropriate). A copy is handed to supply teachers when they arrive at school.

Younger children with food allergies who have school dinners should wear a lanyard detailing foods they are not to eat. The class teacher, teaching assistant or member of lunchtime staff should issue the lanyard when the child enters the hall, and collect it when they have received their lunch.

Medical guidelines outlining the key information are given to staff annually and forms part of the induction procedures for new staff.

### **Confidentiality**

Staff must always treat medical information confidentially. Agreement should be reached between parent/carers and the school about who should have access to records and other information about a child. Consent is sought for photographs and medical details to be displayed as this information is deemed as sensitive under the Data Protection Act 1998. We endeavour to display this information where it is needed but away from areas where it can be seen by other members of the school community, visitors or the general public.

### **Staff training**

The school is responsible for ensuring that staff have appropriate training to support children with medical needs.

All teaching and learning staff receive annual asthma and epipen training. New staff are made familiar with the school's medical procedures as part of the induction process. Specific training and staff awareness sessions are held for children with high individual needs. Any staff required to administer prescribed medicines will receive training to do so. Key members of staff are trained in paediatric first aid.