



**BISHOP LOVEDAY CE PRIMARY SCHOOL**

**Medical Needs Policy**

**Policy for Meeting the Needs of  
Pupils with Medical  
Conditions – to be read in conjunction with the First Aid  
Policy**

Policy reviewed: September, 2018

To be reviewed: September, 2020

Signed: Headteacher

Signed: Chair of Governors

At Bishop Loveday School we work within an inclusive, Christian environment promoting Christian values including Love, Respect, Friendship, Unity, Courage and Forgiveness. These permeate all aspects of school life enabling us to help every child achieve their full potential by equipping them with a feeling of self-worth, a respectful attitude towards others, an excitement for learning and an enthusiasm for life. We equip children with the skills, knowledge and understanding necessary to be able to make informed choices about the important things in their future enabling them to lead happy and rewarding lives.

**Rationale:**

Bishop Loveday CE Primary School has a responsibility to ensure that pupils with medical needs have access to high quality educational support to enable them to continue their education effectively and access the curriculum appropriately. To assure the success of this, good communication and cooperation between the school, home and other professionals is essential.

The Headteacher is responsible for the effective implementation of this policy.

**The key aims of the policy are to:**

- provide continued education as normally as the condition allows;
- reduce the risk of lower self confidence and achievement;
- promote equal access to education for all children;
- establish effective liaison with all stakeholders;
- ensure that prompt action takes place to support individual requirements.

**This policy covers:**

- Procedures for managing prescription medication that require administration during the school day;
- Procedures covering prescription medication needed on school trips;
- Roles and responsibilities of those managing, administering or Supervising the administration of medication;
- Parental responsibilities;
- School policy on assisting children with complex or long term medical needs;
- Safe storage of Medication;
- Disposal of Medication;
- Hygiene and Infection Control;
- School emergency procedures.

## **Procedures for Managing Prescription Medication Needed During the School Day:**

1. Medicines should only be taken to school or other educational settings when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. The school should only accept medicines that have been prescribed by a doctor, dentist, nurse or pharmacist. Medicines should always be provided in the original container as dispensed by a pharmacist and include the instructions for administration. Antibiotics that are prescribed 3 times daily, should not be administered in school unless the child is in wrap around care.
2. The school should never accept medicines that have been taken out of the original container nor make changes to dosages on parental instructions.
3. Staff should **never** give a non-prescribed medicine to a child unless there is specific prior permission from the parents.
4. No child under 16 should be given medicines without their parent's consent. Where possible, this should be written consent. Parents are able to give phone consent for their children to be administered Calpol or Piriton, if they are unable to attend the school to administer themselves, providing the child has taken it before. If phone consent is given, the adult taking the message should record the time, date, name of medication and dose to be given.
5. Any member of staff giving medicines to a child should check:
  - the child's name
  - prescribed dose
  - the expiry date
  - written instructions provided by the prescriber on the label

If in doubt about any procedure, staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school or educational setting.

6. The member of staff administering the medicine should complete and sign a record each time they give the medicine to a child. Good records help demonstrate that staff have exercised a duty of care.
7. If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and inform the child's parent/carer. Other individual procedures may either be set out in an individual child's health care plan. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

8. At Bishop Loveday, whenever possible, medicines should be administered by the Headteacher or a senior leader, following the above criteria.

### **Procedures for Administering Medication on Educational Visits**

1. It is good practice for schools to encourage children with medical needs to participate in safely managed visits. Schools and settings should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It should also include risk assessments for such children. Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be required to accompany a particular child.

2. Arrangements for taking any necessary medicines will also need to be taken into consideration.

3. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency. If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP.

4. When administering medication, staff should follow points 5, 6 and 7 from above.

### **Roles and Responsibilities**

#### **Governors:**

The governors will ensure this policy is reviewed regularly and that the policy is implemented. The governors are responsible for making sure that staff have appropriate training to support children with medical needs. Governors should also ensure that there are appropriate systems for sharing information about children's medical needs in each school or setting for which they are responsible. Governors should satisfy themselves that training has given staff sufficient understanding, confidence and expertise and that arrangements are in place to up-date training on a regular basis. A health care professional should provide written confirmation of proficiency in any medical procedure.

#### **Head Teacher**

The Headteacher has overall responsibility for policy implementation. Day to day decisions will fall to the headteacher. The headteacher will ensure that staff receive any training that is needed and will agree how such training is implemented. The school nurse will be consulted to ensure training needs are met. The headteacher will make sure that all parents and all staff are aware of the policy and procedures for dealing with medical needs (including supply teachers). The headteacher will also make sure that the appropriate systems for information sharing are followed.

For a child with medical needs, the headteacher will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the headteacher will seek advice from the school nurse, the child's GP or other medical advisers. The headteacher will also be responsible for initiating a health care plan and for the review of it (see below).

### **The SENCO**

The SENCO will:

- monitor the attendance of all pupils with medical conditions (code M authorised absence for medical reasons and code B when the pupil is receiving education other than at school);
- liaise with an education officer and attendance officer regarding all pupils expected to be absent from school for 15 days or more (includes time in hospital);
- liaise with the A&E Team, EP, EO, medical professionals and Oxfordshire Hospital School staff, as appropriate to plan provision;
- coordinate education provision from the first day of absence for those pupils who have disrupted patterns of schooling (those with recurring illnesses and chronic conditions);
- ensure that pupils receive a minimum entitlement of five hours teaching per week, as long as the pupil feels able to cope;
- Coordinate the provision of work that will support a broad and balanced curriculum, where appropriate, by liaising with the designated OHS Outreach teacher;
- ensure that there are mechanisms in place to communicate information about activities and social events to enable the pupil to keep in touch with peers;
- monitor provision, progress and reintegration arrangements;
- ensure that the views of pupils and parents/carers are taken into account;
- ensure the appropriate Code of Practice procedures are in place, as required.

### **Teaching and Support Staff**

Staff with children with medical needs in their class will be informed about the nature of the condition, and when and where the children may need extra attention. Teaching staff will ensure that children with medical needs have full access to the curriculum (where appropriate) and that the child's emotional and social wellbeing is taken into consideration. The child's parents and health professionals should provide the necessary information. All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

Back up cover should be arranged for when the member of staff responsible is absent or unavailable. At different times of the day other staff may be responsible for children, such as lunchtime supervisors; they will also be provided with training and advice. Schools should ensure that they have sufficient members of support staff who are employed and appropriately

trained to manage medicines as part of their duties. Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance. They should also be aware of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case.

### **Parent/Carer Responsibilities**

Parents will be given the opportunity to provide the headteacher with sufficient information about their child's medical needs, if treatment or special care is needed. They should, jointly with the head, reach agreement on the school's role in supporting their child's medical needs, in accordance with the School policy. Ideally, the headteacher should always seek parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a child. The headteacher will ensure information is shared when the pupils move to another school. Some parents may have difficulty understanding or supporting their child's medical condition themselves. Local health services can often provide additional assistance in these circumstances.

### **Children with Complex or Long Term Medical Needs**

It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school. The impact may be direct, in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning, leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

Schools and settings need to know about any particular needs before a child is admitted, or when a child first develops a medical need – information is taken from the admission forms when a child first starts at Bishop Loveday. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary.

It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals (see 'Supporting Pupils at school with medical conditions' advice – 2014).

This can include:

- details of a child's condition, its triggers, signs, symptoms and treatments;
- resulting needs e.g. dietary needs, pre-activity precautions, equipment, medication and any side effects of medicines;
- specific support for the pupil's educational, social and emotional needs;
- separate arrangements for school trips;
- 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;
- the role the staff can play;
- who to share information with.

Health care plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being, whilst also minimising disruption.

### **Storage of Medication**

Medication should be kept in the office or if required, in the staffroom fridge. A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. This should be easy if medicines are only accepted in the original container.

### **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. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. These are located in the medical room. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

### **Hygiene and Infection Control**

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

### **School Emergency Procedures**

Bishop Loveday has arrangements in place for dealing with emergency situations. All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need. (First aider lists are on display around the school). A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are

responsible for any decisions on medical treatment when parents are not available. Staff should never take children to hospital in their own car; it is safer to call an ambulance. Individual health care plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency.