



## **BOCKING CHURCH STREET PRIMARY SCHOOL**

**Be Respectful Be Ready Be Resilient Be Responsible Be Resourceful Be Reflective Be Remarkable**



NAME OF POLICY: **MEDICAL NEEDS**

DATE OF POLICY: September 2020/ Spring term 2018 / SEPTEMBER 2015

REVIEW DATES: EVERY OTHER YEAR

**At Bocking Church Street Primary School all staff and governors are fully aware of their responsibilities regarding safeguarding and promoting the welfare of children. This policy has been written taking all aspects of safeguarding into consideration.**

This policy should be used alongside the guidance :

**Supporting pupils at school with medical conditions**

**Statutory guidance for governing bodies of maintained schools and proprietors of academies in England April 2014**

### **Supporting children with medical needs at Bocking Church Street.**

The governors, Headteacher and staff of Bocking School wish to ensure that children with medical needs receive care and support in school. Children should not be denied access to a broad curriculum simply because they are on medication or need medical support, nor should they be denied access to school trips etc.

The Headteacher accepts responsibility for members of staff giving or supervising children taking prescribed medication or carrying out prescribed procedures during the school day where those members of staff have volunteered to do so. She will ensure that members of staff receive adequate information, instruction and training to ensure their competency to carry out their roles safely and effectively.

The Head, or her delegate, will consider, in each case, the nature of the medication to be administered, any potential risks and all other relevant information before deciding in a particular case that medicine can be administered. Where there is concern that the child's needs cannot be met, the Head teacher will seek further advice from medical professionals and appropriate LA Officers.

The Head Teacher will ensure that appropriate aspects of this policy and guidance are communicated to all relevant parties including staff, parents, students and others.



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### **Roles and responsibilities**

The designated person with responsibility for students with medical needs is Deborah Tatlow, the headteacher. The office staff also have responsibility in relation to some of the roles below. These roles are outlined as follows.

- Ensuring all information on the medical needs of students is kept secure, and up to date, on our database;
- Administration of medicines as agreed with parents/families, and the maintenance of necessary records;
- Safe storage of medicines;
- Communication with parents to ensure adequate supplies of medicines in school;
- Communication with parents to ensure that parents have completed the necessary authorization forms, and the record keeping;
- Assist, as necessary with student self-administration of medicines;
- Co-ordinate the necessary training of staff in all related matters and the maintenance of training records;
- Checking of the lists of students attending offsite activities and the liaison between home and the teacher in charge of the activity, to ensure that staff are prepared to deal with any necessary medical need or issue;
- Safe disposal of any excess medicines, in line with guidance given.

b. Other staff members with specific duties are: any first aid trained staff, the headteacher and teaching assistants.

- Administration of medicines as agreed with parents/families, and the maintenance of necessary records.

### **Detailed organisation/arrangements**

The arrangements and detailed procedures are set out below.

#### **1. Administration of prescription medicines.**

Only essential medicines should be brought into school. That is, only if it would be detrimental to a child's health if they were not administered. The school will also not change the dose from that outlined on the container, unless authorised in writing by the prescribing doctor. The school encourages families to administer the prescribed medicine in out of school hours wherever this is possible and not detrimental to the health of the child.

A parental and school agreement to administer medicine is used to record the agreement between home and school to administer the medicine.

Volunteers (teachers/others) may indicate their willingness to administer medication though it must be clear that they are not required to do this. Otherwise this will be undertaken by



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designated support staff who have been trained as necessary. The school keeps a record of the names of persons who administer medicine. If a student refuses to take medication, staff will not force them to do so.

### **3. Administration by Children**

In some circumstances it will be necessary for children to keep their medicines on their person at all times e.g. reliever inhalers.

### **4. Children with chronic or complex medical needs.**

For such children, prior to their admission or as soon after the diagnosis of such a condition for a student already in the school, a meeting will be held. The meeting will typically involve the family, the SENCO. At this meeting the SENCO and parents would discuss the child's needs and together draw up a plan which would form part of their child's record and the individual health care plan.

### **5. Employees training and record keeping.**

The Head teacher should be satisfied that any training received by their staff is sufficient for its purpose. Formal training from approved providers is implemented for more complex needs. For example, the school provides initial training with regular updating from qualified professionals to staff who volunteer to administer medication for anaphylaxis or to meet any unusual or complex needs. The health care professional delivering the training should recommend a refresher-training period and record the proficiency of those undertaking training.

### **6. Emergency procedures – detailed arrangements, roles and responsibilities.**

If the emergency services need to be called, it will be the responsibility of the first aider to inform the office that they need to call 999. As soon as possible, also the headteacher should be informed that 999 has been called or in her absence, her delegate. If the headteacher is absent from school, it is vital that a message is got to her as soon as possible. Whilst waiting for help the member of staff should move other children away from the scene as appropriate. If the casualty is fitting, the staff present should try and ensure that objects around the casualty which could cause injury are removed. If the casualty is unconscious they should be placed in the recovery position, ensuring that tight collars are loosened to aid breathing.

If a hospital visit is necessary, the headteacher or her delegate, will accompany the child until such a time as parents arrive.

When appropriate the emergency services must be informed of the needs of the child for example, children with exceptional medical need who take steroids.



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### **7. Food Management – re food allergies and intolerances.**

Even in its most severe form, allergies and severe allergic reactions (anaphylaxis) are very definitely manageable. All children with a diagnosed severe food allergy must have an individual health care plan. Food/meal arrangements must be covered when the plan is drawn up. The health care plan must be drawn up at a meeting involving the SENCO and the parents and meal arrangements should be discussed at the same time (these health care plans are often drawn up by the GP).

A critical element of managing the risk from food allergens is ensuring that appropriate “emergency arrangements” are in place. This is absolutely essential. These should be in place regardless of whether meals are provided by the school/setting.

Staff are aware of those children who have food allergies. Our school operates a no nuts policy. *If we were to have a child join the school who had a severe allergy to nuts we would ensure that appropriate action was taken.*

The school should be supplied with two JEXT for each affected pupil. It is normal practice for one to be kept in the school office, in the child’s own box and one will be kept securely and safely in the classroom

### **8. Safe storage of medicines.**

We do not store large volumes of medicines. 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 and in the original container in which dispensed unless only 1 tablet is required daily for a short time, which should be clearly labeled with name, dosage, frequency and any other instructions.

We ask that parents be responsible for ensuring that medication that are kept in school are in date.

Medicines are kept securely in the main office. The exceptions to this are:

a) Medicines for asthma, anaphylaxis, diabetes and epilepsy. These medicines may be needed in emergency situations when immediate access would be essential. In some cases children would carry their own medication, e.g. inhalers for asthma, adrenaline injector pens for anaphylaxis, in line with their care plan.

b) Medicines needing refrigeration. These will be kept in a refrigerator which is in the staff room.

### **9. Record keeping – consent, health care plans etc.**

For each child with medical needs, a health care plans will be held in the pupil records file, in the main office. The SENCO also has health care plans for those children with exceptional medical needs. This contains a copy of correspondence from parents including any agreed health care plan and a chart which is updated each time medicine is administered.

Not all children with medical needs will require an individual plan. A short written agreement with parents may be all that is necessary.



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Where required, each plan will contain different levels of detail according to individual needs. The plan should clarify the help that can be provided. It should include details of symptoms, daily care requirements, detailed emergency procedures and family/medical contact details.

The parents should confirm all the medical information, in writing, and in cases of complex or serious conditions this should be verified by the GP and/or consultant, also in writing. The health care plan should be developed in consultation with the parents, the GP and school health service and others as appropriate. For the most severe conditions it is important to establish this, in consultation with the parents and the School Health Service. In some situations it may be necessary to involve specialist nursing support or the community nursing team. In some circumstances it may also be appropriate to involve the child.

All health care plans are reviewed on an annual basis in the Autumn term,(or in cases for those children with exceptional medical needs on an as and when needed basis).

### **10. Off site activities and home to school transport.**

It is good practice for schools to encourage children with medical needs to take part in school trips, wherever safety permits. When a list of children to be involved in a trip is generated, it should be shared with the coordinator, who will help ensure any medical needs have been identified.

Managing these children is then built into the risk assessment process. The SENCO will arrange training in the administration of medicines on an as needs basis.

Most children with medical conditions can take part in the PE curriculum and extra curricular sport. The sport should be sufficiently flexible for all students to take part in ways appropriate to their own abilities, clearly identifying any restrictions on the child's ability to take part in PE and incorporate these in the individual health care plan.

### **11. Disposal, hygiene and infection control.**

Blood contaminated materials and other medical waste is disposed of appropriately.

Any medicines that are no longer required or out of date are usually returned to the parents.

Policy agreed by governors  
February 2018

