



Blue Gate Fields Infant School

Supporting children with Medical conditions Policy

Agreed by staff
Agreed by governors

Date January 2019
Review Date January 2020

This policy is written following the guidance "supporting pupils at school with medical conditions" statutory guidance for governing bodies of maintained schools and proprietors of academies in England, September 2014. The governing body will ensure that the Policy, plans, procedures and systems are effectively implemented. Governing bodies should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

On September 1st 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Please read in conjunction with the school's attendance and accident procedures policies.

Policy Statement

Regular school attendance is vital for every child to promote the education of all children. Research shows that frequent non-attendance at school adversely affects children's educational achievement. Blue Gate Fields Infant School does all that it can to maintain high attendance figures. Nevertheless, from time to time every child will become ill and may require some time out of school to recover. In general, where a child requires medication (or treatment) they should be kept at home until the course of treatment is complete. There are, however, a few exceptions:

- When a child has almost fully recovered and simply needs to complete a course of medication (e.g. antibiotics) for a day or so.
- Where a child suffers from asthma (or any other occasional ailment) and may need to use an inhaler.
- When a child has an ongoing medical condition that requires daily medication.

Blue Gate Fields Infant School is a fully inclusive school and has some children who have complex medical needs. We recognise that such children often need ongoing medication to ensure their wellbeing. Staff will be trained to meet the needs of these children by the relevant health agencies before arriving in the school. Staff will also consider the social and emotional implications for children with long term medical needs as they may be self-conscious or very anxious.

Legal Aspects

Teachers and other members of staff in charge of pupils have a common law duty to act as any reasonably prudent parent would to make sure that pupils are healthy and safe on school premises and this might, in exceptional circumstances, extend to administering

medicines and/or taking action in an emergency. This duty also extends to teachers leading activities that take place off the school site, such as educational visits or school journeys.

Guidelines

Staff members who volunteer to administer medicines must not agree to do so without first receiving appropriate information and/or training specific to the child's medical needs.

Under no circumstances must any medication, even non-prescription drugs such as paracetamol, be administered without parental approval.

New Admissions

When a new child starts school with a new medical condition these things must be in place before they start;

- Care plan
- Any relevant training
- Medication in on school premises

Mid- term transfers

Pupils with medical conditions who are transferring midpoint through the term arrangements are made within two weeks to ensure everything is in place for the child to start.

Role of the Parents

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their 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.

Safety Checklist

- Is specific training required to administer medicines?
- Is protective clothing or equipment available where necessary?
- Has the parent completed and signed the Medication Consent Form OR has a care plan been written?
- Has a copy been filed in the 'Medical Register' folder kept in the INCO office?
- Is the member of staff clear on what they are expected to do?
- Is the emergency contact information, particularly for the GP and parent/carer, clear?
- What action is necessary in the event of an accident or failure of the agreed procedures?

- Will medication be stored in the same place and at a suitable temperature?
- Is there robust recording of medicines kept in school?
- Do all trained staff members know where Epi-pens are kept?
- Are all staff members aware of the procedures they need to follow?

Instruction and Training

Specific instructions and training should be given to staff before they are required to administer or assist with administering medicines or medical procedures. This must include the identification of tasks that should not be undertaken. Such safeguards are necessary both for the staff members involved and to ensure the wellbeing of the child. Even administering common medicines can sometimes be dangerous if children are suffering from non-related illnesses or conditions.

Record Keeping

Prior to a child receiving medication in school the parent/carer must complete a short term or long term 'PARENTAL AGREEMENT TO ADMINISTER LONG TERM MEDICATION' in discussion with the class teacher and 'PARENTAL AGREEMENT TO ADMINISTER SHORT TERM MEDICATION (1 Week)' (Appendix A). The consent forms will be copied for parents and the original retained in the "Medical Register" folder as a record for future reference. If an Individual Health Care Plan is in place, additional permission is not needed.

Individual Health Care Plans

Children with ongoing medical conditions that require regular medication must have a care plan copies of which will be kept in the medical file in the inclusion office/ Main school office and individual classes. This will be written by the school nurse. The Inclusion Coordinator can write a draft plan until a school nurse or health visitor is able to write one (Appendix C). Once completed, the care plan must be signed by the parent. It will be reviewed yearly.

For children who have been off due to an accident/ or a medical condition which makes the child less mobile Patricia Lowe will write a risk assessment to minimise the risk of any further injury caused till the children reviewed once a week with the parents.

The class teachers have a copy of the medical register for their class. Any child with a severe allergy or complex medical issue will have a medical poster displayed in class, staffroom and in the dinner hall. Children with allergies will wear a lanyard during lunch time to ensure that **ALL** staff can immediately see what the child is allergic to/ cannot eat.

Medicines that are regularly administered will be recorded on a daily basis using the Individual Medicine Record Log (Appendix B).

If any serious medical issues arise these need to be recorded and 'Serious Medical Incident' Form and filed and also record in the 'Serious Medical Incident' Bound book which is kept in the Head Teachers Office.

Safe storage and disposal of medicines

Medicine should be administered from the original container or by a monitored dosage system. The designated member of staff should sign the Medicine Record Log whenever they have personally administered, assisted or witnessed the administration of the medicines.

When medicines or drugs are used staff will need to ensure that they fully understand how each should be stored. Storage details can be obtained either from the written instructions of the GP/Pharmacist or from parents. All medicines should be stored in the original container, be properly labelled and kept in a medicine cabinet or, if necessary, in the fridge in the administration office, out of reach of children. These should be clearly labelled and kept separately from any foodstuff. Medicines should only be kept while the child is in attendance.

Where needles are used regularly, parents/carers are responsible for providing a sharps container, and they must also arrange for adequate collection and incineration. For one-off situations the school will call Tower Hamlets council to arrange collection. Such arrangements are necessary for any equipment used which may be contaminated with bodily fluids such as blood. A sharps container can be found in the premises manager's office as well as the head teacher's office.

Medicines kept in the medicine cabinet are checked on a termly basis by class teachers to ensure that they are in date and parents are informed if replacements are needed. Any unused or outdated medication will be returned to the parent for safe disposal. In cases where a parent cannot be contacted it will be returned to a pharmacy or GP.

This school will store controlled drugs securely with only named staff having access. Staff at this school can administer a controlled drug to a pupil once they have had specialist training.

Accidental Failure of the Agreed Procedures

Should a member of staff fail to administer any medication as required they will inform a member of the Senior Leadership Team. Parents will be contacted as necessary.

Children with Infectious Diseases

Children with infectious diseases will not be allowed in school until deemed safe by their GP and/or the School Nurse or local health authorities.

Keeping Children Safe (please also see the accidents procedures policy)

We want children to have the opportunity to play and explore in school as this is how young children learn. However that means that despite all precautions we put in place, they may have minor accidents like cuts and bruises from time to time. This is a natural part of growing up.

We agree with the Royal Society for the Prevention of Accidents (RoSPA) view that 'children should be allowed to play demanding games and risk minor injuries as part of wider lessons in life. It is acknowledged that 'by scraping knees, grazing elbows and getting bruises, children learn valuable lifelong lessons that will help them to avoid more serious injuries in later life' (RoSPA, June 2007).

We aim to ensure that there are no accidents in school, which could be avoided, whilst encouraging children to play and explore. We teach them to take responsibility for their own actions and to learn to behave sensibly and follow the school rules.

All staff in school are expected to ensure that children do play and behave sensibly and that equipment is safe and in good condition. Our Premises Manager, Terry, is proactive about checking the grounds and equipment to make sure that it is safe.

There are a number of staff in school, who are trained first aiders, but all staff are expected to deal with minor accidents like cuts and bruises, just like parents do if their child has an accident at home. A first aider is called if there is a more serious injury. This includes a badly bumped head, heavy bruising with a headache or distorted sight, possible fractured or broken bones and severe cuts or external bleeding. A list of trained first aid staff is displayed around the school and is updated regularly.

Each class has a first aid box. The class teacher is responsible for ensuring that this is complete. There is additional first aid equipment for KS1, kept by the door nearest to the playground and throughout the KS1 corridor. The Senior Midday Meals supervisor is responsible for ensuring that this is complete. First Aid packs are kept in each classroom for adults to take on trips. In addition to these staff should also take any other medication required for the children in the class, e.g. asthma pumps.

Record Keeping.

Each class has an accident book to record for minor injuries in their classroom, with a copy for parents. In KS1 there is also an additional accident book for each class by the KS1 playground door.

The school follows the Local Authority Guidance on reporting serious accidents, involving hospitalisation, directly to the Local Authority.

Informing Parents

Parents are informed at the end of the school day of any minor accidents in school by being given a copy of the accident form. They are contacted during the day in the case of a more serious injury including bumps to the head or more serious injuries which may need the child to be taken to Accident and Emergency. Parents will be advised if, in the opinion of the first aider, the child should be taken to Accident and Emergency to be checked. In the case of a major injury, the head teacher or first aider will call an ambulance and the parents. If the child is taken to hospital, parents will be expected to go with their child in the ambulance. If the school is unable to contact the parents, an appropriate person from school will accompany the child.

Parents are reminded to talk to their child about telling an adult if they have hurt themselves in school so that first aid can be given. Parents are asked to make sure that their child has lots of experiences of running and playing while they are young as this will help them to avoid having accidents as they get older.

Keeping children safe - What happens if your child has a medical condition?

Some children in our school who have medical conditions like asthma, eczema or allergies to certain foods. A few other children have more complex medical needs such as needing a feeding tube. As an inclusive school, we want to work with parents to help children manage their condition whilst also benefitting from and joining in with school activities.

The school nurse, who is linked to our school, is available to talk to parents about any medical conditions or concerns that they may have about their child's health, particularly if this is affecting the progress that they are making in school. If parents would like to make an appointment to speak to the school nurse, they speak to Rebecca Phillips, the INCO.

If a child has asthma, parents will need to ask the school nurse or health visitor for an asthma care plan, which shows what treatment the child needs in school. Parents will need to bring in an asthma pump to keep in school. It is the parents' responsibility to make sure that this is kept in date.

If a child needs medicine in school for a few days, for example if they are taking a course of antibiotics, parents will need to talk to the class teacher and fill in a permission form so that the adults in school know how much medicine the child needs and how often, as well as confirming that the parent would like school staff to administer the medicine. Where medicines such as Calpol or Antibiotics are needed, parents are advised that these should be administered at home. Where this is not possible then the medicines should be stored correctly and a 'PARENTAL AGREEMENT TO ADMINISTER SHORT TERM MEDICATION (Appendix A) is signed.

Many children wear glasses in school. Some children wear their glasses all the time but others only wear them for specific lessons. Parents are asked to make sure that if their child needs to wear glasses that they either bring them every day or leave a spare pair in class.

If a child has a more serious medical condition or food allergies, the school needs to have a letter from the child's doctor explaining the symptoms and treatment or a list of which foods the child is allergic to. Our school nurse will write a care plan with the parents, which identifies how the condition will be managed in school. This ensures the school will only give children the correct treatment.

Statutory framework for the early years foundation stage - April 2017

Medicines

The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill

Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date. Training must be provided for staff where the administration of medicine requires medical or technical knowledge. Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor

Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable.

Accidents or injury

Providers must ensure there is a first aid box accessible at all times with appropriate content for use with children. Providers must keep a written record of accidents or injuries and first aid treatment. Providers must inform parents and/or carers of any accident or injury sustained by the child on the same day as, or as soon as reasonably practicable after, and of any first aid treatment given.

In an emergency 999 must be called by any member of staff. The school office is notified and the parents are called. Any medication of the child is sent with the paramedics. If parents are not in school by the time an ambulance leaves then a member of school staff

will accompany the child to hospital. A member of staff must hand over to the paramedic explain what happened, how and if the child has any existing medical conditions.

Registered providers must notify Ofsted of any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring. A registered provider, who, without reasonable excuse, fails to comply with this requirement, commits an offence. Providers must notify local child protection agencies of any serious accident or injury to, or the death of, any child while in their care, and must act on any advice from those agencies.

Training

Staff are starting to be trained yearly for Allergies and Asthma. Some members of staff have been paediatric first aid trained. In house training is provided for children with specific health need e.g. need to be fed via a mini button. For any children with epilepsy staff are able to access the Compass Wellbeing training in the Local Authority.

Staff using medication

Staff must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If members of staff are taking medication which may affect their ability to care for children, they should seek medical advice. Staff medication on the premises must be securely stored, and out of reach of children, at all times.

Policy implementation

To ensure this policy is implemented effectively please note the following named members of staff:

- Responsible for policy implementation
Rebecca Phillips
- Responsible for ensuring sufficient staff are suitably trained
Catherine Jones / Rebecca Phillips
- Responsible for ensuring all relevant staff are aware of the child's medical condition
Rebecca Phillips (and class based staff)
- Responsible for monitoring individual care plans
Rebecca Phillips/ School Nursing Team (Class Based Staff/ Parents)
- Responsible for informing supply staff of any medical conditions
Catherine Jones (and class based staff)
- Responsible for risk assessments for all outside school visits
Catherine Jones / Rebecca Phillips and class teachers

Patricia Lowe the school's family liaison officer will inform the relevant staff of any medical issues raised through meetings with families and offers advice and support where necessary.

Poppy Wright supports the Rebecca Phillips INCO with administration duties.

Complaints procedure

If a parent is dissatisfied with the support provided by the school they should discuss their concerns directly with the school. In most cases referral will be as follows:

- Class teacher / support staff
- Assistant Head Teacher
- Head Teacher

If informal attempts to settle the complaint have failed, parents may set out the complaint fully in writing and submit this to the Chair of the Governing Body. (Please see Complaints procedures policy (November 2014)).

This medical policy was approved by governors in January 2019 and signed by the chair of governors.

.....Chair of governors.

.....Date

It will be reviewed in January 2020 or sooner in the case of new information, changes or legislation.

APPENDIX A

Updated September 2017



PARENTAL AGREEMENT TO ADMINISTER LONG TERM MEDICATION

Pupil Name: _____

D.O.B: _____

Class: _____

Name of Medicine: _____

Expiry Date: _____

Dose to be given/ Time: _____

Is your child able to self-administer his/her medication?

Please circle YES NO

Care Plan Needed YES NO

Parent's Emergency Contact number: _____

THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, ACCURATE AT THE TIME OF WRITING. I GIVE CONSENT TO SCHOOL STAFF TO ADMINISTER MEDICINE IN ACCORDANCE WITH THE SCHOOL POLICY.

I WILL INFORM THE SCHOOL IMMEDIATELY IN WRITING IF THERE IS ANY CHANGE IN DOSAGE, FREQUENCY OF THE MEDICATION OR IF THE MEDICINE IS TO BE STOPPED.

Name of Parent: _____

Parent's Signature: _____ Date: _____

Name of Teacher: _____

Teacher Signature: _____ Date: _____

Signed by Rebecca Phillips (Assistant Head/ Inclusion Coordinator)

_____ Date: _____

Updated September 2017

APPENDIX B



Updated September 2017

PARENTAL AGREEMENT TO ADMINISTER SHORT TERM MEDICATION (1 Week)

Pupil Name: _____

D.O.B: _____

Class: _____

Name of Medicine: _____

Expiry Date: _____

Dose to be given/ Time: _____

Is your child able to self-administer his/her medication?

Please circle YES NO

Parent's Emergency Contact number: _____

THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, ACCURATE

**AT THE TIME OF WRITING. I GIVE CONSENT TO SCHOOL STAFF TO
ADMINISTER MEDICINE IN ACCORDANCE WITH THE SCHOOL POLICY.**

I WILL INFORM THE SCHOOL IMMEDIATELY IN WRITING IF THERE IS ANY

**CHANGE IN DOSAGE, FREQUENCY OF THE MEDICATION OR IF THE
MEDICINE IS TO BE STOPPED.**

Name of Parent: _____ Parent's

Signature: _____

Date: _____

Name of Staff: _____

Staff Signature: _____

Date: _____

Please give to Inclusion Coordinator after medication has finished.

Thank You

Blue Gate Field Infant's Care Plan



| | | | | | |
|------------------------------|--------------------------|-----------------------|---|--|--|
| Written: | | | <i>To be reviewed by the school nurse</i> | | |
| Name: | Year: | Class: | | | |
| | | | | | |
| People attending: | | | | | |
| | | | | | |
| Family Contact 1: | Family Contact 2: | G.P./Hospital: | | | |
| | | | | | |
| Medical Conditions: | | | | | |
| | | | | | |
| Daily Care at School: | | | | | |
| | | | | | |

| | | |
|---------------------------------------|-----------------|---|
| What constitutes an emergency? | | |
| | Action | |
| | | |
| Medication at school: | Storage: | Person authorised to administer: |
| | | |
| Medication taken at home: | | |
| | | |
| Continence: | | |
| | | |
| Immunisations up to date? | | |
| | | |
| Other: | | |
| | | |

Signed :.....(Parents/Carers)

