

SHEFFORD LOWER SCHOOL

Medical Needs and Administration Policy for Supporting Pupils



Written by	Adopted by staff	Ratified by governors	Review date
School Senior Leadership Team (SLT)	November	November 2021	November 2022

1. Updated re new guidance

- a. Checked and advised by school's medical needs officer: Haley Sparrow

2. Rationale

- a. As a Values School, Shefford Lower School believes that every child should be treated fairly and should be able to access and enjoy the same opportunities as any other child, whether in health and sickness.
- b. We believe our school should support children with long-term medical conditions but accept that there is no legal requirement on teachers or other members of staff to dispense medicines especially for short-term illness.

3. Aims

- a. We aim to provide a sound basis for ensuring that our children with medical needs receive appropriate care and support at school. This will be done working alongside parents, staff and health care professionals. We will inform all parents of our policy which will enable regular school attendance and provide continuity of care between school and parents.

4. Planning and Organisation

- a. Medical information will be confidential, although pupil first aid records are kept in the school office. Parents and the Headteacher will agree to whom access to the information should be given. Sharing information is important if staff and parents are to ensure the best care for a pupil.
- b. There is no legal duty which requires school staff to administer medication; this is a voluntary role. The local G.P.'s are fully aware of our policy.
- c. Parents should keep children at home when they are acutely unwell and school should be informed of the reason for their absence. In line with the school's safeguarding duties, the school does not have to accept a child in school, where it would be detrimental to the health of that child or to others.
- d. In the event of a child requiring medication/treatment for a chronic illness/medical condition, training will be given to relevant members of staff and, if required, an Individual Health Care Plan (IHP) drawn up. The school and parents should agree on whether a healthcare plan is required and healthcare professionals will be consulted to ensure conditions are supported effectively. It is the responsibility of the parent to inform the school of any changes to a child's medical condition. Healthcare plans are reviewed annually unless the school is notified of any changes.
- e. In an emergency situation the member of staff will follow the procedure on the child's record which was previously agreed between the parent/guardian and the Headteacher.

5. Training

- a. All staff working with children have been trained in first aid. Training required for other medical conditions will be provided by the School Nurse Team or specialist nurse services. General auto injector and asthma training is provided annually by the School Nurse Team.
- b. Any member of staff providing support to a pupil with medical needs will receive suitable training. Training needs for staff are assessed and discussed with the Head teacher and organised by the Medicines Co-ordinator.
- c. All training and expiry dates are recorded on a school training register, and this is managed by the school office.

6. Administering Medicines

- a. Staff should only be required to undertake the administration of medicines in an emergency situation if they feel confident and have sufficient training or experience to do so.
- b. It is the school policy not to administer short-term medication to children unless it is detrimental to a child's health or attendance. Where possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school i.e. breakfast time, directly after school and just before bedtime. However, parents are welcome to come in and give medicines to their child during the day should they require it.
- c. If a medicine has been prescribed and the dosage requires it to be administered 4 times a day, the school is able to administer this. However, there is no legal requirement on members of staff to dispense medicines. In this case a 'Medicine in School' form will need to be completed, stating the dosage, when to be administered and signed by the parent. No child will be given medicine in school without a 'Medicine in School' form being completed.
- d. Medicines should only be brought to school under these circumstances and will need to be brought to the school office by the parent/guardian and collected again at the end of the day from the school office. Under no circumstances should children bring their own medicines to school.
- e. The school keeps a infrared thermometer, in-ear thermometers, two emergency inhalers and adrenaline auto injectors. These are for emergency purposes only and are not a replacement for the child's own. An emergency inhaler and auto injector can only be administered if a child has been diagnosed with asthma or is at risk from anaphylaxis and the 'Administration of Emergency Inhaler' / 'Administration of Emergency AAI' form is signed by a parent.
- f. Pupils provided with medication for ongoing conditions, IE ADHD, will need to sign a permission form and bring dosage in original labelled packaging. Staff will administer this to ensure school success, as per dosage. These pupils are indicated in the green file, and there is a record in the office.
- g. If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services.

7. Record Keeping

- a. A First Aid Pupil Record form will be completed by the parents/guardians when a child starts at Shefford Lower School and kept in the school office. A full list of all medical needs is also kept in the school office.
- b. A record is kept of administered medication for children which includes the time, the date and the member of staff who administered the dose. This includes the use of an asthma inhaler.
- c. Parents have a duty and responsibility to check that medicines kept in school are in date.
- d. The school keeps a record of medicines that are kept within school which includes expiry dates, which is checked regularly. Parents will be notified if medication is out of date or due to expire and sent home. Out of date medication will not be used and it is the responsibility of the parent to ensure a replacement is brought in to school. Medication that is not kept up to date by a parent is a source of concern and a welfare note may be made on the child's record.

8. Storage and Access

- a. Any short term prescribed medicines that have been agreed by the Headteacher will be stored in the First Aid cabinet in the office medical room or the fridge as appropriate. Only medicines in their original, prescribed containers with clear dosage instructions will be accepted.
- b. Inhalers are stored in individual class inhaler boxes kept in the classrooms. These are transported to accompany pupils when doing PE or on school visits/trips. Asthma sufferers will be responsible for their own medication under the class teacher's supervision. An emergency inhaler is stored in the office medical room and in the KS2 medical room near the main playground doors.
- c. For children who suffer from anaphylaxis, parents are required to provide two adrenaline auto-injectors. One will be kept in the child's classroom and will be taken out at every playtime and the second one will be kept in the First Aid draw in the office.
- d. Medication for diabetes will be kept in the classrooms and /or medical cupboard (as appropriate) and dispensed as required. Exceptions will be in accordance with a care plan for the child. Any foods e.g. biscuits, sugar will be in the relevant classroom in the teacher's care.

9. Emergency Procedures

- a. See School Emergency Policy.
- b. All staff should know how to call the emergency services. All staff also know who is responsible for carrying out emergency procedures in the event of need. A pupil taken to hospital by ambulance should be accompanied by a member of staff who should remain until the pupil's parent arrives.

10. School remote closure

- a. Children remaining in school may be regrouped. The whole school medical list should always be current and available. Any changes MUST be provided to the office who maintain this record.

11. School and Residential Trips

- a. Shefford Lower School will consider what reasonable adjustments need to be made after carrying out a risk assessment so that arrangements can be put in place to ensure that children with medical conditions are included. This will require consultation with parents and relevant health professionals to ensure that a child can participate safely.
- b. All relevant medication will be the responsibility of the class teacher in charge to ensure it is taken on any trip outside the school.
- c. Year 4 pupils attending any residential visit will have a specific medical regime agreed between home and school prior to the visit, in accordance with the County Guidelines on EDUCATIONAL VISITS. Two nominated members of staff will be responsible for administering medication during the visit, and securely storing the medications.

12. Intimate or Invasive Treatment – please read in conjunction with Intimate Care Policy

- a. Staff are understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment, or fears about accusations of abuse. This is applicable to the application of creams and where possible children should be able to apply the cream by themselves with the supervision of a member of staff. Parents and the Head teacher must respect such concerns and should not put any pressure on staff to assist in treatment unless they are entirely willing. (The Health Authority will have a “named professional” to whom we can refer for advice). In an extreme case the Head teacher and or governing body should arrange appropriate training for school staff willing to give medical assistance. Two adults, one the same gender as the pupil must be present for the administration of intimate or invasive treatment, (this minimises the potential for accusations of abuse). Two adults often ease practical administration of treatment too. Staff should protect the dignity of the pupil as far as possible, even in emergencies.

13. Review

- a. This policy may be reviewed on receipt of any further advice or concerns by staff, parents or pupils.