
Nacton Church of England Primary School

Nacton Village
Ipswich
IP10 0EU

(01473) 659370

Medical Policy

Version 3

Chair of Governors: Mrs Angela Laithwaite

Signed: _____

Safeguarding Governor: Mrs Andrea Whybray

Signed: _____

Date authorised: _____

Approval minuted: 20 June 2019

Date of next review: Summer Term 2020

1 Introduction

The governing body has a duty, under the *Children and Families Act 2014*, to make arrangements for supporting pupils with medical conditions. The school understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future.

Nacton aims to provide all children with all medical conditions the same opportunities as others at school. We will help to ensure they can:

- be healthy;
- stay safe;
- enjoy and achieve;
- make a positive contribution;
- achieve economic well-being.

Nacton CE Primary School endeavours to ensure that all its pupils achieve success in their academic work, social relationships and day-to-day experiences at school. It is an inclusive community that aims to support and welcome pupils with medical conditions.

All children will experience illness in the course of their school careers, most commonly transient self-limiting infections, but some will have more chronic or longer-term medical needs that will require additional support at school to ensure they have full access to the curriculum and to minimise the impact of their medical conditions.

Staff working with pupils who have specific medical needs should understand the nature of children's medical problems and will endeavour to work with the family and other professionals to best support the individuals concerned.

2 General Principles

The administration of medicine is the responsibility of parents and carers. There is no absolute requirement on teachers or support staff to administer medicines. However, where they volunteer to do so, guidelines are helpful.

2.1 Short-term Illness

- Children who are suffering from short-term ailments and who are clearly unwell should not be in school and head-teachers are within their rights to ask parents/carers to keep them at home.
- The school will only administer medicines on the instruction of an independent medical professional (e.g. a doctor's prescription). Parents/carers may attend school to administer non-prescription medicines to their own children themselves, subject to agreement from the headteacher as to the arrangements.
- There are recommended times away from school to limited the spread of infectious disease. Please see Public Health England guidelines for this:

<https://www.gov.uk/government/publications/infection-control-in-schools-poster>

- Note: children who have had sickness and/or diarrhoea should be kept off school until 48 hours symptom-free.

2.2 Chronic illness/disability

It may be necessary for children with long term conditions to take prescribed medicines during school hours.

Many health advisers encourage children to take control of their medical condition, including taking responsibility for managing their medical care (with help) from very young. This can include self-administration of medicines e.g. using an inhaler or giving own insulin injections. We support this practice wherever appropriate.

Where young children or those with special needs require medication, adult support will be needed. Whilst responsibility for the medical care of children rests with parents and their health professionals, it may not be feasible for these individuals to come to school to administer medicines, and such repeated attendances could slow the personal development of a child.

An Individual Health Plan (IHP) should be completed for the child in collaboration with the child's parents or carer (IHP template and model letter to parents attached). The health plan should be regularly reviewed and updated in the light of any changes in the child's condition or requirements. The IHP must be agreed by the headteacher.

Where a child has particular medical needs (chronic or acute), all relevant staff will be made aware of that condition and training will be provided where necessary; this should include the briefing of temporary staff. This is the responsibility of the headteacher, or in the head's absence a senior (TLA) teacher.

2.3 Acute illness

The teaching profession has a general duty of care towards children in schools. Legally this duty cannot require teachers to administer medicines, but it is expected that teachers react promptly and reasonably if a child is taken suddenly ill. In these cases, clear procedures must be followed, particularly in life threatening situations.

3 Good practice

3.1 Documentation

Where medicines are to be administered at school, it is important that a written instruction should have been received from the parent or doctor, specifying:

1. Name and class of the child
2. Medication involved
3. Circumstances medication should be administered
4. Frequency and level of dosage

Use a copy of the model form.

For more serious or chronic conditions, including allergies that require the potential use of an EpiPen, we require a care plan from a child's doctor stating exactly what needs to be given and when. This is usually requested via the school nurse service.

3.2 Training

Teachers and support staff should receive appropriate training and guidance via the School Health Service for all administration of medicines or other procedures required by an IHP.

All training must be recorded (model form attached). The headteacher is responsible for determining the training needs of all staff, in consultation with the School Health Service.

3.3 Giving regular medicines

- We encourage parents whose child is taking medication three times a day to give it before school, after school and at bedtime. If a doctor has specified that one of the doses should be given at lunchtime and the parent/carer is unable to administer the dose, follow standard practice (see below).
- If medicine has to be taken four times a day and a lunchtime dose is necessary, the standard practice (see below) is followed.

4 Standard Practice

1. Ask the Parent/Carer to complete a Medicine Administration request form.
2. Refer to this form prior to giving the medicine.
3. Check the child's name on the form and the medicine.
4. Check the prescribed dose.
5. Check the expiry date.
6. Check the prescribed frequency of the medicine.
7. Confirm that the medicine is in its original container, as dispensed by the pharmacy, and that the packaging is undamaged.
8. Measure out the prescribed dose (parents should provide measuring spoons/syringes). If the child is old enough, they can measure the medicine.
9. Check the child's name again and administer the medicine.
10. Complete and sign the Administration of Medicine Record Book when the child has taken the medicine.
11. If uncertain, DO NOT give – check first with parents or doctor.
12. If a child refuses medication, record and inform parents as soon as possible.

5 Medicine storage

It is the responsibility of the head-teacher to ensure safe storage of medicines.

All medicines should be kept in the container supplied which should be clearly labelled with the child's name, another identifier (such as date of birth) and instruction for usage.

All children with medical conditions should have easy access to their emergency medication.

Some medicines (e.g. liquid antibiotics, insulin) require refrigeration – but must not be frozen. These should be kept in suitable additional and airtight containers (e.g. Tupperware boxes) and marked ‘Medicines’.

6 Medicine disposal

Parents are asked to collect out-of-date medication. If this does not occur, medication should be taken to a pharmacy for disposal.

A named member of staff is responsible for checking dates of medication and arranging disposal if any have expired. This check should occur three times a year and be documented.

Sharps boxes are used to dispose of needles. These can be obtained on prescription. They should be stored in a locked cupboard. Collection of sharps boxes is arranged with the local authority’s environmental services. Our named member of staff is Mrs Caroline Whitman.

7 General medical issues

7.1 Record keeping

- Enrolment forms – should highlight any health condition
- Individual Healthcare Plans – for children with medical conditions giving details of individual children’s medical needs at school. These needed to be updated after a medical emergency or if there is a change in treatment etc. and should be reviewed at least annually. They should be kept in a secure location but specified members of staff (agreed by parents) should have access to copies. All staff must protect a pupil’s confidentiality.
- Centralised register of children with medical needs
- Request to administer medicines at school
- Log of training relevant to medical conditions
- Log of medicines or procedures administered.

7.2 Medi-alerts (bracelets/necklaces alerting others to a medical conditions)

As with normal jewellery, these items are a potential source of injury in games or some practical activities and should be temporarily removed or covered with sweatbands for these sessions.

7.3 Impaired mobility

Providing the GP or hospital consultant has given approval, children can attend school with plaster casts or crutches. There will be obvious restrictions on games and on some practical work to protect the child (or others). This includes outside play. Some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety.

7.4 Off-Site visits

Take a First Aid kit whenever children are taken off-site. A bin, in case of sickness on a journey, is also a sensible precaution.

All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They should receive information about the type of condition, what to do in an emergency and any other additional medication or equipment necessary.

7.5 Employee's medicines

Staff and other employees may need to bring their own medicine into school. They have clear personal responsibility to ensure that their medication is not accessible to children.

8 Staff protection

“Universal precautions” and common-sense hygiene precautions will minimise the risk of infection when contact with blood or other bodily fluids is unavoidable.

- Always wear gloves.
- Wash your hands before and after administering first aid and medicines

9 Document History

Version	Date	Comments
A	26/02/2015	Initial draft for review
B	04/03/2015	Updated after review comments.
1	05/03/2015	Agreed with amendments.
1.1	09/03/2015	Amendments from meeting made; issued.
2	23/05/2018	Updated; remove children counter signing, bin instead of buckets and towel and remove hand gel
3	20/06/2019	Removed named school nurse. Removed individual pupil record of medicine form in appendix.

10 A: Individual Healthcare Plan

Name of school

Nacton Church of England Primary

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

11 B: Parental Agreement for School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school	Nacton Church of England Primary
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Authorised by head teacher: _____ Date _____

13 D: Staff Training Record – Administration of Medicines

Name of school	Nacton Church of England Primary
Name of trainee	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that the member of staff named above has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

14 E: Model Letter Inviting Parents to Contribute to Individual Healthcare Plan Development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,