



Providing the keys to success for every child

Whole School Policy on:

MEDICAL CARE

Head teacher: Mr M Cowell

Kent County Council

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1 RESPONSIBILITY FOR THE POLICY

The member of staff responsible for this policy is: Miss D King (Health and Welfare Officer).

2 PARENTS/CARERS

The school aims to work in partnership with parents/carers. Parents/carers are a child's main carers and have the responsibility of providing the school with sufficient information about their child's medical condition, treatment and/or special care needed in school.

Parents/carers need to up-date the school when changes occur to the details of their child's medication or condition.

If a child is unwell at school, we will make every effort to contact the parents/carers. ***It is very important that we have up-to-date home/work telephone numbers or other contact numbers.*** Until we have contacted the child's parents/carers we will take any action required in the interests of the child.

Parents/carers will be informed that, although staff will always care for children who become ill at school, children who are unwell should not be sent to school.

Children should not be sent into school if they have had any pain relief on that morning e.g. Calpol/Ibuprofen, unless advised by G.P./Hospital for bone breaks or long term illness.

3 RATIONALE

The school recognises that at some time children may have medical conditions which affect them. These may be short-term or require long-term management. The school welcomes all pupils and has an expectation that when medical conditions are effectively managed, all children will be able to participate in the full range of curricular and extra-curricular activities. The school will work alongside parents/carers and other Health Care professionals with any child who may have a medical condition. We may contact the School Nursing Team for advice or information.

The school encourages children with medical conditions to achieve their potential in all aspects of school life by having a clear policy for all school staff, pupils, parents and Governors. All staff, both teaching and non-teaching, are made aware of the policy.



4 MEDICATION

Long-term medication for conditions such as epileptic fits, diabetes and anaphylaxis may also need to be administered in school, and prescribed medication for conditions such as ADHD.

Inhalers will be kept in the Medical Room. All medication will be kept locked in the Medical Cupboard or stored in the fridge if necessary.

On the first occasion that any medication is brought into school, the parent/guardian MUST complete a Medication Administration Request form (see Appendix 2). A record of all medication administered will be on a Medication Record. Parents/guardians have responsibility to inform the school of any variation in the pattern of dosage, and **a new form must be completed.**

On each occasion medication is administered to a child, the member of staff must complete the appropriate section of the School Medication Record.

School will only give a child prescribed medication. Paracetamol can be given in the event of an emergency with parental consent, unless otherwise advised by a G.P./Consultant.

4.1 Storage of Medication:

Parents should bring the medicine into school where it should be handed over to the office staff as soon as the child arrives at school.

The majority of prescribed medicines are kept in the locked cupboard, or in the fridge if required, in the Medical Room.

Inhalers must be clearly labelled with child's name and kept in the Medical Room.

Specific medications, such as **Epipen or Rectal Valium**, to be kept according to details in named children's Medical Health Care Plan.

4.2 Collection of Medication:

It is the responsibility of parents to collect medicines -

- at the end of the day in the case of antibiotics;
- at the end of the term in the case of all other medication; and
- for its return at the beginning of the new term.

Parents are responsible for checking the expiry date and for the replacement of out of date medication **before** the medicines become out of date.

Discontinued medicines should be returned to the parents/carers as soon as they are no longer needed. Any out of date medication will be safely discarded.



5 HEALTH CARE PLANS

Children who have conditions that require rapid or specific intervention have an individual Health Care Plan (see Appendix 1).

It is essential that all staff are able to recognise the onset of the condition and can then take appropriate action. Staff working with children who have specific medical conditions have specific training to deal with children's individual requirements.

The Health Care Plan is written in agreement with parents/carers, which clarifies for staff, parents/carers and pupils the help the school can provide. The plan is written in conjunction with School Nurses and specialist bodies as necessary, and reviewed at least yearly or more frequently as required.

For those pupils whose medical condition could be a **Medical Emergency** there is also a **999 Emergency Call Procedure**. This procedure forms part of the Healthcare Plan and is also clearly visible on the wall outside of the school office.

For the protection of both staff and children, unless there is an emergency, it is desirable that a second member of staff should be present for more intimate procedures. Appropriate personal protective clothing (i.e. latex gloves) must be worn during invasive procedures.

Health Care Plans are kept in the Medical Room/School Office.

6 ASTHMA

Inhalers are kept in the Medical Room in a safe and accessible place.

- A child having an attack should never be left unattended.
- Attacks of asthma can cause panic – all staff should stay calm and reassure the child.
- Try to encourage the child to breathe slowly and deeply and to relax.
- Encourage the child to use their inhaler as appropriate.

Please also refer to the separate Whole School Policy on Asthma.



7 EPILEPSY

Staff need to be aware of any epileptic in their care. Information concerning named children with epilepsy will be contained in the child's individual Health Care Plan.

- If a child has a fit, contact the office immediately for assistance.
- During a fit, remove objects away from the child until they have recovered – do NOT attempt to restrict the child.
- As soon as the child is relaxed or 'floppy' enough, try and roll them into the recovery position.
- After a fit allow a child to relax somewhere quiet or even sleep – the Medical Room would be the best place.

Every effort will be made to contact parents/carers if a child has a fit.

8 ADHD

A diagnosis of AD(H)HD is holistic and requires partnership with parents/carers, pupils and relevant multi-agencies in the cycle of assessment, intervention, monitoring and review.

- Medication is an important part of the treatment of the child.
- Dosage must be given at the specified time and details entered on the Medication Form.
- It is the parent/carer's responsibility to alert school of a change in dosage and to complete a new Medication Form.
- It is the parent/carer's responsibility to ensure medication is always available.

9 ACCIDENTS

Many of the school staff are trained 'Emergency First Aiders' and in the event of an accident, appropriate first aid will be given.

Designated First Aiders are available throughout the day.

In the case of more serious accidents, we will contact parents as soon as possible.

A standard form is used to inform parents/carers if their child suffers a knock on the head, even if there are no apparent physical symptoms.



Midday Meals Supervisors are also trained in basic First Aid.

Office staff should be informed and if the accident is of a serious nature, a decision will be taken by a senior member of staff as to whether or not an ambulance should be called. Parents/carers should be contacted as soon as possible.

The member of staff who was the first on the scene must complete an on-line accident form and submit it to the Headteacher for signature.

10 ACADEMIC PROGRESS

If a child is absent frequently from school because of a medical condition, or is tired in the classroom because of disturbed sleep, or has increased frequency of symptoms, initially the class teacher will talk to the parents/carers.

If appropriate, the teacher will then discuss the situation with the School Nurse and/or SENCO/FLO/Health and Welfare Officer.

11 SCHOOL JOURNIES/EDUCATIONAL VISITS

If a pupil is required to leave the school premises, the accompanying adult (Class teacher or TA) must take any necessary medication, i.e. Epipen, asthma inhaler, etc.

The responsible person for the group must take a mobile telephone in order to summon medical assistance or an ambulance if necessary.

Class teachers need to take their class Medical Consent Forms and any Health Care Plans on any visit which is outside the school grounds.

12 FIRST AID LOGBOOK

The First Aid Logbook is kept in the Medical Room and has to be completed when dealing with each incident, however minor.

Full details will be entered, i.e. date, name of child, details of incident, class, signature of person in attendance.



13 ADVICE AND GUIDANCE TO STAFF

The school will arrange and facilitate staff training for children with complex health needs, calling on:

- The School Nursing Service
- Community Children's Nurses
- Paediatric Diabetes Nurse Specialists
- Paediatric Epilepsy Nurse Specialists
- Eleanor Nurses
- The Health Needs Education Service
- The Specialist Teaching Service (about potential impact of medical / physical conditions and the implications on teaching and learning)

14 POLICY REVIEW

This policy will be reviewed bi-annually (every even year) during Term 3.

The next review of this policy is due: Spring Term 3, 2016.

15 APPENDICES

15.1 Appendix 1: Health Care Plan (pages 7 – 8)

15.2 Appendix 2: Medication Administration Form (page 9)



15.1 Appendix 1: Health Care Plan – front page

Name _____

Date of Birth _____

Condition _____

Class/Form _____

Name of School _____

PHOTO

Date _____

Review date _____

CONTACT INFORMATION

Family contact 1

Name _____

Phone No. (work) _____

(home) _____

Relationship _____

Family contact 2

Name _____

Phone No. (work) _____

(home) _____

Relationship _____

Clinic/Hospital contact

Name _____

Phone No. _____

G.P.

Name _____

Phone No. _____

Describe condition and give details of pupil's individual symptoms:



15.1 Appendix 1: Health Care Plan – back page

Daily care requirements: (e.g. before sport/at lunchtime)

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

Follow up care:

Who is responsible in an Emergency: (State if different on off-site activities)

Form copied to:



15.1 Appendix 2: Medication Administration Form



Permission for school to administer medication

The school is only able to administer medication prescribed by a Doctor once you have completed and signed this form.

Child's Name Class

Reason for Medication

Type of Medication

How long to be given

Dosage Time of Day

I understand that an adult must deliver and collect the medicine personally to/from the school office.

Signed (Parent/Carer) Date