



## Medical Needs Policy

### Aim

The ultimate aim of this policy and scheme is to provide the safeguarding of children.

### Introduction

Most children at some time have a medical condition, which could affect their participation in school activities. This may be a short term situation or a long term medical condition which, if not properly managed, could limit their access to education. The Trustees and staff of Stella Maris School wish to ensure that children with medical needs receive care and support in our school. We firmly believe children should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school or other activities.

### Roles and Responsibility

- **The role of the Head Teacher and Trustee Body**

The ultimate responsibility for the management of this policy lies with the Head Teacher and Trustee Body. The Head Teacher will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained. The Head will work with the administration team to ensure accurate and up to date records are kept for children with medical needs.

- **The role of Staff - Staff 'Duty of Care'**

Anyone caring for children, including teachers and other school staff have a common law duty of care to act like any reasonably prudent parent. This duty extends to staff leading activities taking place off site, such as visits, outings or field trips and may extend to taking action in an emergency.

Teachers/child care practitioners who have children with medical needs in their care should understand the nature of the condition, and when and where the child may need extra attention. All staff (teaching and non-teaching) should be aware of the likelihood of an emergency arising and be aware of the protocols and procedures for specific children in school through attending training provided and reading individual health plans devised for individual children.

- **The role of Parent/Carers**

Parents/carers have prime responsibility for their child's health and should provide school with up to date information about their child's medical conditions, treatment and/or any special care needed. If their child has a more complex medical condition, they should work with the school/other health professionals to develop an individual healthcare plan which will include an agreement on the role of the school in managing any medical needs and potential emergencies.

It is the parent/carers responsibility to make sure that their child is well enough to attend school.

### Identification

Upon entry to school, parent/carers will be asked to complete admission forms requesting medical information. Throughout the year we request through our newsletter that parents keep us up to date with any changes in medical information. We also send out data sheets for parents/carers to check and amend to ensure all our records are up to date.

### Individual Health Care Plans (IHCP)

The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. The IHCP clarifies for staff, parents/carers and the child the help the school can provide and receive. These plans will be reviewed annually as a minimum, or more frequently at the request of parents/carers or the school, or as required

An IHCP will include:

- details of the child's condition
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency

- the role the staff can play
- special requirements e.g. dietary needs, pre-activity precautions
- any side effects of medicines

A copy will be given to parents/carers, class teachers/childcare practitioners and a copy will be retained in the medical needs file in the office and the child's individual file. The general medical information sheet given to all staff will indicate that the child has an IHCP.

### **Communicating Needs**

A medical file containing class/childcare lists together with an outline of any medical condition and actions to be taken is available to all teaching and non-teaching staff (including Lunchtime Supervisors and Activity Leaders) in the office.

Individual Health Care Plans for children are kept in the classroom/childcare rooms where they are accessible to all staff involved in caring for the child. A copy is also kept of children with IHCPs in the office for reference.

### **First Aid**

We have a number of school staff who are trained 'first-aiders' and in the event of illness or accident will provide appropriate first aid. In the event of a more serious accident, we will contact the parent/carer as soon as possible. If hospital treatment is required and a parent/carer is not available, 2 members of staff will take the child to hospital and stay with the child until the parent/carer arrives. If the child is required to travel in an ambulance a member of staff will accompany the child in the ambulance if their parent/carer is unavailable.

We will endeavour to inform parent/carers, using a standard letter if their child has had an accident after a bang to the head and received first aid attention.

### **Accident reporting**

Details of minor accidents/incidents are recorded in the Accident Book together with any treatment provided. Accidents of a serious nature are reported using the on-line reporting system to the HSE under RIDDOR.

### **Physical Activity**

We recognise that most children with medical needs can participate in physical activities and extracurricular sport. Any restrictions in a child's ability to participate in PE or specific physical activities should be recorded in their IHCP. All staff should be aware of issues of privacy and dignity for children with particular needs.

### **School Visits**

When preparing risk assessments staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits.

Sometimes additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent/carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned or as part of the risk assessment and visit planning process. A copy of IHCP should be taken on trips and visits in the event of information being needed in an emergency.

### **Residential Visits**

Parent/carers of children participating in residential visits will need to complete a consent form giving details of all medical/dietary needs. Administration of medicine forms need to be completed prior to the day of departure and all medication which needs to be administered during the course of the visit should be handed directly to the group leader before leaving the school at the start of the visit.

### **Administration of Medicines**

The Head Teacher will accept responsibility for members of school staff giving or supervising children taking prescribed medication during the school day where those members of staff have volunteered to do so and have agreed to adhere to this policy

Prescribed medication provided in its original pharmacy labelled container can only be administered to children where parents/carers provide such medication to the school and parents/carers must specifically request in person that the school administers it.

Medication will not be accepted without a completed Written Consent with clear instructions as to administration.

The Head Teacher will consider in each case the nature of the medication to be administered, any potential risks and all other relevant information before deciding whether in any particular case medicine can be administered in school. Where there is concern about whether the school can meet a child's needs the Head Teacher should seek advice from the school nurse or doctor, the child's GP or other medical adviser.

Each item of prescribed medication must be delivered in its original, pharmacy labelled container and handed directly to the school office or person authorised by the Head Teacher. The school will not accept medication which is in unlabelled containers.

Staff who volunteer to assist in the administration of medication must receive appropriate training/guidance identified by the Head Teacher in liaison with health professionals.

The Head Teacher or representative will seek the advice of healthcare professionals on the type of training required for each authorised member of staff and what types of medication that training covers.

Unless otherwise indicated on the storage instructions, all medication to be administered will be kept in a safe place in the Office.

The school member of staff administering the medication must record details of each occasion when medicine is administered to a child.

If children refuse to take medication, the staff should not force them to do so. The school should inform the child's parent/carer as a matter of urgency, and may need to call the emergency services.

Parent/carers will be advised that it is their responsibility to notify the school of any changes to a child's medication. Parents/carers should also inform the school of any other circumstances that may affect the administration of medication or of the child's reaction to the medication.

### **Anaphylaxis, Asthma, Diabetes, Eczema and Epilepsy**

The school recognises that these are common conditions affecting many children and young people, and welcomes all children with these conditions.

The school believes that every child has a right to participate fully in the curriculum and life of the school, including all outdoor activities and residential trips. The school ensures that all staff in the school have a good understanding of these conditions, through relevant training and do not discriminate against any child who is affected.

### **Anaphylaxis**

Anaphylaxis can be triggered by foods (nuts, shellfish, dairy products) or non foods (wasp and bee stings, certain medicines, even exercise). The symptoms of anaphylaxis can be identified by effects on the respiratory system, cardiovascular system, gastrointestinal system, skin, nervous system and genitourinary system. In the event of an attack it is important to administer an epipen as soon as possible and then call 999 for an ambulance

#### **How will staff know which children might need an epipen?**

Photographs of all children needing an epipen can be found in the staff room and office and in classrooms of individual children if appropriate. Children's Individual Health Care Plans are kept in classrooms copies are also stored centrally in the Medical File in the office and in individual children's files.

#### **How will staff know when and how to administer an epipen?**

There will be annual training sessions for all staff.

#### **Where are epipens stored?**

Epipens are stored in the school office and in the child's classroom. The Welfare Assistant is responsible for monitoring the expiry date of the epipen and advising parents.

### **Asthma**

See asthma policy

### **Diabetes**

We recognise that Diabetes should not be taken lightly because it is a very serious condition, and could result in a Hypoglycaemia attack (Hypo) where blood sugar level become too low, or a Hyperglycaemia attack (Hyper) where blood sugar levels become too high. Prompt medical attention will then be required to rectify the chemical and sugar imbalance in the blood. Children who are diabetic need supervision and careful monitoring so that staff are aware of any changes in the child and are able to take immediate action if they should need to. All children with Diabetes in school will have their own IHCP. Each child with diabetes will have an emergency box labelled with their name and photograph and containing any relevant equipment required to control a hypo or hyper attack.

### **Eczema**

We are aware that active (acute) eczema causes constant itching and can mean sleepless nights and daytime drowsiness. We recognise that children who suffer with eczema may need the support of school staff to help them deal with this condition and that they may need help to apply emollients.

### **Epilepsy Seizures**

#### **IN THE EVENT OF A CHILD HAVING AN EPILEPTIC SEIZURE**

Stay calm

If the child is convulsing then put something soft under their head

Protect the child from injury (remove harmful objects from nearby)

NEVER try and put anything in their mouth or between their teeth

Try and time how long the seizure lasts – if it lasts longer than usual for that child or continues for more than five minutes then call medical assistance

When the child finishes their seizure stay with them and reassure them

Do not give them food or drink until they have fully recovered from the seizure

### **Head Lice**

Any case of head lice should be reported to the school. Parent/carers will be advised on an appropriate course of action as advised by the local health authority.

### **Staff training**

The school is responsible for ensuring that staff has appropriate training to support children with medical needs. Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school. Arrangements are made with appropriate agencies e.g. School Health to update staff training on a regular basis. Teaching and support staff are directed to attend epipen and asthma training annually.

### **Confidentiality**

Staff must always treat medical information confidentially. Agreement should be reached between parent/carers and the school about whom else should have access to records and other information about a child and this will be detailed in their Individual Healthcare Plan.

If information is withheld from staff, they will not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

### **Other agencies**

The school nurse, paediatrician or other specialist bodies may be able to provide additional background information for school staff. Any requests or referral to these services will only be made with parental consent.

### **Monitoring and evaluation**

Staff and trustees, on a three yearly basis, will review this policy unless circumstances demand an earlier review

**Policy date: March 2012 - Reviewed September 2015**

**Medical Record**  
**Stella Maris School**  
**2015/2016**

Name	Class	Condition	Action Required

**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 or setting has a policy that staff can administer medicine

Name/Child: \_\_\_\_\_ Year: \_\_\_\_\_

Medical/condition/illness:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medicine**

Name/Type of Medicine (as described on the container):

\_\_\_\_\_

Dosage/method: \_\_\_\_\_

Timing: \_\_\_\_\_

Dates to administer from & to:

From \_\_\_\_\_ To \_\_\_\_\_

Are there any possible side effects that the school needs to know about?

\_\_\_\_\_  
\_\_\_\_\_

Self Administration (delete as appropriate\*) : Yes\*/No\*

**Contact Details**

Name: \_\_\_\_\_

Daytime/Telephone/No \_\_\_\_\_

Relationship/to/Child: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

I understand that I must deliver the medicine personally to the office and accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_