



## Our Lady of Lourdes Catholic Primary School

Medical Policy			
Date	Review Date	Coordinator	Nominated governor
September 2020	September 2022	James Green	

### Mission Statement

*Loving like Mary  
Serving like Mary  
Learning like Mary  
Believing like Mary*

### Policy Statement

This policy is to ensure that all pupils at Our Lady of Lourdes (OLOL) 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 potential.

Supporting document: *DfE Supporting Pupils at School with Medical Conditions* (Sept 2014).

### Aims and Objectives

- To ensure that children with medical conditions can access and enjoy the same opportunities at our school as any other child.
- To commit to making reasonable adjustments to the development and/or adaptation of school facilities for children with medical conditions.
- To liaise with appropriate agencies to facilitate an effective response to the needs of children with medical conditions.
- To ensure that staff understand the importance of medication being taken as prescribed.
- To ensure that staff are properly trained to provide the support that pupils need and understand their duty of care to children in the event of an emergency.
- This policy should be used in conjunction with the Intimate Care Policy; Asthma Policy; and First Aid Policy.

### Procedures and Principles

When pupils are diagnosed with a medical condition and this information is shared with the school, an Individual Healthcare Plan (IHCP) is created (Appendix 1), in order to record important details about the pupil's individual medical needs at school; their triggers, signs, symptoms, medication etc. This is developed with the child's best interests in mind, ensuring that the school assesses and manages risks to their education, health and social wellbeing and minimises disruption. Where the child has a Special Educational Need identified in a statement or EHCP, the Individual Healthcare Plan should be linked to or become part of that statement or



EHCP. IHCPs will be kept and developed in conjunction with a health care plan designed and provided by a health care provider.

### **Process for developing Individual Healthcare Plans (IHCPs):**

1. A parent, carer or healthcare professional informs the school that a child has been newly diagnosed; or is due to attend a new school; or is due to return after a long-term absence; or that needs have changed.
2. A member of the SLT and/or SENCo, co-ordinate a meeting to discuss the child's medical support needs and identify a member of school staff who will provide support to the pupil.
3. Meeting to discuss and develop an IHCP in partnership, including key staff, healthcare professionals, parents and the pupil (if appropriate).
4. School staff training needs are identified and planned with a healthcare professional. Where appropriate, staff should be signed off as competent by the healthcare professional and a review date agreed. The Headteacher and SENCo are responsible for ensuring that sufficient staff are suitably trained, including arrangements for staff absence.
5. IHCP shared with all relevant staff within school.
6. IHCP reviewed annually or when the condition changes (this should be initiated by either parents or healthcare professionals).

### **Implications for School Staff**

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### **Administering Prescribed Medication**

While it is not our policy to care for sick children who should be at home until they are well enough to return to school (at least 48 hours after the last bout of sickness or diarrhoea), we are able to administer medication as part of maintaining their health and wellbeing or when they are recovering from illness. In many cases, it is possible for children's GPs to prescribe medicine that can be taken outside of school hours. As far as possible, administering medicines will only be done where it would be detrimental to the child's health or school attendance if not given.

Trained First Aid staff are responsible for the correct administration of medication to children. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to the procedures set out below:



- No child should be given medication without their parent's written consent. The member of staff receiving the medication must ask the parent to sign a consent form (Appendix 2) stating the following information. No medication may be given without these details:
  - full name of child and age
  - name of medication
  - dosage to be given
  - signature, printed name of parent and date

This is kept in the medicines folder and any outdated records should be removed. Medicines should be received from and returned to a responsible adult. Any member of staff who comes across a pupil with medicine without consent, in school should notify a member of the Leadership team at once.

- Children taking prescribed medication must be well enough to attend school.
- Only prescribed medication is administered. It must be in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.
- If the administration of prescribed medication requires medical training, this is provided for the relevant members of staff by a healthcare professional.
- No child may self-administer, with the exception of older pupils who have asthma (Asthma Policy) or creams/lotions - see intimate care policy. Where children are capable of understanding when they need medication, they should be encouraged to tell their class teacher what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- At the time when the medicine is to be administered, the responsible member of staff should check the pupil's name, the written instructions given by the parent or doctor, the medicine is correctly labelled, in the correct container, the size of dose, the frequency and the expiry date, before administering the medicine. If in any doubt about any of the procedures the member of staff should check with the parents or a health professional before taking further action. If a pupil should refuse to take medication, school staff should not force them to do so, unless it is specified in the child's care plan. The school should inform the child's parents as a matter of urgency.
- A record chart (Appendix 3) must be completed and signed for each child receiving medication, noting the time that the medication was given.
- If a child refuses their medication, the First Aider must contact the parents / carers to inform them. The class teacher should also be informed.

#### Storage of Medication

- All non-emergency medication is stored safely in a locked cupboard or refrigerated in the school office. However, emergency medication, such as asthma inhalers and adrenaline pens should always be readily available to children and not locked away. Pupils are reminded to carry their emergency medication with them.
- Parents are responsible for collecting all non-emergency medication. Medicines are never given back to a child.
- For some conditions, medication may be kept at school. First Aiders check that any medication held to administer on an 'as and when required' basis, or on a regular basis, is in-date. Any out-of-date medication is returned to the parent.



- On the reverse of the completed medication form there is an opportunity for doses to be recorded: date, time, dose given, name of medication if child has more than one medicine to take, and signed by the member of staff administering. It is good practice to have this witnessed and counter-signed if possible. For asthma pumps, this log is kept in class and should be completed by a member of staff when the pump is administered. The log is kept in the inclusion folder.
- If the medicine requires a needle it should be disposed of in a sharps box.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.

### **Administering non-prescribed medication**

Non-prescribed medicine will only be administered when the parent or carer has completed an Administration of Medicines form and provided the medicine that is to be administered to the child. Medication, e.g. paracetamol for pain relief, should *never* be administered without first checking maximum dosages and when the previous dose was taken.

Parents should be informed and a record 1 should be kept (see Appendix 3). If a member of staff finds that a child has non-prescribed medicines in school a member of the school's leadership team should be contacted at once. If a child has 'cough sweets' in school, the school office will telephone the child's parents to check that they are aware that the child has the medication in school and to ask for their advice. This should be noted in the Medicines in School Folder.

### **Managing medicines on school visits**

- Medication for each child is taken in a plastic box clearly labelled with the child's name and a copy of the consent form for reference and to record when medication has been given.
- On returning to school the medication and form is returned to the school office.
- It is the responsibility of the visit leader and class teacher to ensure that medication is available when required. If this is likely to cause a problem, for example, because of the lack of refrigeration, this should be discussed with the parent.

### **Asthma inhalers**

- Where a child has an asthma inhaler in school, the pupil may use the school spare inhaler.
- Wherever possible children should have immediate access to inhalers, they should carry the inhaler with them, where classes go anywhere outside their classroom, their class box of medicines must be taken.
- Parents will be reminded by the school to replace any medicine that has expired. Wherever possible, children should administer this medication themselves with the supervision of a trained adult.
- Where needed, a member of staff should assist the child.
- Please see asthma policy.

### **AAIs (Auto-adrenaline Injectors)**

- Parents should make sure that any pupil requiring an AAI has one available to carry with them at all times and where possible, a labelled spare AAI to be stored in the school office.



The school does have two spare AAIs which are kept in the school office. In the event that a child has an anaphylactic reaction, the second pen (if present) or the spare AAI **must** be taken from the office. The child's careplan (IHCP) must be followed.

- Where schools have supplies of spare Asthma Inhalers and Epi-pens these are for emergency use for any child. Please see the Department for Health guidance for further information. It is not mandatory for schools to hold spare Salbutamol inhalers or Epi-pens, but we have chosen to include this as part of our approach to First Aid.

### **In an Emergency**

Staff understand and are updated in what to do in an emergency for the most common serious medical conditions at OLOL.

- In an emergency situation, school staff are required under common law duty of care to act like any reasonably prudent parent/carer. This may include administering medication and/or contacting the Emergency Services by dialling 999 or 112.
- If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent/carer arrives. The staff member concerned should inform a member of the Senior Leadership Team and refer to the school's Critical Incidents Policy.
- In the event of a hospital admission of a member of staff or pupil, the appropriate ARF must be completed and reported to a member of SLT.

### **Contagious diseases**

Schools and nurseries are common sites for transmission of infections. Children are particularly susceptible because:

- they have immature immune systems
- have close contact with other children
- sometimes have no or incomplete vaccinations
- have a poor understanding of hygiene practices

In the event that a contagious disease has been reported about a child, the member of staff must pass this information on to SLT and the office staff. At this point, a letter must be distributed to the child's class and in some cases, where the risk is present, to the year group. The letters for these are in the appendices of this policy.

The contagious diseases may be (but are not limited to):

- Headlice
- Ringworm
- Threadworm
- Hand, Foot and Mouth disease

We aim to facilitate Infection prevention and put in control measures to interrupt the cycle of infection by promoting the routine use of good standards of hygiene so that transmission of infection is reduced overall. This is usually through:

- immunisation of pupils and staff
- good hand washing
- making sure the environment is kept clean

The Head teachers or SLT in absence should contact their local health protection team as soon as they suspect an outbreak of a serious nature. This could be:



- 2 or more cases of diarrhoea and/or vomiting which are in the same classroom, shared communal areas or taking part in the same activities
- higher than usual number of people diagnosed with scabies
- higher than usual number of people diagnosed with scarlet fever
- two or more cases of measles at the school or other childcare setting

In such cases, the local Health Protection Team should be contacted to discuss the situation and agree if any actions are needed. [HPT](#) information is provided on the gov.uk website .

In relation to GDPR, it is important to note that health protection teams are bound to manage personal case details in strict confidence. Therefore, information given to schools from the team for distribution during an outbreak will never name cases or give out any personal details. Organisations where cases are identified are also bound to manage personal case details in strict confidence.

### **Unacceptable Practice**

Although school staff should use their discretion and judge each case with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCP;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

### **Data Protection**

All records are to be stored in a location that prevents unauthorised access to records but enables authorised staff to access the information as quickly as possible. Documents will be retained in line with GDPR retention. Medications disposed of via a pharmacy service will have personal data removed.



**Appendix 1**

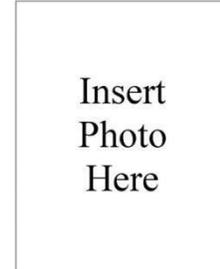
**Our Lady of Lourdes Catholic Primary School**

**Individual Health Care Plan (IHCP)**



**Pupil's Information**

Pupil's Name	
Date of Birth	
Class / Teacher	



**Medical Information**

<b>Medical condition</b>	
<b>Details of pupil's individual condition, including triggers and symptoms</b>	<b>Actions, including any medication (dose, side effects and storage), equipment etc.</b>
<b>Educational, social and emotional needs e.g. absences, rest periods, counselling sessions etc.</b>	
<b>Level of support needed</b>	
<b>Who will provide the support and who will cover in their absence?</b>	<b>What training is required (if any)?</b>
<b>Describe what constitutes an emergency for the pupil, and the action to be taken if this occurs</b>	
<p><b>Request for an Ambulance</b>          Dial 999, ask for the ambulance service and be ready with the following information:</p> <ol style="list-style-type: none"> <li>1. Name of child and a brief description of the symptoms</li> <li>2. Address (Our Lady of Lourdes Primary School, Manchester Drive, SSO 0BW)</li> <li>3. Exact location in the school and the best entrance</li> <li>4. Telephone number (01702 475689)</li> </ol>	
<b>Further Information</b>	
<b>Date of Plan</b>	
<b>Review Date</b>	



### Contact Information

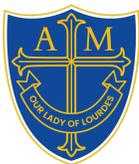
	Emergency Contact 1	Emergency Contact 2
Name		
Relationship to pupil		
Telephone 1		
Telephone 2		

(Where appropriate)

	GP	Clinic / Hospital Contact
Name		
Telephone		

### Signatures

	Signed	Date
Parent / Carer		
Headteacher		



## Appendix 2

### Our Lady of Lourdes Catholic Primary School

#### Permission to Administer Medication Form

*'While it is not our policy to care for sick children who should be at home until they are well enough to return to school (at least 48 hours after the last bout of sickness or diarrhoea), we are able to administer medication as part of maintaining their health and wellbeing or when they are recovering from illness. In many cases, it is possible for children's GPs to prescribe medicine that can be taken outside of school hours. As far as possible, administering medicines will only be done where it would be detrimental to the child's health or school attendance if not given. Only prescribed medications can be given by school staff.'*

Medication may be administered by staff at OLOL when the following form has been completed by the parent/carer.

Child's Full Name: \_\_\_\_\_ Class/Teacher: \_\_\_\_\_

Name of medical condition/illness		Name of medication: (As stated on container/bottle)	
Date dispensed (as on medication)		Expiry date	
Dosage and method:		Approximate time of the day to be given:	
Any possible side effects:		Special precautions:	
Start date:		End date:	
Is this medicine to be applied to the skin? If yes, an intimate care policy form will need to be completed.		Self administering?	
Name and contact number of GP		Procedure in the case of an emergency	

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.



Parent signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Staff receiving this form: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**The form and medication has been checked by a member of staff. The details and information above, to the best of my knowledge, are accurate. If an intimate care plan is needed information has been sent to the class teacher to ensure a meeting takes place.**





## Letter to parents regarding infectious diseases

Date

Dear Parents,

A case of threadworms has been reported in your child's class. For more information, please visit: <https://www.nhs.uk/conditions/threadworms/>.

Threadworms are a very common problem in children and are easily treatable. Please could you thoroughly check your child this afternoon and provide treatment if necessary.

Threadworms are contagious and therefore, strict hygiene procedures can help clear up a threadworm infection and reduce the likelihood of re-infection.

With many thanks for your cooperation,

Date

Dear Parents,

A case of headlice has been reported in your child's class.

Headlice are a very common problem in children and are easily treatable. Please could you thoroughly check your child this afternoon and provide treatment if necessary.

With many thanks for your cooperation,