

**Christ Church CE School  
Medical Needs Policy  
Spring '18**



Christ Church CE School  
Redhill Street  
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Christ Church C of E Primary School  
Medical Needs Policy

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**Christ Church C of E Primary School**  
**Medical Needs Policy**

**Mission Statement**

**The Christian Faith is at the heart of our school community. At Christ Church we care for each other and learn together.**

Christ Church is a small, caring school which is committed to a broad, balanced curriculum and to a continual raising of standards. We aim to contribute to the spiritual, moral, cultural, mental and physical needs of every individual.

We are a Church of England school, with a strong commitment to the teaching of Christianity whilst supporting a multi-faith approach to the curriculum. We recognise, value and celebrate the rich cultural diversity that exists in our school.

The Christian ethos of the school is reflected in our positive, disciplined and calm atmosphere. We believe that effective learning takes place when children work in a purposeful and stimulating environment that supports a wide range of learning styles. Mutual respect between adults and children promotes excellent behaviour and well developed social skills. With this approach we seek to achieve high academic standards.

We aim to cater for each individual, taking particular account of any specific needs or abilities. We endeavour to ensure that all our children fulfil their potential and, within this context, we emphasise health and safety, enjoyment and achievement and the beginnings of responsibility for themselves and others. These skills will be carried forward to the next phase of education and throughout life.

The whole school community is committed to a collective responsibility for the implementation of the values inherent in this statement.

## **Our School Aims - Every Child Matters**

### **The Ethos of the School**

The school aims to provide a positive, disciplined, purposeful environment, within a Christian context. We aim to teach children to be caring, to exhibit good behaviour and appropriate social skills and to begin to take responsibility for themselves and others.

### **The Values of the School**

The School aims to value every child and to contribute to the Spiritual, Moral, Cultural, Mental and Physical well being of our whole school community. We value the diversity of our community and we aim to promote the health and safety of everyone.

### **The Standards of the School**

The School aims to teach a balanced Curriculum and to ensure that each child fulfils his or her potential. We aim to provide teaching and learning of a high standard. We believe that this is achieved when pupils are highly motivated, enjoy coming to school, and are appropriately challenged.

Christ Church C of E Primary School

Medical Needs Policy

**Date of policy:** Spring 1 2018

**Review date:** Spring 1 2019

**Roles and responsibilities**

Parents have the prime responsibility for their child's health and are required to provide the school (via the Head teacher) with information about their child's medical condition before they are admitted to the school, or as soon as the child first develops a particular medical need.

In consultation with the family, advice will then be sought from those health professionals involved with the child, in order to determine the level of support needed on a daily basis when their child attends school.

This could include:

- a General Practitioner (GP) or Paediatrician
- the school doctor or nurse
- a health visitor or a specialist voluntary body
- hospital school

For those children who attend hospital appointments on a regular basis, special arrangements may also need to be considered.

**Pupils with Long Term or Complex Medical Needs**

**Special Arrangements**

Where a child's needs are particularly complex and could affect their ability to access the full curriculum or participate in other areas of school life, then special arrangements will need to be made.

In some cases this might take the form of dedicated adult support, at certain times of the school day. Alternatively, the child's needs could be such that modifications to the learning environment and /or the provision of specialist aids will need to be considered.

*The Special Educational Needs (SEN) Code of Practice 2014 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that will be considered.*

### Passports to Christ Church

A written, individual health passport plan will be developed for such children, to clarify for staff, parents and the child, the support that will be provided. This will include details of the child's medical condition, any medication, daily care requirements and action to be taken in an emergency, including parents' contact numbers.

Those who may need to contribute to a medical care plan include:

- The school health service, the child's GP or other health care professionals (depending on the level of support the child needs)
- The Head teacher and SENCo,
- The parents/ carers ( and the child, if appropriate)
- The class teacher , care assistant or teaching assistant
- Support staff who are trained to administer medicines or trained in emergency procedures.

The school will agree with parents how often they should jointly review a medical care plan. The timing of this will depend on the nature of the child's particular needs.

In most cases this will take place at the start of each school year; however, some plans will need to be reviewed more frequently. Each child's needs will be judged individually, as children vary in their ability to cope with poor health or a particular medical condition.

## Communicating Needs

Passports are shared with all staff, including lunchtime staff and agency staff.

Care Plans for individual children are held in the staffroom and office where they are clearly visible/accessible to all staff involved in caring for the child.

Further copies and full medical records are stored in the child's SEN file.

## Staff training

The school is responsible for ensuring that staff have 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 i.e. sickle cell training, asthma training etc

Arrangements are made with appropriate agencies e.g. School Health to update staff training on a regular basis.

Teaching and Support staff attend Epi-pen and asthma training annually.

## Educational visits

Every effort is made to encourage children with medical needs to participate in safely managed visits. Consideration is always given to the adjustments which need to be made to enable children with medical needs to participate fully and safely on visits. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of the medical plan should be taken on visits in the event of the information being needed in an emergency. Arrangements for taking any necessary medicines will need to be made and if necessary an additional member of the support staff, a parent or another volunteer might be needed to accompany a particular child.

*If there is any concern about whether the school is able to provide for a child's safety, or the safety of other children on a visit, then parents will be consulted and medical advice sought from the school health service, the child's GP or hospital consultant. On some occasions parents may be asked to join a class trip.*

## Residential Trips

All medication which needs to be administered during the course of the visit should be handed directly to the class teacher in accordance with the school's guidelines before leaving the school at the start of the trip. An advanced first aider will also be in attendance on these trips.

## Sporting Activities

All children with medical conditions will be encouraged to participate as fully as possible in physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental and physical health and well-being. Staff will be sensitive to their individual needs and sufficient flexibility will be incorporated into the lesson planning for all children to be included in ways appropriate to their own abilities.

Any restrictions on a child's ability to participate in PE will be recorded in their individual medical care plan. This will include a reference to any issues of privacy and dignity for children with particular needs.

*Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.*

## Pupils with Short - Term Medical Needs

If children are unwell and unable to cope with a busy school day, they should not be sent to school. If they become ill during the day, parents/carers will be contacted by the school office in order that the child can be taken home.

Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of prescribed antibiotics.

*However, such medicines should only be brought to school where it would be detrimental to a child's health or cause continued absence if it were not administered during the school day.*

Parents should inform the school (on the agreed form, available from the school office) about the medicines that their child needs to take and provide details of any



further support required. Staff should make sure that this information is the same as that provided by the prescriber (see appendix)

*If the child has any infectious or contagious condition, they should not come to school.*

### Prescribed Medicines

- Medicines will only be accepted if they have been prescribed by a doctor, dentist, nurse or pharmacist.
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.
- Medicines that have been taken out of the container as originally dispensed will not be accepted

### Non - prescription medicines (e.g. painkillers)

- Staff will not give a non-prescribed medicine.
- If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP.

***A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.***

### Administration of medicines - Guidance to staff

***No child under 16 will be given medicines without their parent's written consent.***

Parents should inform the school (on the agreed form) about the medicines that their child needs to take. They should also provide written details of any further support required.

***Staff should make sure that this information is the same as that provided by the prescriber***

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions.

In all cases it is necessary to check that written details include:

- name of child
- name of medicine
- dose
- time/frequency and method of administration
- any side effects
- expiry date

***Adrenaline pens should only be administered by trained members of staff. Instructions for these are clearly displayed inside the first aid cupboard in the main office, where the pens are stored .Each child's 'medical care plan' gives explicit details of action to be taken and is displayed clearly in their classroom.***

### Responsibility for administering prescribed medication

Teachers' conditions of employment do not require them to give, or supervise, a pupil taking medicines. The school will ensure that there are sufficient members of SLT and support staff who are employed, appropriately trained and willing to manage medicines. *The type of training necessary will depend on the individual case.* They should also be aware of possible side affects of the medicines and what to do should they occur.

***If in doubt about any procedure, staff should not administer the medicines but check with the parents or a health professional before taking further action.***

### ***Staff who will administer drugs at Christ Church***

- Senior Leadership Team
- Higher Level Teaching Assistant
- Admin officers

### Record-keeping

***Staff should complete and sign a record each time they give medicine to a child.*** (These are filed in children's individual record cards when the course of prescribed medicine is completed.)

In some circumstances (such as the administration of rectal diazepam), the dosage and administration will always need to be witnessed by a second adult.

## Refusal to take medicine

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and parents should be immediately informed of the.

***If a refusal to take medicines results in an emergency, then the usual emergency procedures should be followed.***

## Storage of Medicines

The SLT and HLTA are responsible for making sure that medicines are stored safely. Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child.

Medicines should be stored strictly in accordance with product instructions and in the original container in which dispensed.

***Staff should never transfer medicines from their original containers.***

***All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away.***

Other non-emergency medicines should be kept in a secure place not accessible to children.

Some medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines.

## Controlled drugs

- The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children, e.g. methylphenidate.
- It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed
- Any member of staff may administer a controlled drug to the child for whom it has been prescribed. The same procedures should be followed for recording the administration of a controlled drug as for prescribed medicines. (See above)

- Controlled drugs should be stored in a locked container and only staff who administer the medicines should have access. A record should be kept for audit and safety purposes.
- A controlled drug, as with all medicines, should be returned to the parent when no longer required, to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).