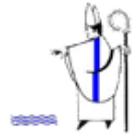




# St. Paulinus Catholic Primary School



"Inspiring all to live, learn and love in the light of Jesus."

(I am the light of the world; whoever follows me will never walk  
in darkness but will have the light of life." cf John 8:12)

## Medical Policy and Statement of Arrangements for Supporting Children with Medical Needs 2018–21

**Policy reviewed by Subject Manager :** Mrs. J. Cooper - SENDCo  
**Policy updated by :** Miss E. Sinclair, January 2018  
**Policy review date :** January 2021

Signed ..... Date .....  
Headteacher

Temple Road, Dewsbury, West Yorkshire, WF13 3QE

*'An outstanding school, which is deeply committed to the Catholic mission... this school inspires all within this faith community to live life to the full.'* Ofsted 2017



# Medical Policy and Statement of Arrangements for Supporting Children with Medical Needs

## Mission Statement

"Inspiring all to live, learn and love in the light of Jesus"

The governors, Headteacher and staff of St Paulinus Catholic Primary School wish to ensure that pupils with medical needs receive care and support in school. Pupils 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 trips etc.

We have adopted the ChYPS policy and guidance *Supporting Children and Young People with Medical Needs* and outline below the detailed arrangements for implementing the policy in St Paulinus Catholic Primary School.

The Headteacher will accept responsibility for members of staff giving or supervising pupils taking prescribed medication or carrying out prescribed procedures during the school day where those members of staff have volunteered to do so. He/ she will ensure that members of staff receive adequate information, instruction and training to ensure their competency to carry out their roles safely and effectively.

The acceptance of this responsibility is within the context of the previously mentioned policy. The Headteacher will consider, in each case, the nature of the medication to be administered, any potential risks and all other relevant information before deciding in a particular case that medicine can be administered. Where there is concern that a child's needs cannot be met, the Headteacher will seek further advice from medical professionals and appropriate LA Officers.

The Headteacher will ensure that appropriate aspects of this policy / guidance are communicated to all relevant parties including staff, parents, children and others.

## Roles and Responsibilities

We have set out school / specific roles / duties briefly below :

The designated person with responsibility for children with medical needs is :

**Mrs. Joanne Cooper**

Her role is outlined as follows :

**SENDCo (Special Educational Needs & Disabilities Co-ordinator)**



Other staff members with specific duties are outlined below :-

**Paediatric First Aiders :**

(in accordance with EYFS Legal Requirements – minimum 1 on site at all times and on all trips involving EYU)

**KS1**

Mrs. Angela Allerton	Mrs. Helen Benn	Ms. Cassi Bruines
Miss Hannah Ellis	Miss Kayleigh Harrison	Mrs. Paula Hirst
Miss Lucy Guy	Mrs. Janet Kelly	Miss Katie McGowan
Miss Carla Parnaby	Miss Helen Regan	Miss Kathryn Richardson
Mrs. Jacqueline Spencer	Mrs. Debbie Stead	Miss Mo Taylor

**KSII**

Mrs. Linda Bellwood	Mrs. Sharon Davies	Mrs. Karen Dudley
Mr. Nick Haigh	Mrs. Julie Halford	Mrs. Paula Halloran
Mr. Steve Jones	Miss Karen McNally	Mr. Robert Mallender
Mrs. Janet Moore	Ms. Kerry Oakley	Mrs. Tracy Smith

**Administration of Ritalin :** Mrs. Roxanne d’Arcy – Headteacher

**Administration of Epi-Pen :**

**Administration of Bullo Midazolam :** Mrs. Roxanne d’Arcy – Headteacher

**Detailed Organisation / Arrangements**

We have detailed the specific school / setting arrangements below :-

- **Administration of Non-Prescription Medicines**

We will not administer non-prescription medicines of any kind including pain-relief and anti-inflammatory medicines (ie all aspirin, paracetamol and ibuprofen based medicines).

If parents feel their children need these medicines we recommend that medicines should be given immediately before and after school instead.



- **Administration of Prescribed Medication**

The legal situation regarding administration of medicines is extremely complicated therefore the school is under no legal obligation to administer any medicines to a child. The Headteacher has the discretion to administer **some** medicines for **some** medical conditions either directly or by delegation to another member of staff. All members of staff have the right to refuse to administer medication.

If we have agreed to administer medicine to a child and they then refuse to take it, we will contact the parents immediately and may then withdraw agreement if necessary.

Only trained members of staff may administer Epi-Pens for anaphylaxis. Any Pens will be stored securely and if administered to a child, the used Pens will be given to the paramedics for safe disposal.

Ritalin (used for conditions such as ADD, ADHD etc) is a controlled drug. If the Headteacher agrees to administer this to a child it will be stored securely in a locked cupboard and there may be restrictions as to the amount we can store. Administration of this drug will be recorded.

Where a child needs a reliever inhaler (usually blue) for asthma, they should **always** have access to an inhaler in school but the child must administer this themselves (staff may assist with setting up spacers and holding the inhaler in place). Preventer inhalers (usually brown, white or green) should only be stored in school if the dosage states that it is to be taken at lunchtime. The usual dosage for these types of inhalers is morning and evening. These types of inhaler are not of use during an asthma attack. School will hold emergency inhalers and spacers, however if your child needs to use a school spacer then the parent / carer will be asked to replace this by obtaining one from their doctors. Replacements should be sent to school immediately.

We have members of staff trained in the use of needles for diabetes therefore we can administer these medicines in line with medical advice and training.

Where the school does agree to store and/or administer medication of any type it must fit the following guidelines :

- It **must** be prescribed by a doctor specially to the child
- It should be within the expiry date
- The dosage must state that it should be taken during school *hours* (eg “as required”, “four times a day”, “with meals” etc)
- It should be still in the original packaging with the pharmacy label still attached stating :
  - Child’s name
  - Date prescribed / dispensed
  - Expiry date / use by date
  - Name of medication
  - Full dosage instructions

We welcome parents to administer other **essential** medicines themselves at morning break and lunchtime but ask that they consider the disruption this may cause. We recommend that medicines should be given immediately before and after school instead.



- **Self-administration of medicines by pupils**

The only medicine which pupils are allowed to self-administer is a reliever inhaler for asthma which the child should always have available in school (staff may assist with setting up spacers and holding the inhaler in place). Inhalers are kept with the class.

We will only allow pupils to self-administer any other medicines under guidance from medical professionals as detailed in an Individual Health Care Plan.

- **Children with chronic or complex medical needs**

Where a child has chronic or complex medical needs a Health Care Plan meeting will be arranged between the child's parents, Headteacher, designated person as stated above and any other relevant professionals.

The Individual Health Care Plan will provide full details of the child's condition (including signs and symptoms), all prescribed medication (including dosages, times and administration method), emergency contact details of parents/carers, contact details for child's GP and other medical professionals, special emergency procedures, any other special needs.

The Health Care Plans will be reviewed on an annual basis and will include the child's new/existing class teacher and support staff where appropriate.

### **Employees training and record keeping**

A full record will be kept of all training attended by staff members relating to the medical needs of our pupils (including first-aid). Copies of all certificates will be stored in a central file.

The designated person will be responsible for organising any necessary refresher training, training for the needs of new pupils and training for new staff members as required.

### **Emergency procedures - detailed arrangements, roles and responsibilities**

If a child has an Individual Health Care Plan, we will follow the emergency procedures agreed with the parents at their review meeting.

If a child falls ill or has an accident whilst at school, we may need to contact parents/carers to take the child home. We ask parents/carers to provide **at least two** separate emergency contacts (ideally this would be three or four). We also ask that they provide **at least two** separate phone numbers (where possible) for each contact.

We will always phone emergency contacts in the order listed in the child's records therefore the main contact should be the child's main care-giver.

Occasionally we may feel that a child needs **immediate** medical attention. In the case of severe bleeding, broken bones, breathing difficulties or unconsciousness we will phone for an ambulance (see attached guidance). A member of staff will travel with the child in the ambulance and remain at the hospital until the parent/carer arrives.

In the case of minor injuries which may require medical treatment we will ask the parents/carers to collect the child from school. We will then advise them to see their GP or visit the hospital. If the parents/carers cannot be contacted, we will phone for an ambulance. Under no circumstances are school staff allowed to take a child to hospital in their own cars.



In the case of all illness and injuries, whether requiring medical treatment or not, an accident form should be filled out as soon as possible and the parents/carers given a duplicate copy.

In the case of serious accidents/incidents, further forms may be required to be filled and sent to the relevant authorities.

### **Food Management – re. food allergies and intolerances**

Where a child has food allergies or intolerances, our staff will take all reasonable steps to minimise the risk of the child consuming/coming into contact with trigger foods.

Where a child's parents/carers wish them to have school meals, they will need to contact the school kitchen to arrange a meeting with the kitchen manager to discuss their special dietary requirements. The kitchen staff may be unable to guarantee meals and/or an environment which meet the child's special dietary needs. Kirklees Catering Services have their own separate guidance regarding food allergies and special dietary needs.

The child's parents should be encouraged to remind their child regularly of the need to refuse any food items offered to them by other staff or children.

### **Safe Storage of Medicines**

All medication which the Headteacher has agreed to administer will be stored in a locked cupboard or fridge as appropriate. Only persons delegated to administer this medication will be allowed access and will need to keep a record of each dose administered.

At the end of each term our **first-aiders** will check the expiry dates on all medication. If the medication is due to expire during the next term we will send it home in an envelope and recommend that parents/carers provide new medication at the start of the next term. It remains the responsibility of the parents/carers to dispose of any unused prescription medicines.

### **Record Keeping - consent, health care plans etc**

There will be a centrally stored file containing copies of the following records/documents/policies :

- Emergency contact forms for every child in school
- Emergency contact forms for all staff members
- Medical form for every child in school
- Training records as detailed above
- Individual Health Care Plans
- Accident reports
- Policies relevant to medical needs and first-aid
- Risk Assessments and Health & Safety Policies
- Medicine administration – date, time and signature.



### **Off-Site Activities and Home to School Transport**

A First Aider must be available for every school trip or other off site activity. Where this trip or activity involves Early Years children, a Paediatric First Aider must be available.

For all off-site activities, school trips and residential visits a full risk assessment should be carried out by the member of staff in charge (or obtained from the venue). This should be placed in the relevant file.

Whilst off site, the member of staff in charge should carry with them emergency contact details for all members of the group.

Where this activity / visit involves a child with an Individual Health Care Plan, a copy should be provided to the designated person named above who will make a decision based on the child's individual needs as to whether further precautions need to be taken. This will be done in consultation with the child's parents / carers.

Whilst the child is off site an appointed person listed above should be responsible for the child and will carry with them at all times a copy of the child's Individual Health Care Plan as well as any required medication. They should be aware of any special emergency procedures in the event of accident / injury / illness.

Where a child travels to/from school by school bus, school taxi or with other parents the parents / carers remain responsible for ensuring that the driver and/or escort are aware of the child's medical needs and special emergency procedures. They should inform the driver / escort and school at the earliest opportunity if their child will not be coming to school.

### **Disposal, Hygiene and Infection Control**

To avoid the risk of infection plastic / latex gloves should be worn at all times whilst treating wounds and disposed of as clinical waste.

When cleaning wounds, individual paper towels or individually wrapped alcohol-free wipes should be used and disposed of as clinical waste.

Used plasters and blood soaked bandages should be handled only with gloves and disposed of as clinical waste.

All clinical waste including towels, wipes, gloves, plasters and bandages should be placed in the clinical waste bin (labelled with a yellow poster) which is located in the disabled toilet between KS1 and KS2. This bin will be emptied regularly by the caretaker into a large clinical waste bin stored in a locked storage room. This bin will be emptied as required by either the local authority or a company licensed to dispose of clinical waste.

No clinical waste should be placed in normal bins or flushed down the toilet.

Bodily fluids should be cleaned off floors, walls and other surfaces immediately using an approved cleaning product and the area disinfected. Soiled cloths / paper towels used for cleaning should be disposed of as clinical waste.

All used Epi-pens should be placed in the sharps box stored with the Epi-pen and handed to the paramedics for safe disposal.

Hands should be washed thoroughly before and after all first aid procedures.



### **Risk Assessment and Risk Management Procedures**

General risk assessments should be carried out on an annual basis for all areas of the school buildings and grounds. Copies should be given to all members of staff and stored in the relevant file.

For all off site activities, school trips and residential visits a full risk assessment should be carried out by the member of staff in charge (or obtained from the venue). This should be placed in the relevant file.

During works carried out by staff or outside contractors, a risk assessment should be carried out and all unsafe areas should be clearly marked and/or cordoned off.

### **Policy Monitoring and Review**

This policy will be reviewed following the 3-year Policy Review Cycle of the school or when there are significant changes to the curriculum that warrant it. It may also be reviewed earlier should it no longer comply with school practice or the legal requirements of schools.