



# Medical Care Policy

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Falconbrook School

**SLT**

**9/11/2017**

This policy outlines the systems and procedures in place at Falconbrook School when caring for children with medical needs.

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# 1.Introduction

- 1.1 This policy was generated following the advice and guidance of:
- Supporting Pupils at School with Medical Conditions December 2015
  - Equality Act 2015
  - Children and Families Act 2014
  - Special Educational Needs Code of Practice 2014
  - Education Act 2002
- 1.2 Falconbrook Primary School endeavours to ensure that all its pupils achieve success in their academic work, social relationships and day-to-day experiences at school. It is an inclusive community that aims to support and welcome pupils with medical conditions in terms of both physical and mental health.
- 1.3 All children will experience illness in the course of their school careers, most commonly short term infections, but some will have more chronic or longer-term medical needs that will require additional support at school to ensure they have full access to the curriculum and to minimise the impact of their medical conditions on their progress and development.
- 1.4 Staff working with pupils who have specific medical needs should understand the nature of the children's medical problems and will endeavour to work with the family and other professionals to best support the individuals concerned.
- 1.5 This school understands that certain medical conditions are serious and potentially life threatening, particularly if ill managed or misunderstood. Considering this, the only medication which should be administered on school premises are medicines prescribed by the doctor. Please see section 3 for procedures for administering medicines.
- 1.6 Medical conditions, especially long term medical conditions, may impact negatively on the pupils progress in education and their social and emotional development. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. Any concerns regarding this should be reported to the SENCo and Headteacher who will then advise regarding the best course of action to ensure the school continues to meet the pupil needs and addresses such issues effectively. Please see the schools Anti Bullying and Special Educational Needs and Disability Policy for further information.
- 1.7 In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.
- 1.8 Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. In order to meet the pupil's we ensure that our school fully endorses this Act.

- 1.9 Some may also have Special Educational Needs (SEN) and may have a Statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. Please see Falconbrook's Special Educational Needs and Disability Policy for further information.

## **2. Admission**

- 2.1 Upon admission to the school, every parent is asked to complete admissions paper work which includes a Health Questionnaire. This information is shared with the School Nurse who then ensures that the school is aware of and meets the needs of every pupil. A copy of the form can be found in Appendix A. For further information please see Falconbrook's Admission Policy.
- 2.2 When a pupil with a medical condition is being transferred to Falconbrook either at the start of the academic year or mid-way through a term the following procedure should be followed:
1. An in-take meeting should be arranged with the parents/carers, all health professionals, Falconbrook School Nurse, Headteacher, SENCo and any other professionals working with the pupil.
  2. Information regarding the pupil's medical condition should sought at this meeting including details of the condition, treatment and medication.
  3. If not all health professionals working with the pupil are able to attend, a provisional 'Individual Health Care Plan' (please see section 10) should be agreed at this meeting. This should then be shared with the health professionals working with the pupil to ensure it meets the pupil's needs.
  4. Staff working with the pupil in class and throughout the school should receive any further training required to support the pupil in school. This should be completed as soon as possible to minimise the level of risk the pupil will be placed at upon attending school.
  5. In some cases where a medical condition is unclear or where there is a difference of opinion, the school will need to make judgements about what support to provide based on the medical evidence available. This should be carried out in consultation with the parents/carers at the meeting considering the medical evidence available.

## **3. Managing medicines**

- 3.1 On occasion, children may need to take medicines whilst in school. Some children are on long term regular medication for chronic conditions or may need to take emergency/as needed medication to treat a change in their underlying condition. Under no circumstances should non prescribed medicines be administered to the child, regardless of whether or not the child's parents have given consent.

- 3.2 There are cases where the responsibility for administering medicine can and should rest with the child. However under no circumstances should they do so, unsupervised or unauthorised when at school. However in the interest of health and safety, medication should always be stored by the school and administered under the supervision of staff. In such cases parents/carers should meet with SENCo to complete and sign a 'Record of Administering Medicine' the form. The procedure for which is outlined in sections 7, 8 and 9. An example can be found in Appendix B.
- 3.3. Any medication that needs to be stored in the classroom must be stored in a clearly marked container, which is accessible to adult only. This will usually mean storing the containing out of the children's reach.
- 3.4 Any medication that needs to be stored centrally, or in the office must be kept in the cupboard labelled Medicine Cupboard. **The Admin team must ensure this cupboard is locked when the office is unmanned or closed.**
- 3.5. Any medication that needs to be refrigerated must be stored in the fridge in the Parents Room (in ***the large fridge on left***). This room has an automatic lock on the door and can only be accessed by staff. The medication should be clearly labelled with child's name, date and name of staff member administering the medication.

## 4. Short-term illness

- 4.1 Children who are suffering from short-term ailments and who are clearly unwell should not be in school and Heateachers are within their rights to ask parents/carers to keep them at home.
- 4.2 School staff cannot be responsible for administering non-prescribed medicines (e.g. cough mixture, nurophen, paracetamol)
- 4.3 There are recommended times away from school to limit the spread of infectious disease. Please see guidelines for this (Infection control in schools-publications-GOV.UK)
- 4.4 Note, children who have had sickness and/or diarrhoea should be kept off school until 48 hours symptom-free.

## 5. Chronic illness/disability

- 5.1 It may be necessary for children with long term conditions to take prescribed medicines during school hours.
- 5.2 Many health advisers encourage children to take control of their medical condition, including taking responsibility for managing their medical care (with help,) from very young. This can include self-administration of medicines e.g. using an inhaler or giving own insulin injections. We support this practice wherever appropriate, under the supervision of the member of staff named on the **Record of Medicine Administered** form
- 5.3 For more serious or chronic conditions (e.g. severe allergies, epilepsy, diabetes...etc.) , an Individual Health Care plan needs to be written stating exactly what needs to be given and when. This is written by the health care professionals supporting the child and is shared by the school nurse with the parents/carers & SENCo. Please see Appendix C for form. The SENCo then shares this Health Care Plan with all members of staff responsible for the child (CTs & TAS etc.) and arranges any additional training for staff as needed.
- 5.6 Some long term illness may result in the pupil being absent from school due to health care appointments or being too ill to attend. The pupils health is the priority however we

also want to ensure that the pupil is provided with every opportunity to continue to progress and develop. On these occasions the SENCO would liaise with the LA Home Tuition service.

## 6. Training

- 6.1 **Cheryl Campbell** (business manager) is responsible for ensuring that all staff are fully trained in administering First Aid and medicines. An updated list of staff trained is available in the main office.
- 6.2 Teachers and support staff will receive appropriate training and guidance via the School Health Service for non-routine administrations, organised by the SENCo
- 6.3 Identified Teachers, support staff and first aiders in the school will receive specific training /refresher training in order to meet the specific medical needs of children in their care.

## 7. Standard Practice

### Before Administering prescribed medication

1. Ask the Parent/Carer to go to the main office and ask to speak to the SENCo to complete a 'Record of Medicine Administration' form.
2. The information on this form, with the parents/carers consent is then shared with relevant staff in the school.
3. The named administrator is the person responsible for administering the medication to the pupil. The supply administrator is the person responsible for this in the absence of the named administrator. This should be noted on the 'Record of Medicine Administration' form.
4. If the named administrator is absent it is responsibility of the class teacher to ensure that the supply administrator is advised regarding the medication provision for this pupil.

**5. Medicine Administration form must be signed by the Head Teacher before medicine can be administered at school.**

### Administering

3. Refer to the 'Record for Administering Medicine' prior to giving the medicine.
6. Check the child's name on the form and the medicine.
7. Check the prescribed dose.
8. Check the expiry date.

9. Check the prescribed frequency of the medicine.
10. Measure out the prescribed dose (parents should provide measuring spoons/syringes). If the child is old enough, they can measure the medicine.
11. Check the child's name again and administer the medicine.
12. Complete and sign the 'Record of Administration of Medicine' form when the child has taken the medicine and the child should counter-sign. This is stored in the main school office. Please see Appendix B.
13. If uncertain, DO NOT give – check first with parents or doctor.
14. If a child refuses medication, record and inform parents as soon as possible.

## **8. Medicine Storage**

- 8.1 It is the responsibility of Lorraine Cameron (senior admin officer) to ensure safe Storage of medicines.  
**See Section 3 Managing Medicines.**
- 8.2 All children with medical conditions should have easy access to their emergency medication. Due to this medicines such as epi pens and inhalers should be kept in the classroom and in the office  
**See Section 3 Managing Medicines.**
- 8.3 Some medicines (e.g. liquid antibiotics, insulin) require refrigeration – but must not be frozen. These should be kept in suitable additional and airtight containers (eg Tupperware boxes) and marked 'Medicines'. These will be stored in the fridge in the locked parent's room.  
**See Section 3 Managing Medicines.**

## **9. Individual Health Care Plans**

### **See section 5**

- 10.1 In the event of pupils attending school with long term medical needs an 'Individual Health Care Plan' is devised. This provides details of individual children's medical needs at school. Please see flowchart in Appendix C.
- 10.2 This form should be updated by the school nurse after a medical emergency or if there is a change in treatment and should be reviewed at least annually.
- 10.3 These documents are kept in Medicine Cupboard in the school office. Teachers also have copies in their class Medical Folders. The information contained in these documents is confidential. All staff must protect a pupil's confidentiality.
- 10.4 The SENCo is responsible for liaising with the school nurse and ensuring the plans are updated regularly and continue to meet the needs of the pupil.

## **10. Medicine Disposal**

- 11.1 Out of date medication must be returned to parents, who can then dispose of it as appropriate.
- 11.2 **Lorraine Cameron** is responsible for checking dates of medication and arranging to return out of date medication to parents. . This check should occur three times a year and be documented.
- 11.3 Sharps boxes are used to dispose of needles. These can be obtained on prescription. They should be stored in the Medicine Cupboard in the office. Collection of sharps boxes is arranged with the local authority's environmental services.

## 12. Allergy Procedures

- 12.1 Falconbrook staff recognise that allergic reactions vary in severity and can be life threatening. In the event of any pupil having an allergy the following protocol should be followed:
  1. Parents/carers complete a 'Health Questionnaire' and 'School Medical' form
  2. A Health Care Plan is devised with school nurse. **See Section 5**
  3. SENCo notifies **Lorraine Cameron** of pupil needs
  4. **Lorraine Cameron** creates an allergy profile including a picture of the pupil. This is shared with kitchen staff asap. **Lorraine Cameron** creates an allergy card for the pupil to use at lunch time. In liaison with SENCO LC shares these and displays as per SENCo direction.
11. SENCo informs class teacher of pupil needs.
12. SENCo speaks to pupil to explain the protocol for lunch which is that they will be issued with an allergy card to show the kitchen staff when they are ordering their food.
9. All allergy profiles are reviewed monthly by **Lorraine Cameron**.
10. All allergy profiles and 'Individual Health Care Plans' are reviewed termly by the school nurse in liaison with SENCo.

## 13. Impaired Mobility

- 13.1 Providing the GP or hospital consultant has given approval, children can attend school with plaster casts or crutches. There will be obvious restrictions on games and on some practical work to protect the child (or others). This includes outside play. Some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety. Individual arrangements are made with the HT.

## 14. Record Keeping

- 14.1 Enrolment forms, including the pupil's 'Health Questionnaire' should highlight any medical conditions. This is issued by **Lorraine Cameron** and once completed shared with the School Nurse who then informs the Headteacher and SENCo of relevant information.

- 14.2 'Individual Healthcare Plans' are quality assurance and monitored termly and reviewed at least annually. Please see section 10 for further information.
- 14.3 A centralised register of children with medical needs is stored in the main office. This is updated regularly and quality assured termly.
- 14.4 'Record of Administered Medicine' forms are completed by the SENCo in discussion with the parents/carers. The information on this form is shared with relevant staff with the permission of the parents.
- 14.5 A log of training in relevant to medical conditions is maintained in the main office. This is reviewed annually as part of the quality assurance and moderation of the school medical policy and procedures.

## **15. Off-Site Visits (Please also see Falconbrook's Trips Policy)**

- 15.1 For all off site visits a risk assessment form should be completed by the class teacher. This includes any provisions to be put in place for pupils with medical conditions and impaired mobility including physical disability. This is to ensure that all pupils gain access to all educational experiences regardless of medical need and impaired mobility.
- 15.2 In the event of pupils with specific medical conditions and physical impairments attending trips, the SENCo or, in their absence, the Headteacher should be consulted as part of the risk assessment to ensure the pupils needs will be met on the trip.
- 15.3 All staff attending off-site visits should be aware of all pupils with medical conditions on the visit. They should receive information about the type of condition, what to do in an emergency and any other additional medication or equipment necessary.
- 15.4 A qualified First Aider should be identified for the trip. The identified first aider should be named on the risk assessment form with their responsibilities for the trip relating to specific children clearly outlined. **September 2017 all permanent TAs are qualified first aiders.**
- 15.5 A First Aid kit should be taken whenever children are taken off-site along with any pupil specific medication outlined in the pupils 'Record of Administering Medication' form or 'Individual Health Care Plan'. In case of sickness on a journey, taking sickness bags, gloves, tissues and wipes are also sensible precautions.

## **16. Employee's Medicines**

- 16.1 Staff and other employees may need to bring their own prescribed medicine into school. They have clear personal responsibility to ensure that their medication is not accessible to children. It should be stored in their lockers in the staff room to ensure this. **Any member of staff who needs to bring medication to school on a regular basis must inform the HT that they need to do this and why in advance of bringing the medication to school.**

## **17. Staff protection**

- 17.1 "Universal precautions" and common sense hygiene precautions will minimise the risk of infection when contact with blood or other bodily fluids is unavoidable. These include:

- Always wear gloves.
- Wash your hands before and after administering first aid and medicines
- Use the hand gel provided.

## **18. Insurance**

- 18.1 Falconbrook's Employers Liability Insurance, provided by the Borough of Wandsworth, provides insurance for staff providing support for pupils medical conditions.

## **19. Quality Assurance and Monitoring of this Policy**

- 19.1 This policy will be reviewed annually to ensure it reflects legislation, national guidance and advice and the needs of the school. Any changes to the policy will result in the policy being shared for consultation with parents, staff, and pupils. The amended policy will then be presented to be ratified by the Board of Governors.
- 19.2 Procedures will be reviewed and altered as and when required to ensure we continue to meet the needs of the pupils.
- 19.3 'Record of Administered Medicines' forms, 'Health Care' forms, 'Individual Health Care Plans', 'Pupil Health Profiles' in the class and in the kitchen, and the central record for training, are quality assured termly to ensure we continue to meet the needs of every pupil.

Updated September 2017

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**APPENDIX A**

**Health Questionnaire**

St George's University Hospitals   
NHS Foundation Trust

**PRIMARY SCHOOL HEALTH QUESTIONNAIRE**

**PRIVATE AND CONFIDENTIAL**

**NAME OF SCHOOL:** .....

**INFORMATION ON CHILD**

Surname: .....

Male/Female: .....

First Name(s): ..... Date of birth: .....

Any other surname child has been known by: .....

Address: .....

..... Postcode: .....

Home tel. no.: ..... Mobile tel. no: .....

Work tel. no.: ..... Ethnicity: .....

First language: ..... Religion: .....

Country of birth: ..... Date arrived in UK (if applicable): .....

Previous school (name and address):.....

Reason for leaving: .....

**FAMILY INFORMATION**

Mother's name: ..... DoB.....

Father's name: ..... DoB.....

Who holds parental responsibility for the child?

Mother                   Father                   Both                   Other

If 'other', please give full details (name, address, telephone number and relationship to child):

.....  
.....

Details of sibling(s):

Surname	First Name	Date of birth	School/Nursery attending


**HEALTH INFORMATION**

GP Surgery Name: ..... Address: .....

Health Visitor Name: ..... Address: .....

Does your child suffer from: **(tick if yes)**

- Asthma or bronchitis
- Fits, faints, convulsions or blackouts
- Wheezing with colds or exercise
- Allergies, hay fever or eczema
- Ear trouble or poor hearing
- Eye trouble (squint, lazy eye, needs glasses etc)

Any other illness or medical problems including special educational needs.

Please give details: .....

.....

***Please turn over...***

Does he/she regularly take any medicine (pills or inhalers) or require regular injections? **Yes/No** (Please circle as applicable)

If yes, please give details: .....

.....

Does he/she attend hospital on a regular basis because of his/her health condition? **Yes/No** (please circle as applicable)

Has he/she had any illness/injury requiring hospitalisation within the last 1 year? **Yes/No** (please circle as applicable)

If yes, please give details: .....

.....

.....

## IMMUNISATION HISTORY

Please complete the immunisation chart below (please give dates from the Red Book or ask your GP)

Vaccine	Date	Vaccine	Date
<b>8 wks (2 months)</b>		<b>12 months/13 months</b>	
Diphtheria/Tetanus/Polio/Pertussis/Haemophilus influenza type B (DTaP/IPV/ Hib)  Pneumococcal disease (PCV)		HIB/MenC  Pneumococcal disease (PCV)  MMR - Measles, Mumps, Rubella (1st dose)	
<b>12 wks (3 months)</b>		<b>18 months – Wandsworth only</b>	
Diphtheria/Tetanus/Polio/Pertussis/Haemophilus influenza type B (DTaP/IPV/HIB)		MMR - Measles, Mumps, Rubella (2 <sup>nd</sup> dose)	
Meningococcal C (Men C)			
<b>16 wks (4 months)</b>		<b>3 years 4 months to 5 years old</b>	
Diphtheria/Tetanus/Polio/Pertussis/Haemophilus influenza type B (DTaP/IPV/HIB)		MMR - Measles, Mumps, Rubella (2nd dose)	
Pneumococcal disease (PCV)		Diphtheria, tetanus, pertussis and polio (DTaP/IPV or dTaP/IPV)	

**It is very important that these are up to date. You should speak to the GP or practice nurse if your child has not had these vaccinations.**

Do you have any worries about the following?

- |  |   |  |                                   |                                   |
|--|---|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Health                      | <input type="checkbox"/> Learning ability | <input type="checkbox"/> Weight                          | <input type="checkbox"/> Eyesight | <input type="checkbox"/> Speech   |
| <input type="checkbox"/> Hearing                     | <input type="checkbox"/> Coping at school | <input type="checkbox"/> Growth                          | <input type="checkbox"/> Eating   | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Toilet problem / bedwetting | <input type="checkbox"/> Behaviour        | <input type="checkbox"/> Poor co-ordination (clumsiness) |                                   |                                   |
| <input type="checkbox"/> Other                       |   |  |                                   |                                   |

Please give details: .....

.....

.....  
Would you like to see a school nurse to discuss any health issues about your child? **Yes/No** (Please delete as applicable)

Form completed by:

Relationship to child:

Date:

\_\_\_\_\_

**PLEASE PUT COMPLETED QUESTIONNAIRE INTO THE ENVELOPE PROVIDED AND RETURN IT TO  
SCHOOL FOR OUR COLLECTION. THANK YOU.**

# APPENDIX B

## Record of Medicine Administered

### FALCONBROOK PRIMARY SCHOOL

#### Record of medicine administered

##### REQUEST FOR ADMINISTRATION OF PRESCRIBED MEDICATION AT FALCONBROOK

This form is provided, in the interest of staff and pupils, in accordance with legal requirement and good practice.

Name of pupil: ..... D.O.B: ..... Class:.....

Name of Medication: .....

Dosage (how much): ..... Frequency (how often): .....

Administration Process: .....  
.....

.....

.....

.....

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.....

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.....

.....

Any other details:

.....

.....

.....

Lead Administrator:..... Supply Administrator(s):.....

Signature of Parent/Guardian: .....

Name in Print: ..... Date:.....

Signature of Senco: ..... Date: .....

Signature of Head Teacher: ..... Date: .....

### Administration Record

Date			
Time Given			
Dose Given			
Staff member			
Child signature			
Staff signature			

Date			
------	--	--	--

Time Given			
Dose Given			
Staff member			
Child signature			
Staff signature			

Date			
Time Given			
Dose Given			
Staff member			
Child signature			
Staff signature			

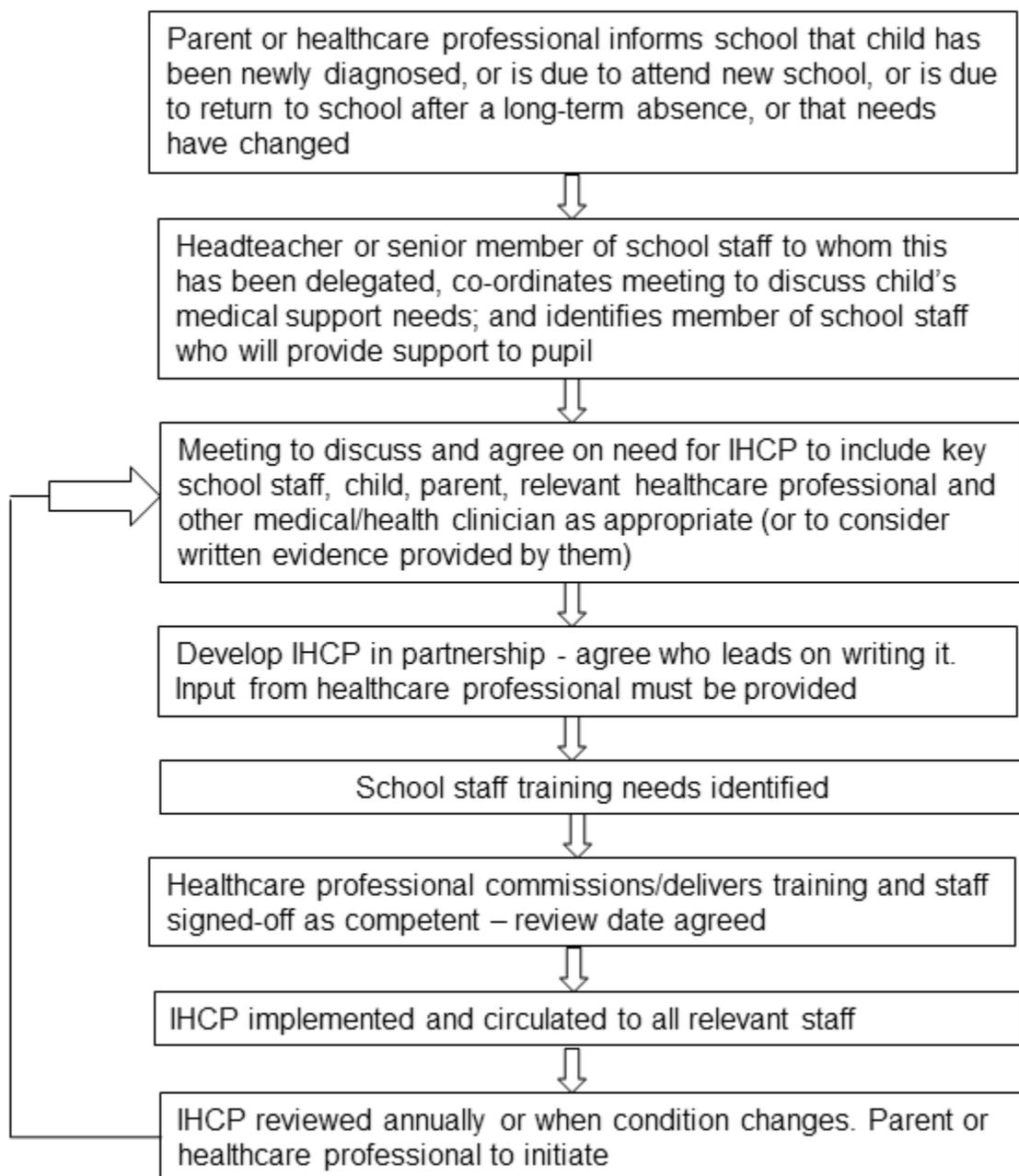
Date			
Time Given			
Dose Given			
Staff member			
Child signature			
Staff signature			

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**APPENDIX C**

**Individualised Health Care Plan**

**Individualised Health Care Plan Flow Chart**



## Individualised Healthcare Plan

Pupil's Name	
Class	
Date of Birth	
Home Address	
Medical Diagnosis or Condition	
Date	
Review Date	

### CONTACT INFORMATION

#### Family Contact 1

#### Family Contact 2

Name		Name	
Phone No. (work)		Phone No. (work)	
Phone No. (home)		Phone No. (home)	
Phone No. (Mobile)		Phone No. (Mobile)	

#### Clinic / Hospital Contact

#### GP

Name		Name	
Phone No.		Phone No.	

Describe medical needs and give details of child's symptoms:

Daily care requirements	
Time	Care

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

Follow up care:

Who is responsible in an emergency: (State if different for off-site activities)

Form copied to:	
Name	Organisation

