



Policy for supporting pupils with a medical condition

Person responsible: Head teacher
Ratified by the governing body: Autumn 2024
Date for review: Autumn 2025

A handwritten signature in black ink, which appears to read 'P. Parmenter', is positioned above the printed name.

Dr Pip Parmenter
Chair of Governors

At Messing Primary we aim to ensure that all children have full access to education, and that their medical needs are supported in order to allow them to access education as regularly as possible. Children with medical needs have the same rights of admission to our school as all other children. The aim of this policy is to –

- explain our procedures for managing prescription and non-prescription medication which may need to be taken during the school day
- explain our procedures for managing prescription and non-prescription medication on school trips
- outline the roles and responsibilities for the administration of prescription and non-prescription medication.

Roles and Responsibilities

The Governing Body –

- Accepts responsibility for policy and follows the guidance outlined in the Department of Health's document 'Managing Medicines in Schools and Early Years Settings' and in the Local Authority Health, Safety and Wellbeing Policy, which has been adopted by the school.

The Head teacher –

- Accepts overall responsibility for putting the policy into practice. Day-to-day decisions will fall to the Head or, in her absence, a senior member of staff.
- Will ensure that members of staff are adequately trained in carrying out any medical procedures they may be expected to take responsibility for
- Will ensure that there are sufficient members of support staff employed and trained to administer prescribed medicines.
- Will share, as appropriate, information about a child's medical needs with other agencies such as the school nurse.

Parents and Carers –

- Must give sufficient information about their child's needs if treatment or special care is required, keeping staff up to date with any changes to their child's treatment or medical needs in writing
- Must deliver all medicines, in the original packaging, to the school office in person and, where necessary, collect the medicines from the office at the end of the day
- Must complete and sign the Parental Agreement to the Administration of Medicines' form, including all relevant information
- Must ensure all medicines in school are within their use by date
- Must collect and dispose of any unwanted / expired medicines as requested by staff

Teaching and support/admin staff –

- Teachers' conditions of service do not include giving or supervising a pupil taking medicines.
- Individual staff members who have agreed to administer prescription medicines must follow documented procedures and care plans.
- On receipt of medicines, staff will check
 - the child's name
 - the name of the medication
 - the prescribed dose
 - the administration times/frequency
 - method of administration
 - side effects
 - expiry date

- Staff will ensure parents / carers have completed a consent form, either in the form of a long term care plan or a fixed term consent form.
- Support / admin staff will inform the class teacher of the need for medication to be given, so that appropriate arrangements can be made.

Long Term Medical Needs

- The school recognises that some children have long term medical needs that require special arrangements to be made.
- School needs to be made aware of the child's medical history before admission or when a medical need first develops.
- Children who attend hospital regularly, or who require medication in school on a regular basis, may need special arrangements, i.e. a care plan written by school staff in consultation with parents / carers and health care professionals.
- School needs to know:
 - details of the child's condition
 - special requirements e.g. dietary needs, pre-activity precautions
 - side effects of medication
 - what constitutes an emergency
 - action to take in an emergency, including who to contact

Prescription Medicines

- Medicine should only be brought into school when essential, i.e where failure to administer medicine in school would be detrimental to a child's health.
- We will only accept medications prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.
- Medicines must be in the original packaging with full prescriber's instructions. Any liquid medications must be accompanied by a measuring syringe.
- Staff will only administer medicines in accordance with the prescriber's instructions.
- Staff will only administer medicines if the parent / carer has given signed consent.
- If a child needs to take medication such as a course of antibiotics to minimise absence in school, it will be administered in school only if it cannot be adequately administered outside school hours. (Medications prescribed to be taken 3 times per day can be taken out of school hours – morning, after school and evening).

Non Prescription Medicines

- The school policy is to give non-prescribed medications in circumstances where a child may need pain-killing medication such as Calpol during the school day in order to be able to attend school. A consent form, as above, will need to be completed by a parent / carer and non-prescribed medication can be given for a maximum of 3 days.
- Medicines must be in the original packaging with full dosage instructions. Any liquid medications must be accompanied by a measuring syringe.
- Staff will only administer medicines in accordance with the manufacturer's instructions.
- Staff will only administer medicines if the parent / carer has given signed consent.
- The Head teacher's decision in individual cases is final. Where a decision is taken not to allow the administration of non-prescribed medications in school, parents / carers may be able to administer the medicines themselves at lunchtime.

Storing Medicines

- The Head teacher is responsible for the safe storage of medicines.
- Children should be aware of where their medicine is stored. Inhalers, epipens and medications not requiring refrigeration are stored safely in the First Aid bag in the child's classroom, out of children's reach.
- Class teachers are responsible for ensuring First Aid bags are taken out during fire drills, emergency evacuations etc.
- Medicines should be stored according to product instructions e.g temperature. There is restricted access to medicines requiring refrigeration, which are currently stored in the Staff Room.

Disposal of Medicine

- Staff should not dispose of any medicines; they should be returned to parents/carers for safe disposal.
- All medicines should be collected at the end of term.

Hygiene and Infection Control

- Staff should be familiar with precautions for avoiding infection, i.e basic hygiene procedures
- Staff should have access to disposable gloves whenever dealing with dressings, blood or bodily fluids.
- Care should be taken when dealing with blood, bodily fluids and dressings. A medical disposal unit is available for this purpose in the office.

Self Management

- It is good practice to encourage children to take responsibility for managing their own medical needs and medications.
- If children can take medicines themselves, staff need only supervise.

Refusing Medicine

- Staff should not force children to take medicine. Parents/ carers will be informed of any refusal by telephone as quickly as possible. If the refusal results in an emergency, the procedures outlined in **Appendix 2** re: contacting the emergency services should be followed.

Record Keeping

- Staff should record medicine administered (**see Appendix 3**) and ensure parents are informed whenever medication has been administered so that double dosing does not occur.

Educational Visits

- Reasonable adjustments must be made to allow all pupils to access educational trips safely and where necessary, individual risk assessments should be carried out.
- Arrangements should be made for carrying and administering medications.
- The risk assessment should clearly state the medical needs of all pupils and staff on the trip, including relevant emergency information. All staff should be made aware of this information prior to the trip.
- Copies of care plans should be taken on trips.

Sporting Activities

- Most children can participate in sporting activities / extra-curricular clubs. There must be flexibility to allow children to participate in line with their physical capabilities.
- Any restrictions should be recorded in their care plan.

- Adults should be aware of issues of privacy and personal dignity for children with particular needs.
- Precautionary measures (e.g inhalers) may be needed before or during exercise and all inhalers should be easily accessible during exercise sessions and after school clubs.

Supply Staff

- A list of all pupils requiring medication, either long term or for that day, will be placed in the school register and brought to the attention of supply staff by the office administrator.

Appendix 1: Intimate Care Policy

- 1.1 Staff who work with young children or children who have special needs will be aware that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.
- 1.2 Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing.
- 1.3 Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues, and will have been trained in Child Protection issues by the safeguarding lead. Staff behaviour is open to scrutiny and staff at Messing Primary Primary School work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.
- 1.4 Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home. The PHSE Policy and schemes of work are available on request.
- 1.5 Gt Tey Primary School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Gt Tey Primary School recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

2.0 OUR APPROACH TO BEST PRACTICE

- 2.1 All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.
- 2.2 Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.
- 2.3 Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.

Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex and relationship education to their children/young people as an additional safeguard to both staff and children/young people involved.

- 2.4 There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.
- 2.5 As a basic principle children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans will include, where necessary, a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health. Parents/ carers will be asked to sign a copy and will have a copy to keep. School copies will be stored confidentially in the Headteacher's office and staff will be aware of plans on a need to know basis.
- 2.6 Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible one child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.
- 2.7 If appropriate, the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.
- 2.8 Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.
- 2.9 Each child/young person will have an assigned senior member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

3.0 THE PROTECTION OF CHILDREN

- 3.1 Education Child Protection Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.
- 3.2 Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- 3.3 If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate

Safeguarding Lead. A clear record of the concern will be completed and referred to social care if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm.

- 3.4 If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 3.5 If a child makes an allegation against a member of staff, all necessary procedures will be followed. (See Child Protection Policy, Whistleblowing Policy, Child Protection Staff and Visitors Booklet, safeguarding training records).

Appendix 2: Contacting the Emergency Services

1. Ensure an adult remains with the child or injured person at all times.
2. Send another child to get help from a first aider or other adult.
3. If no-one is available, please shout loudly for help.
4. Dial 999, ask for ambulance and be ready with the following information -
 - i. Your telephone number - 01621 815415
 - ii. Give your location as follows: **Messing Primary School,
School Road,
Messing, Essex**
 - iii. State that the postcode is **CO5 9TH**
 - iv. Give exact location in the school/setting e.g on the playground / in the school reception area
 - v. Give your name.
 - vi. Give name of child and a brief description of child's symptoms (if possible, take the phone to where the child is).
 - vii. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the child / injured person.
 - viii. Speak clearly and slowly and be ready to repeat information if asked.
5. Alert a member of the office staff to wait for the ambulance at the school gate to show them in. The inner car park gates and small gate will need to be unlocked.
6. Remove other children from the area.
7. Take a copy of the child's contact details and, if appropriate, medical care plan to give to paramedics.
8. Ensure parents have been contacted.



Appendix 3
Messing Primary School
Parental agreement for school to administer medication

Name of Child -

Date of birth Class -

Medical condition -

Medication

Name of medicine -

Date dispensed - Expiry Date -

Medicine to be given until

Please refer to the Headteacher again if medication needs to carry on after this date.

Dosage -

Time(s) to be given -

Precautions / possible side effects -

Medication to be kept in fridge? Yes / No

Child able to self administer? Yes / No

Contact number for parent

I agree to medication being given to my child according to the above instructions. I understand that I must notify the school of any changes in writing. I understand that non-prescribed medications (Calpol etc) can only be given for 3 days.

Signed (Parent / Carer) Date