



secure foundations — excellent practice — faith, hope and love

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Medical Policy

Reviewed: January 2021
Next Review Date: January 2022

At St Luke's CE School our approach and procedures around medical issues and medicine in school are based on the following principles:

- Regular attendance at school is essential for children to make the best progress they can;
- Every effort should be made to ensure that children who require medication to fully participate in education still receive their full entitlement;
- school staff should not be left in vulnerable positions;
- every child should be protected from harm;
- if a child is not able to attend school for a prolonged period because of a medical condition the school will do what it can to support the child's education.
- No child with long term medical needs should be penalized for attendance if this is related to medical appointments e.g. hospital appointments or their medical condition. Evidence of medical appointments should be provided to the school office in advance of the appointment date.

Infectious Illness

Usually, if a child requires medicine it is because they are unwell. In this situation the child should remain at home, for their own sake and the sake of their classmates, until they are well again and no longer infectious.

If a child has an infectious disease (e.g. rubella, conjunctivitis, head lice, impetigo, measles, mumps or ringworm) parents should alert the school office immediately. The table gives guidelines for minimum times before children can return to school.

Illness	Guideline
Vomiting	Return to school after 48 hours clear of symptoms
Diarrhoea	Return to school after 48 hours clear of symptoms
Head lice	Treat the whole family and then return to school
Conjunctivitis	Return to school after 24 hours clear of symptoms
Chicken Pox	Return to school when all the blisters have fully crusted over, usually 5-7 days after the first blisters

Asthma	Clearly labelled pumps and spacers can be stored at school and will always be taken on school trips.
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Medicine in School

Usually children needing to take medicine will be unwell and so not be at school. However there are some children who may need medicine during the school day and their needs fall into three groups:

Group 1: Short term provision e.g. antibiotics when a child is fully recovered from an illness but needs to complete a course of treatment.

Group 2: Acute relief from sudden symptoms e.g. inhalers for asthma, or epi-pens for allergies.

Group 3: Children with a chronic condition whose medication regime requires a dose between 09:00 and 15:30.

Parents are responsible for ensuring the school has up to date contact details for use in the event of the school needing to contact the parent about medication or in the event of an emergency.

A parental consent form must be completed each time there is a request for medication to be administered (see appendix 1). All relevant information must be supplied including:

- child's name
- child's date of birth
- name, strength and quantity of medication provided
- clear concise dosage instructions
- reason for the request
- emergency contact names and telephone numbers
- parent/carer signature

Schools are expected to keep written records of all medicines administered to pupils, the date and time given, the dose given, and the staff involved. Records offer protection to staff and proof that they have followed agreed procedures. The record sheets are kept in the medical room.

Reasons for any non-administration of medication should also be recorded and the parent/carer informed as soon as possible. "Wasted" doses (e.g. tablet dropped on floor) should also be recorded.

If a child is self-administering there should be a written request which states whether or not the self-administration needs to be supervised.

Children in group 1

Parents must complete the relevant form for medicines which are prescribed. All medicine should be prescribed for the child and in the original container. The label must state the following:

- the name of the child,
- the date of birth, and
- route of administration, intervals and amount to be given.

The school will then complete their part of the form and give a copy to the parent. The adult administering or supervising the medicine will complete the record sheet.

Children in Group 2

These children may require a medication planning meeting and the completion of an Asthma or Medical Plan, if required. This sets out clearly what the child needs in an emergency. The plan may be supplemented by an anaphylaxis plan or acute asthma plan. For some children it may be sufficient for the parent to complete the medical plan form after discussion with a First Aider rather than requiring a full planning meeting.

For all children requiring occasional emergency support, one full set of medication and equipment is stored in labelled boxes in the medical room cupboard. A copy of their individual medication plan is also stored here. Some children also carry their emergency medication in a bag, and all medication and equipment relating to this group of children must be taken with children when they are taken off-site for activities.

A list of staff trained in Epipen administration or acute asthma relief or in Paediatric First Aid is in the medical room and one of these people should be called in the event of the medication being administered. It is essential that all staff (including supply staff, lunchtime supervisory staff etc.) are able to recognise the onset of the condition and take appropriate action, i.e. summon the trained person, call for ambulance if necessary etc.

Advice and training can be purchased from the school nursing service where required. The plans and medication for all children are reviewed regularly.

Parents are responsible for ensuring inhalers and Epipens are up to date and that all the medical information for the child is up to date.

Pictures of children with acute allergies are in the medical room with a list of triggers. A note of all allergies and children's pictures are also in the school kitchen and the individual child's classroom. All staff are informed of the children in this group.

Children with inhalers or epi-pens will know where their medication is stored and be able to access them when necessary. Staff will always allow children supervised access to inhalers and medication.

Children in Group 3

These children require a medical planning meeting and the completion of a Healthcare Plan.

The aim with this group is to support them in becoming as independent as possible in managing their medication on a long term basis. This will be best achieved by the smallest possible group of adults being involved and a routine being established. Other children do not need to know about the child's condition and as much privacy as possible should be provided. Staff will be informed on a need to know basis.

Procedure for administering medicine

Look at the container and the form and check:

- that the medicine matches the form;
- that the child's name is on the medication on a pharmacy label;
- that the child is the named child;
- that the timing requirements are correct (e.g before or after food).

If the dose is a measured dose and there is no calibrated spoon or container seek advice from the Head teacher. DO NOT GUESS. Give medicine then complete the record and store medicine as stated on the label.

School staff

No member of staff is required to give medicine if they do not wish to do so but if these guidelines are followed none should have any anxiety.

Parents are asked to sign to say that they understand that staff are not medical practitioners and can only administer medicine as would a parent. If there is ever any doubt about the medication or the labelling is unclear advice must always be sought from the Head of School in the first instance. In the absence of the Head of School or a member of the Senior Leadership Team should be contacted.

Other medication

School staff are not permitted to give any non-prescribed medication and may not keep ad-hoc supplies of pain relief or other medication for children on the premises.

Long-Term Illness

If a child has a condition that prevents them from attending school but if the child in themselves is able to concentrate and well enough to work, the following guidelines will be followed:

- After one week of absence, and at the request of a parent who can confirm that the child is well enough to work, the class teacher will send work for the child to do at home.
- After two weeks of absence, parents will be offered a meeting with the class teacher to discuss how long the child is likely to be away from school and how the school can support the child's education in the mean time, usually by sending work home.

Accidents and Illness During the School Day

Information about First Aid Procedures will be included in staff induction. First Aid notices indicating the location of equipment and names of First Aiders will be clear. There will always be a trained paediatric first aider on-site. Their role includes:

- Replenishing first aid boxes;
- Calling for an ambulance should it be necessary;
- Carry out simple actions to prevent minor injuries becoming worse according to their training.

Whenever children are taken off-site, the teacher in-charge should take a First Aid Kit.

If a child becomes ill during the day or has an accident but is well enough to remain at school, a note should be made in the Accident Book and parents should be informed at the end of the day what has happened. If a child is not well enough to remain at school parents should be contacted during the day and asked to collect. When a child joins St Luke's School we ask for your contact information and the information of someone else who could collect the child if the parent is unavailable.

SECTION 2

SUPPORTING PUPILS WITH MEDICAL CONDITIONS

Introduction

Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will be short term. Other children have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having medical needs. Most of these children will be able to attend school regularly and take part in normal school activities.

This policy outlines responsibilities and procedures for supporting pupils at St Luke's Church of England School who have medical needs.

Parents and guardians

- Parents, as defined in the Education Act 1994, are a child's main carers. They are responsible for making sure that their child is well enough to attend school. Children should be kept at home when they are acutely unwell.
- Parents are responsible for providing the Head teacher with sufficient information about their child's medical condition and treatment or special care needed at school.
- With the Head teacher, they should reach agreement on the school's role in helping their child's medical needs.
- Where parents have difficulty understanding or supporting their child's medical condition themselves, the School Health Service can often provide additional assistance. However, ideally, the Head should seek parents' agreement before passing on information about their child's health to other school staff.
- Parents' religious and cultural views should always be respected.

The Governing body

The governing body has a duty to ensure that their insurance arrangements provide cover for staff to act within the school of their employment; that the procedures outlined in this policy are followed, and that any necessary training is made available to staff

The Head of School

The Head of School is responsible for implementing the governing body's policy in practice and for developing detailed procedures.

When teachers volunteer to give pupils help with their medical needs, the head should agree to their doing this, and must ensure that teachers receive proper support and training where necessary. Day to day decisions about administering medication will normally fall to the Head of School.

The Head is also responsible for making sure parents are aware of the school's policy and procedures for dealing with medical needs. The Head is responsible for arranging back-up cover when the member of staff responsible for a pupil with medical needs is absent or unavailable.

Teachers and other school staff

Teachers who have pupils with medical needs in their class should understand the nature of the condition, and when and where the pupil may need extra attention. They should be aware of the likelihood of an emergency arising and what action to take if one occurs. If staff are to administer medication, they should be given the appropriate training (see Form 6).

Currently all staff receive basic first aid training and specified staff are Paediatric First Aid trained. Staff administering medication for children with long term health needs who have an Individual Healthcare Plan also attend Safer Medication training. The school keeps an up to date log of the training staff have received and by whom.

Other health professionals

The school will receive support and advice as necessary from the following in conjunction with meeting the needs of pupils with medical needs:

- the local health authority
- the general practitioner (with the consent of the child's parents)
- the community paediatrician
- the school nurse

Short term medical needs

At times, it may be necessary for a child to finish a course of medication at school. However, where possible, parents will be encouraged to administer the medicine outside school hours. Medicines for children with short term medical needs should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

School staff will not give non-prescribed medication to children except in special cases at the complete discretion of the Head teacher.

Long term medical needs

The school needs to have sufficient information of any pupil with long term medical needs. The school will then draw up a written Health Care Plan for the pupil, involving the parents and any relevant health professionals, where appropriate.

Individual Health Care plans

These enable the school to identify the level of support that is needed at school. Those who may need to contribute to the plan are

- the Head teacher
- Inclusion Lead Teacher
- the parent or guardian
- the child (if sufficiently mature)
- class teacher
- teaching assistant
- school staff who have agreed to administer medication or be trained in emergency procedures
- the school health service, the child's GP or other health care professionals.

Individual Healthcare Plans are reviewed with parents annually.

Administering medication

No pupil will be given medication without the parent's written consent. This consent will also give details of the medication to be administered, including

- name of medication
- dose
- method of administration
- time and frequency of administration
- other treatment
- any side effects
- School will provide written consent for agreeing to administer the medication
- Staff will complete and sign record cards each time they give medication to a pupil
- wherever possible, the dosage and administration will be witnessed by a second adult
- If pupils can take their medication themselves, staff will supervise this, bearing in mind the safety of other pupils.
- Staff who have had training will be able to administer medication

Refusing medication

If a child refuses to take medication, the school staff will not force them to do so. The school will inform the child's parents as a matter of urgency. If necessary, the school will call the emergency services.

School trips

Staff supervising excursions should be aware of any medical needs, and relevant emergency procedures. Sometimes an additional supervisor or parent might accompany a particular pupil. If staff are concerned about whether they can provide for a pupil's safety, or the safety of other pupils on a trip, they will seek medical advice from the School Health Service or the child's GP preferably before completing the risk assessment.

Sporting activities

Children with medical needs will be encouraged to take part in sporting activities appropriate to their own abilities. Any restrictions on a pupil's ability to participate in PE will be included in their individual health care plan.

Some pupils may need to take precautionary measures before or during exercise and/or need to be allowed immediate access to their medication if necessary. Teachers should be aware of relevant medical conditions and emergency procedures.

Confidentiality

The school will treat medical information confidentially. The Head of School will agree with the parents who will have access to records and information about a pupil. If information is withheld from staff they cannot be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Prescribed Medication

- Where practical, the parent or child will be asked to bring in the required dose each day.
- When the school stores medicine it will be labeled with the name of the pupil, the name

and dose of the drug and the frequency of the administration.

- Where a pupil needs two or more prescribed medicines, each should be kept in a separate container.
- Pupils should know where their medication is stored.
- Asthma inhalers are allowed to be carried by the pupils.
- Other medicines are kept in a secure place not accessible to pupils.

Disposal of medicines

Parents must collect medicines held at school when the course of treatment is complete, when the expiry date has been reached and at the end of each term. Parents are responsible for disposal of date-expired medicines.

Hygiene/infection control

Staff should follow basic hygiene procedure. Staff should use protective disposable gloves and take care when dealing with blood or other body fluids and disposing of dressing or equipment.

Emergency procedures

Allocated staff have regular training in First Aid and know how to call the emergency services.

Any pupil taken to hospital by ambulance will be accompanied by a member of staff until the pupil's parents arrive.

Administration of rectal diazepam in epilepsy and febrile convulsions, and the anaphylaxis procedure

The administration of medication for these medical conditions requires specific training and procedures.

SECTION 3

PERSONAL CARE POLICY

This policy is to provide guidance for the toileting needs of children in the EYFS including issues such as toilet training, incontinence and toilet accidents. It may also be useful in dealing with other incidents that may require a child to remove their clothes. These include changes required as a result of water play, messy play, sickness, weather etc.

Toilet training is a parental responsibility and we would hope that children would start school being toilet trained. However, if they are not toilet trained, we will support and work with parents towards successful toilet training.

The school has an obligation to meet the needs of children with delayed personal development in the same way as we would meet the individual needs of children with delayed language, or any other kind of delayed development. Children should not be excluded from participating from activities if they are not toilet-trained. We work with parents towards toilet training unless there is a medical or other developmental reason why this may not be appropriate at the time. We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgmental concern of adults.

The school will share policy and procedures for dealing with children's general toileting needs with parents or carers. It is important that there is a positive dialogue between home and school about strategies in use with the child so that these can be reinforced as appropriate.

Principles

- It is the right of the child to be treated with sensitivity and respect, and in such a way that their experience of personal care is a positive one. As far as possible the child should be allowed to exercise choice and should be encouraged to have a positive image of their body.
- There should be recognition that toileting support can involve risks for both the child and any adults in attendance.

Reception

In Reception we have an expectation that children will –

- Know when they need to go to the toilet.
- Know how to use the toilet for themselves.
- Be reasonably effective at cleaning themselves after using the toilet.
- Children can access the toilets whenever they have the need to and are encouraged to be independent.
- Children are reminded at regular times to go to the toilet- eg before and after lunch, before leaving the building.
- Children are encouraged to wash their hands and have soap and towels/dryer to hand.
- Children are not to be left in soiled or wet pants or clothes as the school has a 'duty of care' towards children's needs and this could be interpreted as neglect.

- All staff are familiar with the hygiene procedures and carry them out when changing children.

However, we recognise that children develop at different rates.

- Some children will be engaged in fully developing this aspect of their self-care when they start school.
- Some children may start wetting or soiling themselves after they start school during the settling in period. In these circumstances, the Teacher communicates sensitively with parents to determine if this is a temporary set-back (anxiety, arrival of new sibling, illness).
- Some children will come to school with ongoing/specific physical or medical issues such as urinary tract infections or soiling difficulties. If the child requires a medical care plan, Local Authority policies on child protection and managing children's needs will be consulted.

Advice and Support

There are other professionals who can help with advice and support. Family Health Visitors and Community Nursery Nurses have expertise in this area and can support adults to implement toilet training programmes in the home. Health Care Professionals can also carry out a full health assessment in order to rule out any medical cause of continence problem. Parents are more likely to be open about their concerns for their child's learning and development and seek help if they are confident that they and their child are not going to be judged for the child's delayed development.

Sensitivity and Respect

- The child should be spoken to by name and given explanations of what is happening.
- Privacy appropriate to the child's age and situation should be provided.
- The child should be encouraged to care for him/herself as far as possible.
- Items of spare clothing should be readily available.
- Adults should be aware and responsive to the child's reactions.
- The dignity of the child should be respected and so as much as can be kept confidential between child, school and parent is kept confidential.

Safeguarding Children and Adults

Anyone caring for children has a common law duty of care to act like any prudent parent.

Staff ensure that children are healthy and safe at all times.

- Adults dealing with the toileting needs of children should be employees of the school and have undergone enhanced CRB disclosure.
- All staff are aware of the school's protocol and procedures.
- All staff have received appropriate training and will receive support where necessary.
- All toileting accidents are reported to parent or carers on the day of the incident. Persistent toileting incidents are usually logged. When logged, information to be recorded includes-the date and time, the name of the child, the adult(s) in attendance, the nature of the incident, the action taken.

- The parents are informed on the same day that the accident has taken place and staff should have the opportunity to raise any concerns or issues.
- The normal process of cleaning a child should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the process to ensure that abuse does not take place.
- CRB checks are carried out to ensure the safety of the children with staff employed by the school.

If there is known risk of false allegation by a child or parent then a single member of staff should not clean a child unsupervised. Members of staff should ensure that they do not change or clean a child in a room with the door closed.

Health and Safety

In the case of a child accidentally wetting, soiling or being sick whilst on the premises:

- Staff should wear disposable gloves and aprons to deal with the incident.
- We provide baby wipes to clean the child and encourage the child to use them to wash the private parts of their body if necessary.
- Soiled clothing is bagged and tied.
- Hot water and soap should be available to wash hands as soon as the task is completed.

Roles and Responsibilities

Parents and carers are made aware of policies and procedures related to intimate care and all specific instances related to their child. If it becomes evident that a child has an on-going problem that requires regular intimate care intervention, the school will make arrangements with the parent/carer for the long term resolution of the problem.

This is likely to include a care plan that involves the parent/carer directly as well as external reference to a Health Care professional.

Introducing Toilet Training

We look out for signs that a child is ready for potty/toilet training and we work with parents to implement an agreed programme. Some children will be late in achieving milestones and toilet training will be delayed accordingly. Incontinence can be part of a medical condition or part of global delay. A few children may never be totally continent and so the emphasis will be on management of the condition.

A child will pass through these 3 stages as they develop bowel/bladder control:

1. The child becomes aware of having wet or dirty pants.
2. They know that urination/defecation is taking place and may indicate this.
3. The child realises that they need to urinate/defecate and may say so in advance.

Toilet training will be more successful if the child is at the last stage. Assess the child over a period of 2 weeks to determine:

*If there is a pattern to when the child is soiled/wet.

*The indicators that the child is giving that they need the toilet (actions, facial expressions).

*Hourly visits to the toilet and monitoring of wet, soiled or dirty pants help to determine toileting behaviour and show an emerging pattern.

Some strategies to support the process:

- *Familiarise the child with the toilets, use other children as good role-models (being sensitive to their privacy), flush toilets, wash hands etc.
 - *Encourage the child to use the toilet when they are indicating in some way that there is a need, but do not force the issue.
 - *Take the child to the toilet at a time when monitoring has indicated that they usually opens their bowels.
 - *Ensure that they are able to reach and are comfortable on the toilet. Training seats may be provided by parents.
 - *Stay with the child and talk to them to make the experience more relaxed.
 - *Accept that the child may not use the toilet – it may take time to develop the idea of what is expected. Don't become anxious, praise the child when the toilet is used.
 - *There may be some setbacks (possibly an emotional reason), patiently continue.
 - *Accidents will occur, deal with them discreetly and without fuss.
 - *The process may take time – be patient and the reward will be very satisfying. It is important to develop a home/school approach in order for the process to succeed.
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- *The child's EHCP will outline their needs and objectives and the educational provision to meet those needs and objectives. Funding is provided to meet the child's needs.
 - *When a child's independence and self-help skills are delayed these will be identified in the EHCP and programmes will be recommended to develop these skills.

APPENDIX

In some circumstances it may be appropriate for the school to set up a **home/school agreement** that defines the responsibilities that each party has, and the expectations that each has for the other. This might include:

The parent:

- *Agreeing to ensure that the child is toileted at the latest possible time before being brought to school.
- *Providing the school with a change of clothing, wipes etc.
- *Understanding and agreeing the procedures that will be followed when their child is changed at school.
- *Agreeing to inform the school should the child have any rashes or marks.
- *Agreeing to a minimum change policy ie the school would not undertake to change a child more frequently than if they were at home.
- *Agreeing to review arrangements should this be necessary.

The school:

- *Agreeing to a minimum change policy i.e. the school would not undertake to change a child more frequently than if they were at home.
- *Agreeing to monitor the number of times the child is changed in order to identify progress made.
- *Agreeing to report should the child be distressed or if rashes or marks are seen.
- * Agreeing to review arrangements should this be necessary.

Procedure for Personal Care of an Individual Pupil

The guidelines may specify:

- *Where changing will take place.
- *What resources will be used (cleansing agents or cream to be provided and applied in accordance with parent's wishes and written consent).
- *How the soiled clothing will be disposed of.
- *What infection control measures are in place.
- *What the staff member will do if a child is unduly distressed by the experience or if a staff member notices marks or injuries.

Complaints Procedure

If anyone in the school community feels that this policy is not being followed then they should raise the matter first with the Head of School and, if concerns persists, with the Chair of Governors who will facilitate the appropriate action, which may include an investigation. If there is a formal complaint, then the school's complaints procedure will be followed.

Copies of this policy will be available in the staff handbook, from the school office and on the school website.

This policy has been agreed by the Head of School and the Governing Body.

Head of School signature: _____ Print name: _____

Date: _____

Chair of Governors' signature: _____ Print name: _____

Date: _____