



MEDICAL NEEDS POLICY

Outlines the procedures for effectively managing pupils with medical needs.

November 2015-18

Coritani Academy Medical Needs Policy

This policy has been drawn up in accordance with the DfE guidance Managing medicines in schools

Principles

Most pupils will, at some time, have a medical condition which may affect their participation in school activities. For many this will be short-term: perhaps finishing a course of medication.

Other pupils have a medical condition that, if not properly managed, could limit their access to education. Such pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

This policy defines the ways in which Coritani Academy supports the needs of pupils with medical conditions (temporary or long-term), whilst safeguarding staff by providing clear guidelines and parameters for the support they offer.

Aims

1. To ensure that children with medical needs receive proper care and support in school.
2. To provide guidance to staff, teaching and non-teaching, on the parameters within which they should operate when supporting pupils with medical needs.
3. To define the areas of responsibility of all parties involved: pupil, parents, staff, Headteacher, Governing Body, etc.

Practice

1. Parents/carers are responsible for ensuring that their child is well enough to attend school.
2. Parents/carers must provide the Principal with sufficient information about their child's medical condition and support and care required at school.
3. Parents/carers and the Principal or Centre Manager must reach an agreement on the school's role and responsibility for support for the child.
4. In the event of legal action over an allegation of negligence, it is the employer rather than the employee who is likely to be held responsible. The need for accurate records in such cases is crucial. Therefore thorough and accurate record-keeping systems have been drawn up, to be maintained by staff involved in supporting pupils with medical needs.
5. The Principal or Centre Manager will ensure that staff who are willing or for whom care of pupils with medical needs falls within their job role should receive appropriate training to assist them with the role of supporting pupils with medical needs.
6. The Centre Manager ensures that all parents are informed of the school's policy and procedures for medical needs.
7. The Governing Body ensures that the school has clear systems in place, in relation to this area of school life.
8. School staff are naturally concerned about their ability to support pupils with a medical condition particularly if it is potentially life threatening. They need to understand:
 - a. The nature of the condition
 - b. When the pupils may need extra attention

c. Where the pupils may need extra attention (This information is to be provided by the pupil's parents)

d. The likelihood of an emergency

e. The action to take in the event of an emergency

9. There is no legal duty which requires school staff to administer medication. This is a voluntary role. Any member of staff who agrees to accept responsibility for administering prescribed medication to a pupil will receive proper training and guidance, and will also be informed of potential side effects and what to do if they occur.

10. The Governing Body of Coritani Academy has determined that staff will not actively administer medication to a pupil except where a child is undergoing an emergency (e.g. anaphylactic shock, severe asthma attack) or where a child is physically unable to self-medicate under supervision.

11. The Governing Body of Coritani Academy has determined that non-prescribed medication will only be given to pupils when absolutely necessary, the parent must authorise and supply appropriate painkillers for their child's use with clear, written instructions. A member of staff will issue the medication, and notify the parents/carers by telephone on the day the painkillers are taken.

12. The Governing Body of Coritani Academy has determined that school staff may, if willing, supervise pupils taking medication provided:

a. There has been a written request from parents

b. There have been written details from the parents or doctor including:

i. Name of medication

ii. Dose

iii. Method of administration

iv. Time and frequency of administration

v. Other treatments

vi. Any side effects (see form 1)

The school will keep a record of medicine taken by pupils under supervision of named staff, using form 3.

13. Where pupils refuse to take their medication under supervision, as requested by parent or doctor, the staff will not force them to do so by any means. The parents will be informed immediately (for this reason it is the parents' responsibility to ensure that accurate and reliable contact details are available at school). Parents will take responsibility for their child's medical needs at this point, by coming to collect their child/supervise medication personally, advising emergency action (e.g. ambulance) or deeming that the child may remain unmedicated in school until the end of the school day. The school will, if in any doubt about a child's condition, contact the emergency services, with or without a parent's request/consent.

14. School Trips The school will make every effort to ensure that pupils with medical needs have the opportunity to participate in school trips, as long as the safety of the child concerned and that of other pupils is not compromised by their inclusion. The party leader will take additional measures as necessary, and/or request additional accompanying adults, to accommodate the inclusion of the child concerned. Parents must ensure that the party leader has full information on medical needs and any relevant emergency procedures.

15. Other bodies which may be accessed or contacted in relation to the support of pupils with medical needs are: The Local Authority The Health Authority, through NHS Trusts The

School Health Service (usually through the School Nurse) The child's General Practitioner
The Community Paediatrician The Community Service Pharmacist

Appendices

Appendix A Form 1 Request for school to administer Medication Form 2 Record of
Medication Administered in School Form 3 Request for pupil to carry his/her medication
Coritani Academy Medication policy

Reviewed: October 2015 To be reviewed every 3 years (October 2018)

Appendix A: Form 1

Request for school to administer medication

The school will not give your child medicine unless you complete and sign this form, and the
Principal or Centre Manager has agreed that school staff can administer the medication.

DETAILS OF PUPIL

Surname: _____ Forename(s): _____

Address: _____

M/F: _____

_____ Date of

Birth: _____

Form: _____

Condition or

illness: _____

MEDICATION

Name/Type of Medication (as described on the
container): _____

For how long will your child take this
medication: _____

Date
dispensed: _____

FULL DIRECTIONS FOR USE:

Dosage and
method: _____

Time: _____

Special

Precautions: _____

—
Side

Effects: _____

—
Self

Administration: _____

—
Procedure to take in an

Emergency: _____

CONTACT DETAILS

Name: _____ Daytime telephone

No: _____

Relationship to

Pupil: _____

Address: _____

—
I understand that I must deliver the medicine personally into school and accept that this is a service which the school are not obliged to undertake.

Date: _____ Signature: _____

—
Relationship to

pupil: _____

Appendix A: Form 2 SCHOOL MEDICINE - RECORD OF MEDICINE TAKEN BY PUPILS

DATE PUPIL'S NAME TIME NAME OF MEDICATION

DOSE GIVEN ANY REACTIONS

1st STAFF INITIALS

2nd STAFF INITIALS

PRINT STAFF NAMES

Appendix A: Form 3

Request for pupil to carry his/her medication

This form must be completed by parents/carers

Pupil's

Name _____ Class/Form _____

Address _____

Condition or illness _____

Name of medicine _____

Prescribed by (name and telephone number of Pharmacist) _____

Procedure to be taken in an emergency _____

CONTACT INFORMATION

Name _____

Daytime phone no _____

Relationship to child _____

I would like my son/daughter to keep his/her medication on him/her or in the school fridge for use as necessary.

Signed _____

Date _____

MEDICATION – INCIDENT REPORT (to report adverse reaction or error in administration of medication)

DATE OF INCIDENT _____ TIME OF INCIDENT _____

PERSON INVOLVED _____

PLACE OF INCIDENT _____

FACTS OF INCIDENT _____

REASON FOR INCIDENT _____

DETAILS OF ANY ILL HEALTH OR INJURIES SUSTAINED (accident /incident report to be completed if necessary)

—
NAMES OF WITNESSES TO INCIDENT (statements must be written)

DETAILS OF PERSONS INFORMED

CORRECTIVE ACTION TAKEN

OUTCOME OF INVESTIGATION BY SENIOR MANAGEMENT
