



Sheepscombe Primary School



Medical, Health and Well Being Policy

This policy was adopted at a meeting of:	FGB
Held on: TBR	29/01/2019
Date to be reviewed	Spring 2021
Signed on behalf of the Governors:	<i>L Willis</i>
Name of signatory:	Mrs Lynsey Willis
Signed by Head teacher	<i>V Barron</i>
Name of Head Teacher	Mrs Vicky Barron



Sheepscombe Primary School fully recognises its responsibility for safeguarding children and the importance of raising awareness of child protection issues. We discharge our responsibility with the attitude that 'it could happen here' where safeguarding is concerned. Any actions we take will be in the best interests of the child and compliant with the relevant statutory guidance.

This policy applies to all staff and volunteers within the school.

Designated Safeguarding Lead (DSL) -Vicky Barron (Headteacher)

Deputy DSL - Tracey Lane

Safeguarding Governor - Lynsey Willis

Gloucestershire Safeguarding Children Board (GSCB) procedures

<https://www.gscb.org.uk/>

This policy also meets the requirements relating to safeguarding and welfare in the statutory framework for the Early Years Foundation Stage 2017

This policy should be read in conjunction with:

Safeguarding and Child Protection Policy

http://www.sheepscombeschool.co.uk/wp-content/uploads/2017/10/Policy_safeguarding-2017.pdf

Code of Conduct and Whistle Blowing Policy

www.sheepscombeschool.co.uk/wp-content/uploads/2014/08/Policy_Code-of-conduct-and-whistleblowing-June-2017.pdf

Behaviour Policy

http://www.sheepscombeschool.co.uk/wp-content/uploads/2014/08/Policy_Behaviour-policy-Sept-2017.pdf

Data Protection policy

Anti Bullying Policy

<http://www.sheepscombeschool.co.uk/wp-content/uploads/2017/03/Anti-Bullying-Policy-feb-2017-signed.pdf>



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Introduction

At Sheepscombe Primary we have a responsibility for the care, welfare and safety of all our children whilst they are at school. We recognise that parents have the prime responsibility for their child's health and that it is their responsibility to provide school with information about their child's medical and health conditions. Parents should obtain details from their child's General Practitioner (GP) or paediatrician, if needed. The school nurse or a health visitor and specialist voluntary bodies may also be able to provide additional background information about specific conditions.

Section 1 Aims

It is the aims of this policy to provide:

- Procedures for managing prescription medicines which need to be taken during the school day, including school trips/outings/residentials
- A clear statement on the roles and responsibilities of staff managing and or administering medicines, first aid and or additional care provision
- A clear statement on parental responsibilities in respect of their child's medical, health and well-being needs
- The circumstances in which children may take any non-prescription medicines
- A policy on assisting children with long-term or complex medical needs
- The need for prior written agreement from parents for any medicines to be given to a child
- Procedures for the safe storage of all medicines and first aid equipment
- Access to the school's emergency procedures
- Details of record keeping
- Fully trained staff
- Risk assessment/additional care plans (if needed)
- Educate children around being safe
- Keep parents up to date on medical needs which may affect the wellbeing of their child.

Please also refer to current Government Guidance on Health protection in schools and other childcare facilities

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>



Section 2 Appointments inside the school day

Helpful advice for parents about attending medical appointments

We try and encourage parents to book medical appointments outside of school hours. If a medical appointment is made during school time parents must:

- Complete a medical consent form (Appendix 1)
- Provide the hospital letter, dental appointment card or doctor's appointment card on request

Any other circumstances for removing your child early from school must be prearranged and authorised by the Head Teacher.

Section 3 Administering Medicine

At Sheepscombe Primary we recognise that there is no legal duty that requires school or staff to administer medicines. However, where staff are willing, they will adhere to the following guidelines:

- Parents should provide full information about their child's medical and health needs, including details of medicines their child needs and what for
 - Medicines should only be brought to school when essential; that is where it would be detrimental to a child's health if not administered during the school day
 - School will only accept prescription medicines that have been prescribed by a doctor, dentist and/or nurse prescriber. As part of our 'loco parentis' role we may also administer mild analgesics such as Calpol with parental consent. However, a child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor and staff will not administer these.
 - Medicines and first aid should always be provided in the original container as dispensed and include the instructions for administration
 - School will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parental instructions. This is the case for administering medicine for long-term medical conditions
 - No child will be given medicines without their parent's consent. However, we may administer first aid by trained adults in the first instance if the child is deemed unwell and or has an injury so as to: preserve life, limit worsening of a condition and promote recovery
 - Any trained member of staff giving medicines and or first aid will check:

Child's name

Prescribed dose

Expiry date



Allergies

Written instruction provided by the prescriber on the label

Record first aid incident using accident book or administration of medicines via medicines log sheet

Follow procedure as per appropriate care plan

- If in doubt about any procedure, staff will not administer the medicine and or first aid but check with the parents or a health professional before taking further action. If staff have any other concerns relating to administering medicines and or first aid to a child, the issue will be discussed with the parent, if appropriate, or with a health profession attached to the school or the child's care plan
- We will arrange for trained staff to keep records of all incidents. Good records help demonstrate that staff have exercised a duty of care. Our advice for parents about prescribed medicine is that it is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents are encouraged to ask the prescriber about this. Where it is deemed that medicines need to be taken three times a day, parents should check that it could be taken in the morning, after school hours and at bedtime. As a school we follow the Medicines Standard of the National Service Framework (NSF) for children.

Section 4 Educational visits/school trips

We will encourage children with medical needs to participate in safely managed visits. If needed, we will do our best to consider reasonable adjustments that might enable children with medical conditions to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children.

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child.

Arrangements for taking any necessary medicines will also be taken into consideration. Staff supervising excursions will always be aware of any medical needs, and relevant emergency procedures.

A copy of any Health Care plans will be taken on visits for reference, in the event of the information being needed in an emergency. There will always be a trained member of staff who is able to administer medicines and/or first aider on a visit.

First aid kits will be taken on all school visits. Travel sickness medication is administered in the same way as other medication at Sheepscombe Primary School - parents should fill in a form (see appendix 1), medication should be in the original packaging and the adult administering will make a record of the administration.



If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit, they will seek parental views and medical advice from the school health service or the child's GP.

See DfE guidance on planning educational visits.

Section 5 Sporting Activities and Physical Education (PE)

Most children with medical needs can participate in PE and extra-curricular activities. There is sufficient flexibility built into our approaches to enable all children to participate in ways appropriate to their ability.

For many, PE activity can benefit their overall social, mental and physical wellbeing.

Any specific instruction relating to a child's ability to participate in PE will be recorded in their individual health care plan.

All adults will be aware of issues of privacy and dignity for children with particular needs. Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.

All medicines will be at hand during all PE activity. All staff supervising PE and/or sporting activities will: consider whether risk assessments are necessary for some children; be aware of medical conditions and any preventative medicine that they may need to be taken and emergency procedures.

Section 6a Short term medical needs

Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. By parents giving staff the authority to administer these medicines, the time that the child needs to be absent from school will be minimised. However, such medicines should only be taken to school where it would be detrimental to a child's health if they were not administered during the school day.

Section 6b Long term medical needs

Examples as per NHS choices website: asthma, diabetes, epilepsy, allergies.

It is important to have sufficient information about the medical condition of any child with long-term medical needs.

If a child's medical needs are inadequately supported this may have a significant impact on a child's experience and the way they function in school. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state.

Some medicines may also affect learning, leading to poor concentration or difficulties in remembering. The impact could also be indirect, perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.



The Special Educational Needs and Disabilities (SEND) Code of Practice advises that a medical diagnosis or a disability does not necessarily imply SEND. It is the child's educational needs rather than a medical diagnosis that must be considered. We will need to know about any particular needs before a child is admitted to our school. It will be the parent's responsibility to complete the relevant sections on the admission form, prior to their child starting school.

For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. In these cases, Health Care plans (intimate care, pastoral care) would be written involving the parents and relevant health professionals.

This can include:

- Details of a child's condition
- What constitutes an emergency
 - What action to take in an emergency
- What not to do in the event of an emergency and who to contact in an emergency
- The role school staff play

Further information is available here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf

Section 7 Refusing medicines

If a child refuses to take medicines, staff will not force them to do so. Parents will be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, we will use our emergency procedures (see section 11).

Section 8 Controlled drugs

The definition of drugs used in this policy is based on the DFE drugs guidance and advice for schools. We will keep controlled drugs in a locked non-portable cupboard and only trained staff will have access. A record will be kept.

A controlled drug, as with all medicines, will be returned to the parent when no longer required, to arrange for safe disposal (returning the unwanted supply to the local pharmacy). We will NOT use any controlled drug for use with another child.

As a school we will use our PHSCE curriculum to support the drug education teaching programme. This scheme is age-appropriate for each key stage.



Section 9 Unauthorised drugs

Unauthorised drugs are not permitted on school premises. All situations involving unauthorised drugs will be investigated fully, although Child Protection procedures always take precedence.

We will follow advice for schools using the DFE drugs guidance where appropriate. The needs of the child always come first. Parents/carers will be involved at an early stage and throughout any investigation. Support agencies will be involved if appropriate. Support for pupils will be maintained and counselling arranged if appropriate.

Section 10 Storing medicines and First aid equipment

Large volumes of medicines will not be stored. We will only store, supervise and administer medicines that have been prescribed and appropriate parental consent given. Medicines will be stored strictly in accordance with product instructions (e.g. temperature) and in the original container in which dispensed. Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Where a child needs two or more prescribed medicines, each should be in a separate container.

The School Business manager is responsible for making sure that medicines are stored safely in the locked cupboard in her office or in the staff room fridge if necessary.

All emergency medicines such as asthma inhalers and adrenaline pens will be available to children and will not be locked away.

The School Business Manager will ensure the maintenance of the contents of the first aid stations: plasters, non-adhesive dressings, micro tape, scissors, ice packs, triangular bandages, wound bandages in various sizes, gloves, a blanket and accident book. It is the responsibility of the designated first aiders to request for stocks to be replenished.

Section 11 Emergency procedures

As part of general risk management we will make the following arrangements when dealing with emergency situations:

- In the event of a serious incident (the child will not be moved), an ambulance will be called and a member of staff will accompany the child, if the parent is not able to be on site quickly. The parent will be asked to go immediately to the hospital.

Section 12 First aid procedures

- Any pupil who has been injured is sent to the first aid station, normally the school office or staff room, for first aider to assess and where appropriate, treat.
- If a child is deemed unwell, the parent will be contacted to collect and take home
- Head injuries: a bump note is given to the child with date of head injury. Teachers will speak to the parent on collection. It may be appropriate for the parent to collect the child and take to hospital for a check dependant on the severity of the head injury.



- All incidents, injuries, head injuries, ailments and treatment are reported in our accident book with a copy sent home with the child.
- The office will contact parents if they have any concerns about an injury.

Section 13 Intimate Care– read in conjunction with Safeguarding and Child Protection policy

Intimate care may be defined as an activity required to meet the personal care needs of each individual child in partnership with the parent and the child. In school this may occur on a regular basis or during a one-off incident.

In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care.

In the case of a specific procedure, only a trained member of staff should undertake the procedure.

We recognise 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 them distress or pain. Each child's right to privacy will be respected.

Parents have a role to play if their child is still wearing nappies. It is the parent's responsibility to provide nappies, disposal bags, wipes, changing mat etc. If a child needs changing and no nappy and equipment has been provided, the parent will be called and asked to bring in the necessary equipment. At all times, staff should wear gloves and aprons when changing nappies.

Intimate care arrangements will be discussed with parents on a regular basis. If intimate care is needed long term, then an appropriate Intimate Care plan will be written and reviewed with the parent. The needs and wishes of children and parents will be taken into consideration wherever possible within the constraints of staffing and equal opportunities legislation.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises etc. they will follow the Safeguarding and Child Protection policy.

Section 14 Food

Proper nutrition is essential for good health and effective learning. As a school we will:

- Work in partnership with catering staff to ensure that meals are healthy
- Educate children about healthy eating - The eat well guide
- Promote healthy alternatives
- Encourage children to drink water throughout the school day and provide cups for those who have forgotten their bottles
- Support parents in understanding what constitutes healthy food and therefore a healthy lunch box



In consultation with parents, it has been agreed that children should bring to school fruit, vegetables or a non-sugary snack such as rice cakes or crackers for a mid-morning snack. Other snacks are discouraged. Staff will speak to parents where there are concerns.

Section 15 Sun protection

At Sheepscombe Primary we want staff and pupils to enjoy the sun safely. As a school the following measures are in place:

Education

- We will discuss with children how to stay safe in the sun
- Parents will be sent reminders about sun protection as necessary

Protection

- Parents will be encouraged to send their child to school with suitable sun hats
- Parents will be encouraged to apply sunscreen before school starts
- Parents will be encouraged to send their child in with sun screen to apply themselves
- We will provide appropriate sun canopies during sports day
- We will try to ensure that children are not exposed to sun (strong UV) during lunchtimes and afternoon PE sessions for more than 20 minutes without shade breaks
- Staff will not supply or apply sunscreen to children

Section 16 Head lice: more guidance on head lice can be found on the Gov.uk website.

Head lice are parasitic insects and only live on the heads of people. There are 3 forms of head lice: nits, nymphs and adults. Head lice move from one person to another by head-to-head (hair-to-hair) contact. They cannot jump. Head lice lay eggs which hatch after 7-10 days. It takes about 10 days for a recently hatched louse to grow into an adult and start to lay eggs.

As a school we will notify parents of active head lice infestations in their child's year group, referring to this policy and provide links to Gov.uk for treatment and prevention.

Parents are responsible for:

- knowing head lice signs and symptoms
- routinely checking their child's head for head lice
- telling school that their child has head lice
- ensuring that full, proper treatment has been completed before returning to school.

Having head lice is not a reason for school absence as treatment can be administered quickly. However, should head lice be noticed, the Class Teacher will speak with the parent. If the infestation continues for more than three weeks, the Head Teacher or School Business Manager



will discuss what is being done to eradicate the head lice and if necessary will make a referral to the school nurse.

APPENDIX 1

Medical Consent form

We try and encourage parents to book medical appointments outside of school hours.

If you do have to make an appointment for your child during school time, please fill out the information below and return to the school office at least 24 hours before you collect your child from school.

You must provide the hospital letter, dental appointment card or doctor's appointment card on request. If you have booked a doctor's appointment over the telephone, the surgery will be able to provide you with an appointment card when you arrive at the surgery. Please then bring this into school if requested. Any other circumstances for removing your child early from school must be prearranged and authorised by the Head Teacher.

Name of Child: _____

Class: _____

Date of appointment: _____

Time: _____

I agree to provide proof of the above appointment if asked

Signed: _____



APPENDIX 2

Administration of Medication

This form needs to be completed for any medication to be kept and administered at school.

Pupil Medical Record

Name

Class

Medical Condition

Allergies

Medication Requirements

Name of drug

Dosage

Administration Times Start/Finish Date

Additional Instructions

Emergency Contacts

Parent/Carer Telephone Number

Doctor/Practice Telephone Number

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school to administer the medication in accordance to the school's policy.

I will inform the school in writing of any change in dosage or frequency of administration of the medication. I also give consent of appropriate medical attention to be sought as required in an emergency.

Parent/Carers Signature..... Date.....

Staff Signature..... Date.....