



**Lead Medical Officer:** Jade Peters

**Lead First Aid Officer:** Julie Locke

**School Nurse:** Vicky Forester

**Head of House: Behaviour:** - Mick Thewlis Jade Peters Jaine Francis

**Learning:** - Rachel Price Cheryl Bishop Alex Branton Debbie Cassidy

**WOODRUSH HIGH SCHOOL**  
**An Academy for Students Aged 11 - 18**

**PUPIL MEDICAL TREATMENT AND WELFARE POLICY**

The school will maintain a focus on each individual child with a medical condition and seek to give parents/carers and pupils confidence in our ability to provide effective support for medical conditions whilst in our care.

**Policy statement**

- This school is an inclusive community that aims to support and welcome pupils with medical conditions.
- This school aims to provide all pupils with any medical conditions the same opportunities as others at school.
- The school ensures all staff understand their duty of care to children and young people in the event of a medical emergency.
- All staff understand the common medical conditions that affect children at this school. All staff receive training on the impact medical conditions can have on pupils.
- The school follows the DfE new guidance 'Supporting pupils at school with medical conditions' (September 2014).
- All medical information received is treated confidentially in accordance with the school's Data Protection Policy.
- Parents or guardians have prime responsibility for their child's health and should provide the child's Head of House, Lead Medical Officer or the Lead First Aid Officer with information about their child's condition.

**DEFINITION OF ROLES**

**Lead Medical Officer**

The school Lead Medical Officer holds the First Aid at Work certificate. Their responsibilities are to oversee the day to day running of medical practice in school and support the Lead First Aid Officer in their role. All IHP will be completed by the LMO or in their absence the Lead First Aid Officer and they are responsible for the dissemination of these and other important medical information to students, parents/carers and staff.

## **Lead First Aid Officer**

The school Lead First Aider holds the First Aid at Work certificate. The LFA can be found mainly in student services or the medical room.

They offer first aid to any student who has suffered an injury whilst in school. They may call the emergency services or refer a student to hospital in serious cases. They may hold some medication for a number of students in school, with parental permission but cannot prescribe any medication to any other student and cannot diagnose medical conditions.

## **School Nurse**

The school nurse is provided for us by the School Nursing Service. She comes into school every Wednesday and can be found in the covered way/Orangery.

The school nurse provides a 'drop in session' service for all students during Wednesday lunchtime where they can self-refer. Also students who have been identified by staff as needing some medical attention or advice can be referred before lunch between 12.00 and 13.00. The 15 minute slot after lunch will be dedicated to meetings with the school nurse and either the Lead Medical Officer, Lead First Aid Officer, attendance officer and or a Head of House.

Any member of staff concerned about ongoing medical issues with a student should refer them to their Head of House who will make an appointment with the school nurse.

## **PRACTICE**

### **1. Dissemination of Information**

The Lead Medical Officer to ensure all staff are made aware of all students with an Individual Healthcare Plan (IHP) and update the medical records as and when required. To advise relevant Head of House in order that he/she can offer specific support for the pupil's educational, social and emotional needs as appropriate with their team(s).

### **2. Managing medicines on school premises**

- Medicines should only be administered at school when it would otherwise be detrimental to a child's school attendance. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours.
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- The school will only accept prescribed medicines that are in-date, labelled with the student's name, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but may be made available inside an insulin pen or a pump, rather than its original container.
- Parents are required to sign a medication form for short term medical conditions.
- All medicines should be stored safely. Children should know where their medicines are stored at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily

available to children and not locked away. This is particularly important to consider when off school premises e.g. on school trips

- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so (this will be judged by the school), but passing it to another child for use is an offence. The school will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in the non-portable container located in the medical room and only named staff will have access. A record will be kept of any doses used and the amount of the controlled drug held in school. A spare key for the container will be held in reception.
- Appropriately trained school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication will be noted.

### **3. The Administration of Salbutamol**

- The Medicines and Healthcare Products Regulatory Agency recommend school purchase an emergency salbutamol inhaler and spacer that should only be used in case a child has lost, broken or have misplaced their inhaler. The school has two sets on the premises and these will only be used for students who have a known medical diagnosis of asthma and in case of an emergency.
- School have the right to administer the use of an inhaler in the absence of the child's own inhaler in a medical emergency situation unless parents have chosen to opt out of this procedure by contacting the Lead Medical Officer in writing.

### **4. Long term medical needs**

- The school needs to know about any medical needs before a child starts school, or when a condition develops. If a child's medical needs are inadequately supported this could have a significant impact on a students' academic attainments and/or lead to emotional and behavioural problems.
- All IHP's will be reviewed annually or earlier if evidence is presented that the child's needs have changed.

### **5. Self-Management of Medication**

- Children will be positively encouraged (if competent to do so) to take responsibility for their own medical needs and medicines.
- Where possible children will carry their own medicines or devices so that they can access them quickly.
- No child will be expected to take responsibility until they are ready to do so and appropriate supervision will still be given if required.

### **6. Procedures when a child is sick in school**

The child will be sent to the First Aid Officer with a note in their planner from their teacher, First Aid Officer or member of staff attending will record in a confidential 'Medical Room Record Book' the form, time, reason for visit, action taken, letters/slips issued e.g. bumped head letter. If necessary the parent or adults on the contact form will be informed for the child to be collected.

### **7. Emergency Procedures**

If a child needs to be taken to hospital by ambulance, he or she will (except in exceptional circumstances) be accompanied by a member of staff who will remain with the student until the parent arrives. Generally staff should not take students to hospital in their own car. However, in an emergency it may be the best course of action. The member of staff will be accompanied by another adult and have public liability vehicle insurance. It will be the responsibility of either the

Lead Medical Officer or Lead First Aid officer to present a copy of the child's IHP to the emergency services.

## **8. Individual Healthcare Plan**

This school uses an Individual Healthcare Plan to record important details about children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. It will also assist the school in how best to support the pupil whilst in school or on a planned school trip and what to do should a medical emergency arise. The plan is drawn up with the parent and child (if felt necessary) present with one of our Lead First Aid Officers. A copy is given to the parent and another copy stored in a secure central location and the IHP will be attached to the relevant pupil's records so that all staff can access if necessary. If the emergency services are required to be contacted they will also receive a copy of the pupils IHP and this would go with them should they need to attend hospital.

### References

'Supporting pupils at school with Medical Conditions'	DfEE September 2014
Stone King Solicitors – Medical Treatment and Pupil Welfare Policy	2013
Diabetes uk.org	2014

### References to Further Information in School

Worcestershire County Health and Safety Handbook

### Monitoring and Evaluation

The work of the Lead First Aid Officer is monitored by her line manager, the Deputy Head of Curriculum. The implementation of the policy is evaluated by the Lead Medical Officer and policy reviewed by the Head Teacher and the appropriate Governors Sub-Committee currently Governors Personnel.

### Policy Drawn Up By:

Jade Peters (JEP)

### Date Policy Written

April 2015

### Review date

April 2016 by JEP

### Date of Review by Governors

April 2015

- *All First Aid Officers/First Aiders possess a current certificate of competence i.e. First Aid at Work.*
- *All staff are regularly trained to administer Epi-Pen, Adrenaline Injections.*