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**communicate**  
REGISTERED CHARITY 210031

**Medical Policy and Procedures**

**Responsible person – School Nurse/Assistant Headteacher**

**Next scheduled review – Summer 2018**

<b>Date</b>	<b>Reviewed by</b>	<b>Amended (Y/N)</b>
September 1999		Policy created
July 2006	Fiona Peters	Yes
July 2007	Fiona Peters	Yes
June 2008	Fiona Peters	Yes
Summer 2010	Fiona Peters	Yes
Summer 2012	Fiona Peters	Yes
Summer 2014	Fiona Peters	Yes
Autumn 2014 (amended)	Fiona Peters	Yes
Spring 2016	Fiona Peters/Sarah Billingham	Yes
Spring 2018		



## **MEATH SCHOOL**

### **MEDICAL POLICIES AND PROCEDURES**

This policy outlines the procedures to be followed to prevent accidents and threats to health in the event of an accident, and for the control of routine and emergency administration of pupils' medication. It has been checked against Ofsted guidance, January 2012, 'Pupils with Medical Needs'.

Staff are reminded that all medical information regarding pupils and/or staff, to which they may have access as part of their employment, is to be treated with sensitivity and must not be divulged to third parties without the person's or their guardian's consent.

Staff are urged to seek advice from trained professionals whenever possible, and must never make decisions that are beyond their scope of experience or expertise.

The main aim of the school medical services is to provide each child with optimum health care, health surveillance and health education.

This is achieved by:

1. Providing medical cover for all pupils.
2. Providing access to other medical services (e.g. doctor, optician/orthoptist)
3. Providing a suitable environment for sick children to be nursed.
4. Providing First Aid administered by trained and competent staff.
5. Providing regular health surveillance checks on children, through:
  - Orthoptist – on entry, then as requested/necessary
  - Doctor – all boarders as necessary
  - School nurse – termly heights and weights, otherwise as necessary. When there is concern that a child is overweight or underweight, the deputy head teacher or Family Support worker will be informed. The school will then seek to work with the parents/carers to address the issue [see later section on Obesity].
6. Administering and storing medicines safely.
7. Arranging for prompt referral to specialists.
8. Assuring good communication between parents/carers, school, and medical staff.
9. When a child commences at Meath School, the School Nurse discusses all relevant Medical Details with the Parent/Carer on day of entry.

10. If any child's Medical Needs change at any time all Staff to be informed and appropriate Training given by the School Nurse.
11. All Health Care Plans to be updated when necessary by the School Nurse and agreed by Parent/Carer and relevant Staff Members.
12. Keeping the school environment as safe as possible by following Health and Safety Guidelines, COSHH and other legislation.

## **Training and Induction**

### **Induction Course**

All new full time staff will be advised on the following at an Induction Day training in the session with the school nurse:-

1. Health and Safety responsibilities
2. Location of First Aid boxes
3. Procedures to follow in the event of an accident
4. Medication, storage of drugs and administration, where applicable.
5. How to apply for further training.
6. All Medical needs of Children in their Class including any drugs and reason for administration.

### **Continuing Training**

All staff are encouraged to undertake recognised First Aid Training (See below)

Every member of staff will receive update when necessary, covering any changes made to policies or procedures.

One of the school nurse's responsibilities is to ensure that her medical knowledge is accurate and up to date. This will be an ongoing training need.

When a child moves Classes the School Nurse will ensure that all relevant Staff are updated on the Child's Medical Needs.

Any member of School or Care Staff should know what to do and respond accordingly should a Child in their Care need specific Medical help at any time.

### **First Aid**

A member of staff is said to be a trained First Aider if he/she has successfully completed any one of the following:

- a British Red Cross Standard First Aid Course [current for 3 years]
- Basic Life Support – part of our pool lifeguard training - [current for 2 years]

In the absence of a suitably qualified person, the child must be seen by a member of the Senior Management Team.

## **First Aid Kits**

There are First Aid kits available in the following areas, as well as the Dispensary:

1. Kitchen.
2. Swimming Pool.
3. Art room.
4. Gymnasium.
5. Cookery room.
6. Entrance to School hall.
7. Red class.

Each school vehicle also carries a First Aid kit.

The boxes are checked every term by the school nurse or staff tell Fiona Peters if stocks needs replacing.

## **Accidents**

1. Contact the nurse or First Aider.
2. Administer emergency aid following procedures as instructed in First Aid training.
3. If an Ambulance needs to be called, dial immediately. (Ambulance should be called if someone is injured severely enough to need medical treatment, and may not be transported any other way)
4. Minor injuries should be seen by the school nurse or qualified First Aider as soon as possible.

## **Facts to Consider**

1. Proper handling of blood and body fluids: gloves are available from Dispensary and are in all First Aid kits and classrooms.
2. Possible delayed reaction from head injury. (e.g. nausea/sight problems/headache)
3. Any allergies the child may have.
4. All children have parental consent

## **Follow- Up Action**

1. All accidents must be recorded on the Accident Sheet. This is then checked and signed by the deputy head teacher.
2. Details are then entered into the Accident Book by the school nurse.
3. If a child is taken to hospital, their parents or guardians must be informed as soon as possible. Two members of staff must accompany the child to hospital. They must stay with the child until he/she is discharged, the parents or guardians arrive, or until hospital staff advise you that it is alright to leave and you feel comfortable with that decision. Remember that waiting around in hospital can be a long and tedious process and if there is a serious situation you can soon feel isolated and unsupported. You are advised to maintain regular contact with the school and if you require back-up or relief make sure that you ask for it.
4. The appropriate sheets of medical and contact details must be taken to the hospital by staff accompanying the child.
5. In the event of a serious accident or sudden and unexpected death the head teacher, deputy head teacher or residential services manager will inform the chair of governors, the director of education and the chief executive of ICAN.

## **Illness and Epidemics**

### **Illness In School**

If the child is taken ill while at school, he or she is looked after in the dispensary. If at all possible, the child is sent home if he or she is incapable of continuing with school lessons. If the child is in school, he or she is looked after by the school nurse, and the parents/carers are informed. If the nurse is away from school, the responsibility lies with a member of the class team.

Parents/carers are always informed if a boarder has to miss school because of sickness. If medical treatment is needed, the parents/carers are informed of the outcome.

If the teacher feels that a child is too ill to remain in their class, that child must be seen by the school nurse. In the absence of the school nurse the teacher will make a decision as to whether the child remains in school, but must check this decision with a member of the SMT. If a residential pupil is deemed unfit to remain at school the decision must be checked with a member of the residential management team. If successful treatment is given and the child recovers, they may be sent back to class. All medication given must be recorded and a note sent home to parents/carers.

If a child is taken ill in the residential hours the nurse/ care staff should consider calling a doctor to school or arranging a doctor's appointment for the child. If the nurse is not available, it is important that care staff assume responsibility for the child's welfare, liaising fully with the Residential Services Manager.

In the case of a residential child with a contagious disease, he or she must be sent home if their presence in the school puts other children at significant risk of becoming ill. Similarly, if a child is suffering from any illness which requires full-time care, arrangements will be made for the child to go home.

## **Residential Illness**

If any of the residential children are ill while they are at school the following will happen:

During the day:

Either the school nurse or a member of staff on duty will ring parents/carers to arrange for the child to be picked up. Care team will be informed when they come on shift.

During the evening/overnight:

Either the residential services manager or a member of the care team will contact parents/carers to arrange for the child to be picked up. If a child is ill at an unreasonable hour parents/carers will be informed of a serious illness otherwise the child will be kept at school and monitored during the night and parents/carers contacted at 7am and arrangements made for the child to be collected.

## **Epidemics**

If a large number of children are affected by an illness, advice should be sought from the schools GP as to whether or not to close the school, or part of it. This will depend on the circumstances at the time. Any other extraordinary circumstances will be dealt with according to the broad principles of the above policy.

## **Medical Arrangements**

Day children and part-time boarders are registered with their home doctor. Details of this are in the child's file in the main office, the emergency details records [dispensary] and the medical files [also held in the dispensary].

Children are escorted to appointments by the school nurse, a member of the class team or care staff. Appointments are arranged to minimise disruption to school work, except in the case of emergencies. Details of appointments must be listed each week on the weekly diary sheet and relevant information following the appointment passed on to the school and care staff.

The outcome of check-ups and appointments is communicated to parents/carers by telephone when possible, otherwise in writing.

Details of appointments are recorded in the child's home-school diary.

## **Biting Incident**

In case of biting incident the School Nurse will examine to see if the skin is broken. If the skin is broken, the pupil or staff member must go to Accident and Emergency for necessary treatment/injections – the school will pay for any treatments that incurs a cost.

If skin is not broken, the School Nurse will treat at her discretion.

If a pupil is bitten, his/her family must be informed on the day of the incident.

## **Staff Injury**

If a staff member is injured by a child, any medication that is needed to treat these injuries should be paid for by the School.

## **Educational Outings**

A First Aid kit must be taken on all trips away from school. If any of the contents are used, it must be returned to the nurse for replenishment.

Any accidents must be recorded on an Accident Sheet.

All medication needed by children going on the trip must be arranged in advance by the organiser, with the school nurse. Pupils' emergency details sheets must be taken by the trip leader for all children on the trip.

## **Educational Outings to Farms**

If children are visiting areas where animals are present; they must ensure they wash their hands after handling the animals. If they have any cuts or grazes on their hands these should be covered with a plaster before handling.

## **Off Site Policy**

If medication is needed while a child is off-site, it must be agreed with the school nurse who is going to give it. Both the school nurse and the member of staff taking responsibility for the medication should sign the medication sheet. If medication needs to be decanted from its original container it should be put in a childproof container, clearly marked with the child's name, dosage and timing and witnessed by two people.

## **Medication**

All medication is kept in a locked metal cabinet or locked 'fridge within a locked room [the dispensary]. It must be properly labelled with the child's name. Any expiry date must also be clearly marked.

Drugs must only be administered by the nurse, or in her absence, by care staff and/or members of the child's class team who have received appropriate training. Such staff must have knowledge of any complications that may occur, such as side effects and interaction with other drugs. The school nurse will provide information about medication and any side effects.

When a drug is administered it must be recorded on the Drug Sheet, stating the time and signed by the administrator.

No medication should be given to a child unless it has been prescribed. Paracetamol or simple linctus may be used without a written prescription as long as the parents/carers have agreed to the usage. The use of these must be recorded in the daily Treatment Book stating reason, time and signature of the administrator. If a drug is to be kept in school in case of emergency, then a single dose may be kept in the classroom out of reach of the children, always in a locked drawer, cupboard or 'fridge.

Should a child refuse to take any medication or have a specific procedure, Staff should not force them to do so. Parents /Carers should be informed and alternative options discussed and considered.

'Over the counter' drugs e.g. Calpol are agreed by Parents in the Child's Medical Form on entry. Should a member of Staff be unsure, they are to call the parent and agree the dosage. The name of child, date and dosage are to be recorded in the Treatment book kept in Dispensary and signed. It should also be recorded in the Child's home/ school diary.

If a child is transported to school by taxi and has a specific Medical Need requiring Emergency Medication; the School and Parents will ensure that they are appropriately trained.

### **Procedure for administration of medication by trained non-medical staff**

- **Pupil arrives at dispensary**
- **Responsible member of staff acquires keys and admits the pupil**
- **Staff member checks against pupil's name in Drugs Sheets file, which details type of medication[s]; time of administration; dosage**
- **Use keys [behind dispensary door] to gain access to secure medication cupboards/fridge.**
- **N.B. Staff training includes knowledge of where various forms of medication are kept, and which key provides access.**
- **Ensure medication is correctly named for pupil**
- **Administer as detailed on drugs sheet [see DOSE section]**
- **Sign under the appropriate date and time the dose was given**
- **Replace medication in safe storage**
- **Return file to shelf above fridge**
- **Lock cupboard/fridge and replace keys on hook behind dispensary door**
- **Lock dispensary door and replace key**
- **Return pupil to class or elsewhere as appropriate**

N.B medication will usually be administered in the dispensary. However, there will be occasional exceptions such as:

- Medications which accompany a child on a trip off site
- Medications taken to a location where the child is in need of emergency treatment and should **not** be moved to the dispensary [e.g. rectal diazepam to a child who is fitting].

### **All pupils**

The parent/carer of any child needing medication during school time must fill in the appropriate consent form and return it to the school. All medicines must be clearly marked with the child's name and the dosage. Parents/carers must also provide written instructions about times, dosages and when the medication should cease to be given. Any remaining medication will then be returned to the parent/carer. The school nurse will keep a written record of all such medication from its arrival into school until its return home where appropriate. In the case of invasive administration of medication, the parent/carer will be expected to demonstrate the exact procedure to be followed. This will be to the school nurse and another senior member of staff.



## **Inspection**

The drug cupboard is checked half-termly by the school nurse to ensure that all its contents are in current use and within their 'best before' date.

## **Inhalers**

Any child who uses an inhaler should be taught how to use it safely and effectively. Because of the limited understanding of many children at Meath School, no child will be expected to take personal responsibility for an inhaler and its use. For any asthmatic child who needs an inhaler on a regular basis, the class team will be provided with an emergency inhaler.

## **Human Immunodeficiency Virus (HIV)**

When HIV becomes active it can damage a person's immune system which makes it difficult for them to fight off other infections.

Staff should be made aware of any child who may have the virus and strict confidentiality must be observed at all times. The school should have been made aware by the parent/carer of the child concerned.

HIV is not transmitted via any normal social contact, and may only be passed on via infected blood (ie sharing needles), sexual activity, child birth (from an infected mother to her child), and by an infected woman breast feeding her child.

Care should still be taken when dealing with any child's excrements by protecting oneself with gloves.

## **Sun Safety**

Meath School is concerned about protecting pupils from sunburn and skin damage that can be caused by harmful rays from the sun. We will encourage sun safe behaviour at school and teach children about the risks of prolonged exposure to the sun. We will encourage children to:

- Seek the shade, especially during the middle of the day
- Wear suitable hats
- Wear suitable clothing which protects the skin, especially during outdoor activities and school trips
- Use high factor sunscreen. This should be provided by parents/carers, *unless they give permission for a hypo-allergenic sunscreen to be applied by a member of staff.*

An annual reminder of this policy and practice will be sent to all parents/carers. It will include a consent form seeking approval to allow teachers or support staff to apply sunscreen [provided by the parents/carers] as and when necessary. Alternatively, parents/carers can agree that school provides a hypo-allergenic sunscreen, on the understanding that we will request a voluntary contribution towards the cost.

## **Dangerous Substances and Sharps**

### **Sharps**

It is vital that any sharps used are disposed of safely. All needles and blood lancets pose a risk to the person handling them and if placed in a bin sack can cause injury. It is therefore, important that they are disposed of in the yellow Sharps box situated above the sink in the Dispensary. This will ensure that they are incinerated safely.

## **Cleaning agents.**

All chemicals such as cleaning agents and bleach should be stored in locked cupboards. They should never be decanted into other containers as there is important information on the labels.

Cleaning agents should never be left in toilets, kitchens or within reach of pupils.

## **Hazardous substances**

A Hazardous substance green file is kept in the Dispensary, containing details of the necessary emergency treatment. This is labelled "C.O.S.H.H." and is kept on the shelf above the computer screen.

## **Dealing With Body Fluids**

These procedures are for cleaning up spilt body fluids. The term 'body fluids' encompasses blood, urine, faeces and vomit.

Spilt body fluids need to be cleaned up with care, as there is a risk of contracting diseases. If these procedures are followed, the risk of infection is minimal.

When dealing with body fluids, always:-

1. Wear disposable latex gloves, which are located in the dispensary, laundry, cleaning cupboard and all First Aid boxes.
2. Keep any open cuts covered with waterproof plasters.
3. Wear a plastic apron. These can be found hanging on the back of the door in the dispensary, and cleaning cupboard.
4. Wash hands well afterwards.

## **The Child**

When a child has had an accident, they can be very frightened, and it is necessary to reassure the child. Clean the child following the guidelines above. (and see 'Intimate Care' policy).

## **Procedures for spillage on floor or hard surfaces**

1. Use "Body Fluids Disposal Kit" if necessary. This is located in the second cupboard to the right of the dispensary fridge.
2. Cover with sawdust and disinfectant, scrape up and dispose of in plastic bag. The disinfected sawdust is kept in the cleaning materials store to the right of the care office.

## **Clothing**

Sluice off soiled clothing in sluice in laundry, wearing gloves and apron. Leave to soak in bucket with lid and remove to laundry as soon as possible; hot wash separately as material allows.

## **Who Does What?**

### **Medical Accident and First Aid emergencies**

1. If possible, take child to school nurse or First Aider in Dispensary.
2. If unable to move child, phone Dispensary (234 internal line) or send a messenger.
3. If school nurse is off site, contact Residential Services Manager or a member of the Senior Management Team.
4. Should a child need to go to Hospital, they will be escorted [where possible] by 2 members of Staff. All relevant information on the child will accompany them to the Hospital. The parents/carer will be informed by the Office Staff and the staff will stay with the child until the parent arrives at the hospital.

### **Accident Sheets**

These should be completed fully by the member of staff who witnesses the accident, or is directly involved in it.

### **Body fluid incidents**

If a child is sick or has an accident and is incontinent of urine or faeces in school hours, the responsibility for cleaning him or her lies with the class LSA, or another available LSA. If nobody is available, contact the school nurse, or if she is off site, a member of the class team. After school the responsibility lies with the care staff on duty. One member of staff may deal with intimate care as long as other people are aware (see Intimate Care guidelines).

### **Dental health**

As a school, we can only play a limited role in educating and informing our pupils and their parents/carers about the importance of:

- regular visits to the dentist
- restricting sugary or acidic food and drinks
- encouraging regular and thorough tooth-brushing
- protective treatments such as fluoride supplements in toothpaste and drinking water

Within specific areas of the curriculum [e.g. science and design technology] and by offering healthy school meals, we seek to promote child dental health whenever possible and practical. Clearly, for our small number of boarding pupils, care staff play a vital role in ensuring regular and thorough dental hygiene.

## **Obesity**

Obese children are at increased risk from a number of serious health problems more usually seen in adulthood. The number of overweight and obese children in the UK has risen steadily over the past 20 years. The obesity epidemic is now a major health concern.

It is thought that most children put on excess weight because their lifestyles include an unhealthy diet and a lack of physical activity. Helping children to achieve and maintain a healthy weight involves a threefold approach that encourages them to:

- eat a healthy, well-balanced diet
- make changes to eating habits
- increase physical activity

Meath School fully accepts these factors, and strives to meet all of them within and beyond the curriculum and social experiences offered to our learners. The school nurse monitors heights and weights on a termly basis, and any concerns are passed to senior managers so that we can work with parents/carers to address them.

## **Supervision**

The school nurse is able to have supervision with a nurse from another special school.

Meetings are arranged every term where the Nurses meet up and discuss any concerns they may have about their work.

## **Equality and Inclusion**

At Meath School we will continuously seek to ensure that all members of the school community are treated with respect and dignity. Every individual will be given fair and equal opportunities to develop their full potential regardless of their gender, ethnicity, cultural and religious background, sexuality, disability or special educational needs and ability, and other factors as detailed within the school's Equality Policy. These meet in full the requirements of the Equality Act, October 2010.