



MEDICAL NEEDS POLICY

General Principles

1. Starcast is committed to pursuing a policy of inclusive education aiming to support and welcome students with medical conditions. The school aims to provide all students with medical conditions the same opportunities as others at school. In other words, no student should be unnecessarily excluded from school or educational activities simply by virtue of having a medical condition.
2. If a student is frequently absent, has limited concentration or is frequently tired, all teachers at this school understand that this may be due to his/her medical condition.
3. Parents are asked if their child has any health conditions or health issues on the student application form, which is filled out at the start of a student's Starcast training.
4. All staff understand the common medical conditions that affect children at this school.
5. There will be one member of staff at every Starcast Session who is First Aid Trained and staff have been instructed to contact this person for any First Aid related needs.
6. Teachers and support staff have a responsibility to act as any reasonably prudent parent would to maintain the health and safety of the students in their care, whether this is at school or during any other school event or activity. In exceptional circumstances, this might extend to administering medicine or taking other medical action in an emergency.
7. It is entirely the decision of each individual employee who chooses to accept the responsibility for the administration of prescribed medication, as to whether he/she is prepared to personally administer medication. No sanction will be taken against any employee who declines to undertake this task.
8. No medication must be given to any student without the specific written consent of the parent/carer concerned. Even then consideration should be given to the need for the medicine to be taken during school hours – most courses of medication can be taken satisfactorily before and after school and at night.
9. All students are encouraged to carry and administer their own emergency medication, when their parents and health specialists determine they are able to start taking responsibility for their condition. All students carry their emergency medication with them at all times, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits.



10. Students who do not carry and administer their own emergency medication know where their medication is stored and how to access it. They understand the arrangements for a member of staff to assist in helping them take their medication safely.
11. Non-prescribed medicines containing analgesics (including mild painkillers such as aspirin, paracetamol in tablet form or in cough mixtures) should not be given unless with the written consent of parents/carers.

Children taking a course of Prescribed Medication

- a) Very few medicines need to be taken during normal school hours and in most cases the appropriate dosage of medicine when prescribed to be taken “three times a day” can be given “before school, after school and at night”. The same principle can also be applied to medication such as creams/drops for conjunctivitis etc. However, this may not always be the case as some prescribed medication will have times or conditions stipulated by the doctor.
- b) Where students are recovering from a short term illness which requires medication (such as tablets, mixtures), any request for school staff to administer medicine by a parent/carer must be in writing and include evidence that the student needs to take medicine during school hours, e.g. instructions on the container or advice from the pharmacist. Standard forms are available to assist in this process. They are Form 1 (Parental Consent form) and Form 1A (Medical Practitioner’s form). If parents are unwilling or unable to provide written consent using Form 1 or there is some reason to doubt the information provided on Form 1, confirmation should be sought directly from the medical practitioner using Form 1A.
- c) The medicine, together with the completed and signed consent form, should be delivered to school, where possible by a parent, and should be handed personally to the headteacher or a designated member of staff. In no circumstances should staff administer prescribed medication on their own initiative or without the written consent of parents/carers.
- d) A written record should be kept of the administration of all prescribed medication to students. Such a record should be kept together with the instructions, and be checked on every occasion and completed by the designated member of staff. The record should give the date and time of administration, the name of the medicine, the dose given, the name of the student and the name of the staff member administering the medication. The record should be retained on the school premises with the student’s record respectively.
- e) Medicines must be stored safely in the pharmacist’s original container and be clearly labelled with the contents, the student’s name, and the dosage and/or other instructions. The receiving member of staff should check the accuracy of the name and date. Some medication such as liquid antibiotics or insulin may need to be kept in a refrigerator but must not be frozen. These medicines must be placed in a suitable additional sealed container, e.g. Tupperware box and clearly marked “medicines”. Under no circumstances should medicines be kept in first aid boxes.



- f) Any medication which has passed its expiry date should be collected from school by parents within 5 days of the expiry date or it should be disposed of safely (e.g. by returning it to the local pharmacist). Medicines should not be disposed of in the sink or toilet.
- g) It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

Special Circumstances

- a) Some students have unusual or special specific medical needs which may require treatment in an emergency. Examples would be extreme allergic reaction (anaphylactic shock) to wasp stings or food such as peanuts; epileptic seizure, which may involve invasive medical procedures such as giving an injection or inserting rectal diazepam. Other instances where children require special personal care involving intimate or invasive treatment include assistance with catheters, or the use of equipment for children with tracheotomies.
- b) The number of such cases will be very small and early identification and careful planning by the relevant Health Service should result in detailed discussion with a receiving school and the formulation of a carefully designed individual health care plan or school nursing health care plan, to meet the needs and circumstances of a particular student.
- c) The School Principal is responsible for taking the necessary training to enable them to act in emergencies or administer treatment in potentially life threatening situations where there is no alternative. In many cases, the treatment will involve a simple procedure, such as using an "Epi-pen" to administer emergency intramuscular medication, or inserting a suppository.
- d) For the protection of both staff and students, a second member of staff should be present while the more intimate procedures are being followed, and appropriate personal protection must be worn. Staff should protect the dignity of the student as far as possible, even in emergencies.
- e) Subject to parents/carers consent all staff should be made aware of the student's condition and where to locate the trained staff in the case of an emergency. There should be sufficient trained staff to cover for any absences. All staff should be made aware of the importance of respecting the confidentiality of medical information.
- f) Items such as Epi-pens are kept with the students in school; additional spare items are kept in Reception for use in emergencies. Such emergency items as syringes, Epi-pens and suppositories, must be placed in a suitable additional sealed container eg Tupperware box, and clearly marked "Emergency Medication" and with the student's name. Under no circumstances should medicines be kept in first aid boxes. It is essential, that wherever items are stored, the trained member of staff has immediate access to it.
- g) All staff attending off-site visits are aware of any students with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed. Trip leaders will take these spare items of emergency medical equipment with them on any visits out of school.
- h) If a student needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the student knows.



Risk Assessment

For a number of students with medical needs it may be appropriate for risk assessments to be conducted on certain activities, e.g., physical activities, external visits, residential visits, work experience, theatre shows, exams. Permission is sought from the student and their parents before any medical information is shared with an employer or other education provider. The risk assessment would consider such issues as the student's medical needs, medication requirements, physical abilities, emergency treatment etc.

The School Principal is responsible for completing their Risk Assessment Forms for their students.

The School Principal is responsible for informing their teachers what steps to take if a child feels unwell in school or if there is an accident at school.