

TITLE OF POLICY: MEDICAL NEEDS

Date reviewed	Date Approved	Approved by whom:	Next review
	February 2016	Full Governing Body	February 2019

AUDIENCE: CHILDREN, PARENTS, STAFF, GOVERNORS

Supporting children with medical needs policy

General

This policy has been drawn up with reference to DfEE Circular 14/96 “Supporting pupils with Medical Needs in School”, Royal Borough of Greenwich, Common Medical conditions Guidance and Forms for use when managing medicines in schools and early year’s settings, April 2012 and updated with guidance from “Supporting pupils at school with medical conditions”, April 2014 and Guidance on the use of emergency salbutamol inhalers in School (Department of Health 2014). If further clarification is needed on any matters in this policy reference should be made to the above named policies.

Children with Medical Needs

Children and young people are all individuals. We apply this policy with regard to the individual’s beliefs, wishes, experience, and ability. Staff should be aware of the individual’s background and other factors that impact on their lives and incorporate this into the way in which they work with them.

Children with medical needs have the same rights of admission to a school or setting as other children.

As all medicines are potentially harmful it is important that staff who provide care are confident about their role in medicine management. This document intends to clarify for staff working in schools and setting the range of duties that can be undertaken in relation to medicines. It advises how these duties and tasks can be undertaken safely and in accordance with best practice.

Aim

- To outline how the school manages medication in school.
- To set out management systems to support individual pupils with medical needs
- To ensure that pupils with medical conditions access and enjoy the same opportunities at school as any other child.
- To set out management systems to support students and adults with medical needs

Pupils with Medical Needs

Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will be short term; perhaps finishing a course of medication. Other pupils have medical conditions 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 take part in most school activities. Many of the medical conditions that require support at school will affect quality of life and may be life threatening. To provide medical support for a child the focus is on the needs of each individual child and how their medical condition impacts on their school life. An individual health care plan where necessary will help to identify the necessary safety measures to support pupils with medical needs or their needs will be outlined in the School’s Medical alert guide, prepared by the Oxleas NHS Foundation Trust.

Policy implementation

Roles and responsibilities

The Headteacher has overall responsibility for the implementation of this policy and will keep records of those who are trained and ensure that sufficient staff are suitably trained to meet medical needs.

The Headteacher will ensure that there are cover arrangements to meet medical needs in the case of staff absence or staff turnover.

All staff are to be aware of how they can support pupils with medical conditions and their role in implementing the policy of care. Staff are to be made aware of how to recognise and react if they suspect that a pupil in their care develops symptoms indicative of a number of key medical conditions, such as asthma, diabetes, epilepsy or anaphylactic shock, which require urgent medical care. Such staff training will occur at least annually, or more frequently when required.

The Headteacher in each school will ensure that supply staff are informed about medical needs of pupils in their care. Individual class teachers will carry out risk assessments for school visits, residential trips and other school activities outside of the normal timetable.

The SENCO in each school will write and monitor individual healthcare plans.

Medical Care:

Long-term medical needs

The school needs to know about any medical needs before a child starts school, or when a pupil develops a condition. Information about specific needs will be shared as appropriate with staff, including supply staff.

Illness during the school day

If a child is unwell at school, we will make every effort to contact the parents/guardians. It is very important that we have up to date home/work telephone numbers or other contact numbers. Until we have contacted the child's parents we will take any action required in the interests of the child.

Emergency Procedures

A pupil taken to hospital by ambulance should be accompanied by a member of staff who should remain until the pupil's parent arrives. Generally staff should not take pupils to hospital in their own car. Where this is unavoidable the member of staff should be accompanied by another adult and have public liability vehicle insurance.

Administering medication

There is no legal duty which requires school staff to administer medication; this is a voluntary role.

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- 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. Schools should set out the circumstances in which non-prescription medicines may be administered
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- schools should only accept prescribed medicines that are in-date, labelled, 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 will generally be available to schools inside an insulin pen or a pump, rather than in its original container

- all medicines should be stored safely. Children should know where their medicines are 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 outside of 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, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school
- 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. Schools should 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 to be administered at school should be noted
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps
- No child under 16 years of age should be given medicines without their parent's written consent. Any member of staff giving medicines to a child should check:
 - the child's name
 - prescribed dose
 - expiry date
 - written instructions provided by the prescriber on the label or container (It is to be noted that adrenaline pens include manufacturer's instructions).

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school or setting
Written records are kept of medicines administered.

See appendix 3, 4, 5

Individual Health Care Plans or their needs will be outlined in the School's Medical alert guide, prepared by the Oxleas NHS Foundation Trust.

The main purpose of an individual health care plan for a pupil with medical needs is to identify the level of support that is needed at school. The plan should be reviewed at least once a year.

The SENCO is responsible for the development of individual health care plans, in collaboration of healthcare professionals and the parent or guardians of the child. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate.

The head and school staff should treat medical information confidentially.

The following information will be included in the health care plan:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;

- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable; It may be that whole staff awareness training is required to raise of the medical needs of the child and this will be stated.
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Educational visits

Staff supervising excursions should always be aware of any medical needs relevant and emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

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

Reasonable adjustments will need to be made to enable pupils with medical needs to participate fully and safely on visits.

Sporting activities

Some children may need to take precautionary measures before or during exercise and may also need to be allowed access to their medicines such as inhalers. Such children should be sent to the school office in order that medicines can be monitored.

Storing medicines

Staff may not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.

Education of children who are unable to attend school because of medical needs

The local authority will need to be involved with pupils who are unable to attend school because of medical needs. This applies equally well to those pupils who are physically ill or injured and those with mental illness, anxieties, depression and/or school phobia. Depending on their individual circumstances teaching can take place in a number of settings.

If we are concerned about a pupil with potentially long term sickness or recurrent bouts of chronic sickness leading to extensive periods of absence or who is refusing to attend school because of psychiatric difficulties the school will first discuss the case with the pupil's parents and the school's Education Welfare Office, establishing needs of the pupil.

Whilst the pupil is on tuition off-site the school will take an active role in supporting the pupil through the supply of curriculum materials and books; liaising with tuition staff over planning, where appropriate, making arrangements for public examinations, and ensuring that there is a link teacher.

Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Liability and indemnity

Appropriate insurance should be in place.

Appendix 1

Contacting Emergency Services

Request for an Ambulance Dial 999, ask for ambulance and be ready with the following information

1. The telephone number : 0208 856 9153
2. Give your location as follows: St Thomas More Catholic Primary School, Appleton Road, Eltham, SE9 6NS
3. Give your name
4. Give name of child and a brief description of child's symptoms :
mention if it is ANAPHYLAXIS / ACCUTE SEVERE ALLERGIC REACTION.
5. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to Speak clearly and slowly and be ready to repeat information if asked
6. Give exact location in the school/setting (insert brief description)

Appendix 3

Parental agreement for school/setting to administer medicine

St Thomas More Catholic Primary School, Appleton Road, Eltham, SE9 6NS

The school will not give your child medicine unless you complete and sign this form.

Please note that the school has no legal duty which requires school staff to administer medication; this is a voluntary role.

Child's Name	
Date	
Class	
Name and strength of medicine	
Expiry date	
How much to give (i.e. dose to be given)	
When to be given	
Number of tablets/quantity to be given to school/setting	
Any other instructions	
Note: Medicines must be the original container as dispensed by the pharmacy	
Procedures to take in an emergency	
Daytime phone no. of parent or adult contact	
Name and phone no. of GP	
Agreed review date to be initiated by [name of member of staff]:	
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.	
Parent's signature:	
Print Name:	
Relationship to child	
If more than one medicine is to be given a separate form should be completed for each one.	

Appendix 4

Confirmation of the Head's agreement to administer medicine

This portion is to be returned to the family

St Thomas More Catholic Primary School, Appleton Road, Eltham, SE9 6NS

Confirmation of the Head's agreement to administer medicine

It is agreed that _____ [name of child] will receive

_____ [quantity and name of medicine] every day at

_____ [time medicine to be administered e.g. Lunchtime or afternoon
break].

_____ [name of child] will be given/supervised whilst he/she
takes their medication by _____ [name of member of staff].

This arrangement will continue until _____ [either end date of course of
medicine or until instructed by parents].

Date:

Signed:

[The Head teacher/Named Member of Staff]

Appendix 5: Record of medicine administered to an individual child

St Thomas More Catholic Primary School, Appleton Road, Eltham, SE9 6NS

Child's Name	
Date	
Class	
Date medicine provided by parent	
Name and strength of medicine	
Expiry date	
Quantity received	
Staff name	
Staff signature	
Date	
Parent's name	
Parent's signature	
Date	
Return of medicine	
Quantity returned	
Date	
Staff name	
Staff signature	
Date	
Parent's name	
Parent's signature	
Date	

Record of Medicines

Date				
Time				
Dose given				
Name of staff given				
Staff initials				
Date				
Time				
Dose given				
Name of staff given				
Staff initials				
Date				
Time				
Dose given				
Name of staff given				
Staff initials				