



PUPILS WITH MEDICAL NEEDS POLICY

Most children and young people will have, at some time, a medical condition which could affect their attendance or participation in activities. This may be short-term, for instance, completing a course of medication, or a more long-term condition, which, if not properly managed, could limit their access to school and the activities that are on offer.

Teachers and other school staff in charge of pupils have a common law duty to act as any reasonably prudent parent would to make sure that pupils are healthy and safe on school premises (and this might include in exceptional circumstances, administering medicine and/or taking action in an emergency). Section 3(5) of the Children Act provides protection to teachers acting reasonably in emergency situations.

Aims of the policy

- To make sure that everyone, including parents and carers, are clear about their respective roles;
- Ensure effective management systems to help support individual children and young people with medical needs;
- To make sure that medicines are handled responsibly;
- Ensure that all staff are clear about what to do in the event of a medical emergency.

Roles and Responsibilities

The Headteacher and Deputy Headteacher will accept responsibility in principle for members of the school's staff giving and supervising pupils taking prescribed medication during the school day, where those members of staff have volunteered to do so.

It is important that responsibility for child safety is clearly defined and that each person involved with children with medical needs is aware of what is expected of them. Close co-operation between the setting, parents', health professionals and other agencies will help provide a suitably supportive environment for children and young people with medical needs.

Parent

It only requires one parent to agree to or request that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom the school has day to- day contact.

Parents are responsible for supplying the school with adequate information regarding their child's condition and medication. This information must be in writing,

signed and current so that procedures for each individual child or young person's medication are known. The information should be updated annually at an agreed time, or earlier, if medication is altered by the child's GP or Consultant.

All items of medication should be delivered directly to the school office by parents or escorts employed by the Authority, so the relevant form can be completed (FORM A). It is the parent's responsibility to inform the Headteacher via the school office in writing when the medication or the dosage is changed or no longer required.

After the first receipt of medication additional medication of the same may continue to be accepted without further notice, but any changes to the prescribed medication or a change in medication must be notified in writing to the school.

Headteacher

It is the Headteacher's responsibility to make sure that:

- there is a designated staff member with responsibility for children with medical needs;
- proper procedures are in place;
- staff are aware of the procedures;
- systems are in place for monitoring implementation of the policies and procedures;
- governors receive information regarding the implementation of policies and procedures;
- staff are appropriately trained;
- training has given staff sufficient understanding, confidence and expertise, and that arrangements are in place to update training on a regular basis.
- Complete FORM B (confirmation to administer form) on receipt of parent's consent.

The Designated Staff Member for Children with Medical Needs

In our school, the designated staff member for children with medical needs is the SENCO. Day-to-day decisions will normally fall to the SENCO in consultation with the Headteacher, where appropriate. The SENCO has responsibility for:

- ensuring that staff are aware of medical needs/care plans associated with individual pupils;
- ensuring that care plans are updated as necessary;
- communicating training needs to the Headteacher, in a timely manner;
- communicating with health care professionals and parents as appropriate, to meet the needs of children;
- monitoring the implementation of the agreed policy and procedures;

- Complete Pupil Medical Form on receipt of parent's consent

Teachers and Support Staff

It is the responsibility of all teaching and support staff to:

- familiarise themselves with the policy and procedures;
- work in accordance with the agreed policy and procedures;
- familiarise themselves with individual care plans and emergency procedures;
- attend training deemed necessary to meet the needs of children

Governors

Governing Bodies are responsible for setting the strategic direction of the school. This includes the establishment, monitoring and evaluation of the policy for children with medical needs.

Non Prescription medicines

Due to changes within the guidelines, LCC have now advised schools that they can except non-prescribed, over the counter medicines. The same procedure should be followed as per the prescribed medicines, the school will only administer medicines with full written consent.

Prescription medicines

Medicines will only be accepted when essential; that is where it would be detrimental to a child or young person's health if the medicine were not administered during the school's 'day'. The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

Each item of medication must be delivered to the Headteacher or School Secretary in a secure and labelled container as originally dispensed. It may be appropriate for the GP to prescribe a separate amount of medication for the schools use. Where this is appropriate, this will be negotiated with the parent.

Items of medication in unlabelled containers should be returned to the parent. The school will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration, the child's name and date of dispensing. It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside the school's hours. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after attending school and at bedtime.

Medication will never be accepted if it has been repackaged or relabelled by parents.

Controlled drugs

Some controlled drugs may be prescribed as medication for use by children and young people. Once appropriate information and training has been received, any member of staff may administer a controlled drug to the child or young person for whom it has been prescribed. Staff administering medicine must do so in accordance with the prescriber's instructions.

A child or young person who has been prescribed a controlled drug may legally have it in their possession. However, at our school, prescribed controlled drugs will be stored in the locked medicine cupboard or school safe and will only be accessible by senior staff members and the school secretary. Where self medication is agreed to be appropriate, arrangements will be made for the young person to report to staff with access rights at agreed, appropriate times.

A record will be kept for audit and safety purposes (Parental agreement for prescribed medicine/Pupil Self Administration medicine form)

A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it will be returned to the dispensing pharmacist (details should be on the label).

Misuse of a controlled drug, such as passing it to another child or young person for use, is an offence.

Long Term Medical Needs

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

If a child or young person's medical needs are inadequately supported, this may have a significant impact on their experiences and the way they function in a 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 (SEN) Code of Practice 2001 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child or young person's educational needs, rather than a medical diagnosis, which must be considered. The school will need to know about any particular needs before a child or young person is admitted, or when they first develop a medical

need. For children and young people who attend hospital appointments on a regular basis, special arrangements may also be necessary.

School will work with parents and relevant health professionals to develop a written health care plan for such children and young people.

Administering Medication

No child or young person under 16 should be given medicines without their parent's written consent. Any member of staff giving medicines to a child or young person should check:

- The child or young person's name on the medicine container;
- Prescribed dose;
- Expiry date;
- Written instructions provided by the prescriber on the label or container and within the medication packaging.

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 or young person, the issue should be discussed with the parent, if appropriate, or with the appropriate health professional.

Staff must complete and sign a record each time they give medicine to a child or young person. Good records help demonstrate that staff have exercised a duty of care.

Self administration

It is good practice to support and encourage children and young people, who are able, to take responsibility to manage their own medicines from a relatively early age. The age at which they are ready to take care of, and be responsible for their own medicines would vary. As children grow and develop they should be encouraged to participate in decisions about their medicines.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child or young person of any age to self-manage. Health professionals need to assess, with parents and young people, the appropriate time to make this transition.

The school will work with health professionals, parents and young people to support self-administration where this is agreed to be appropriate. In these circumstances,

parents will be required to complete the appropriate form (Self Administration Form).

Asthma: When children self-administer a member of staff should observe and complete the record sheet. The inhaler and the spacer used should be washed after every use.

Refusing medicines

If a child or young person refuses to take medicine, staff should not force them to do so, but should note this in the records and parents should be informed immediately. Where refusal to take medicines results in an emergency, the emergency procedures should be followed as written down in the child or young person's care plan.

Storing Medication

- Large volumes of medicines will not be stored;
- All prescribed medicines will be stored in a medicine fridge located in the school office, which will be locked when an adult is not in the room. The fridge will be solely used for medicine to ensure that medicines are not contaminated.
- Staff will only store, supervise and administer medicine that has been prescribed for an individual child or young person;
- Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed;
- Staff should 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; as dispensed by a pharmacist in accordance with the prescriber's instructions;
- Where a child or young person needs two or more prescribed medicines; each should be kept in a separate container;
- Staff should never transfer medicines from their original containers;
- Children may carry their own inhalers;
- Other non-emergency medicines will be kept in the locked medicine cupboard or school office, not accessible to children;
- Local pharmacists can give advice about storing medicines.

Inhalers

Inhalers will be stored in classrooms to ensure easy access for the children. The inhaler will be kept in a place accessible to the child that needs it and any adults in the classroom.

Only reliever inhalers will be kept in school. When children need to use their reliever inhaler they will be supervised to self-administer. The dosage taken and reasons for taken will be recorded on the child's asthma record sheet to monitor the child's medical needs and state.

Two emergency reliever inhalers and spacers will be kept in school. They will be stored in the locked medical box in the staffroom. A school inhaler will only be administered upon parental consent. (Form: Parental consent for Emergency Inhaler)

Medication for children with Diabetes

Insulin medication and injections to administer should be kept in the classroom so that it is accessible to the child when needed. It will be located in a place that the child is aware of, along with the adults in the room and out of reach of other children. Children using insulin injections should self-administer with an adult to supervise.

Disposal of medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Diabetes: A sharps box for the safe disposal of needles will be stored in the school office out of the reach of children.

Record Keeping

Records offer protection to staff and proof that they have followed agreed procedures. General records will be kept in the medical room (FORM C2) whilst an individual record may be kept by the class teacher or designated person (Parental agreement for prescribed medicine).

Diabetes: Children should record their blood sugar level at when tested. This should be witnessed by an adult and signed. The amount of insulin required should be recorded, along with the time and date. (FORM C5)

Asthma: When children require their inhaler a member of staff should observe the child take their inhaler, record the amount administered and the need for the medication. This record will be kept in the class inclusion file along with the child's health care plan.

Educational Visits

It is essential that when planning an educational visit, that all reasonable steps have been taken and reasonable adjustments made to try and ensure the visit is accessible to children and young people with disabilities and/or medical needs.

Schools must also ensure that when included in an outdoor visit a child or young person is not put at a substantial disadvantage. These factors may include: the time and effort that might need to be expended by a disabled/medical needs child; the inconvenience, indignity or discomfort a disabled/medical needs child might suffer; the loss of opportunity or the diminished progress that a disabled/medical needs child may make in comparison with his or her peers who are not disabled or have medical needs.

All school visits are planned in accordance with Lancashire County Council policy and procedures.

In respect of individual cases where there are concerns, the school will seek advice from the appropriate technical adviser on 01772 532805. The school will also ensure that:

- The proposed visit is discussed and with the parents and (wherever possible) the child or young person as early as possible;
- The risk assessment covers the specific issues of the child or young person, including the management of prescription medicines during the visit. Where appropriate, reasonable adjustments will be made and alternative activities considered.
- The staff and volunteers on the visit are fully briefed and particularly if there are any adjustments to the programme for the child(ren) that have any SEN or medical needs.

Emergency Procedures

As part of general risk management processes the school has arrangements in place for dealing with emergency situations.

- Children and young people tell a member of staff;
- Staff must always inform a senior staff member of an emergency situation;
- Staff must know how to call the emergency services (see appendix for guidance on calling an ambulance)

A member of staff will always accompany a child or young person taken to hospital by ambulance, and will stay until the parent arrives. At hospital it is the health professionals who are responsible for any decisions on medical treatment when parents are not available.

- Staff should never take children to hospital in their own car; it is safer to call an ambulance.
- Individual Health Care Plans must include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency.

Equal Opportunities

Children and young people with medical needs have the same rights of admission to the school as others. Most children and young people with medical needs can attend school regularly and take part in normal activities, sometimes with some support. Staff may need to take extra care in supervising some activities or consider reasonable adjustments or adaptations to planned activities to make sure that these children and young people, and others, are not put at risk.

Some children and young people with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. The DDA defines a person as having a disability if they have a physical or mental impairment which has

a substantial and long-term adverse effect on their abilities to carry out normal day-to-day activities.

Under Part 4 of the DDA, responsible bodies for schools (including nursery schools) must not discriminate against disabled children and young people in relation to their access to education and associated services – a broad term that covers all aspects of school life including school trips and school clubs and activities.

Our School will make reasonable adjustments for disabled children and young people including those with medical needs at different times of their life; and for the individual disabled child or young person in our practices and procedures and in our policies.

Further information

This policy should be read in conjunction with the guidance document 'Medicine Safety and other Health Related topics'. This guidance document provides further information with regard to legal responsibilities and specific medical conditions. In this school, the document is held electronically by the Headteacher and a hard copy is held by the SENCO.

Date Policy Agreed: 27.11.2017

Date of Review: 27.11.2018

Medical Forms

- Master medical form
- Parental agreement for Burscough Village Primary School to administer Prescribed/Over The Counter short term medicine
- Request for child to self-administrate his/her medicine
- Asthma Inhaler Record Sheet
- Parental consent for emergency inhaler
- Letter to inform parents that the emergency inhaler has been used

Contacting Emergency Services

Request for an Ambulance

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

1. Your telephone number: 01704 895403
 2. Give your location as follows: (insert setting address): Colburne Close, Burscough, Ormskirk, Lancashire, L40 4LB
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3. State that the postcode is: L40 4LB
4. Give exact location in the setting (insert brief description):

Walled Garden in the playground?

5. Give your name:
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Give name of child and a brief description of child's symptoms:

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

Put a completed copy of this form by the telephone so that it is easily accessible in case of an emergency.