

Come as you are and leave as a champion



THE
**CREATIVE
LEARNING**
PARTNERSHIP TRUST

Supporting children with medical needs/ Administration of Medicines Policy

Langdale Primary School

Review date Autumn 2023

Introduction

The policy refers to school as Langdale Primary School.

Children with Medical Needs

1. Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis including injections.
2. Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack. A spare inhaler is kept in the school first aid room unlocked and all children have received permission to use as part of a care plan.
3. Most children with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.
4. An individual health care plan can help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk. For short term medicines - parents should inform the school and sign stating that they are no longer needed.

Support for Children with Medical Needs

5. Pupils at school with medical conditions should be properly supported so that they have full access to education including school trips and physical education.
6. Governors must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
7. Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
8. Parents have the prime responsibility for their child's health and should provide our school with information about their child's medical condition. Parents should obtain details from their child's General Practitioner (GP) or paediatrician, if needed. The school nurse or a health visitor and specialist voluntary bodies may also be able to provide additional background information for staff.
9. The school health service can provide advice on health issues to children, parents, education and early years staff, education officers and Local Authorities. NHS Primary Care Trusts (PCTs) and NHS Trusts, Local Authorities, Early Years Development and Childcare Partnerships and governing bodies should work together to make sure that children with medical needs and school and setting staff have effective support.
10. Staff managing the administration of medicines should receive appropriate training and or support from health professionals. There is a robust system in place to ensure that medicines are managed safely including the use of locked fridges, locked medicine cabinets. At Langdale staff have appropriate job roles and training to administer medicines under the Head Teacher who has the overall responsibility for policy implementation. When administering medicines there always needs to be a minimum of two adults present unless in an emergency such as epipen use and asthma inhaler where staff are assisting children in doing so.

11. Some children and young people with medical needs have complex health needs that require more support than regular medicine. It is important to seek medical advice about each child or young person's individual needs.

Administering Medicines

No child under the age of 16 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

12. 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.

13. Early years **must** keep written records each time medicines are given. Schools should also arrange for staff to complete and sign a record each time they give medicine to a child. Good records help demonstrate that staff have exercised a duty of care. In all cases it is essential to have the dosage and administration witnessed by a second adult.

14. At Langdale Primary School, the class teachers will administer medicines and medication. They are responsible for supporting the pupils at school with medical conditions, whilst the Head Teacher is responsible for the implementation of this policy. All staff should know however what to do and respond accordingly when they become aware that a pupil with a medical condition needs help (see arrangements for sick children document).

Prescribed Medicines

15. Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school or day. Schools and settings should only accept medicines that have been prescribed by a dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage. Staff administering medicine should do so in accordance with the prescriber's instructions. Medicines must not be handed to staff on the door.

16. Forms should be completed by the parent in the school office before any medicine can be administered and can be used to record medicine administered to a child and must be signed by staff present.

17. Schools and settings should keep controlled drugs in a locked non-portable container and only named staff should have access.

Schools and settings should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

18. It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents could be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

Non-Prescription Medicines

19. Staff should never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents. Where the head or nominated member of staff agrees to administer a non-prescribed medicine it **must** be in accordance with this policy. Staff should check that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case – a note to this effect should be recorded in the written parental agreement for the school/setting to administer medicine. A short written agreement with parents may be all that is necessary. Criteria, in the national standards for under 8s day care providers, make it clear that non-prescription medicines should not normally be administered. Where a non-prescribed medicine is administered to a child it must be recorded on a form and the parents informed. If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP.

A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.

Short-Term Medical Needs

20. Many children will need to take medicines during the day at some time during their time in a school or setting. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be taken to school or an early years setting where it would be detrimental to a child's health if it were not administered during the day.

Long-Term Medical Needs

21. It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school.

22. 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's educational needs rather than a medical diagnosis that **must** be considered.

23. Schools and settings need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals. This can include:

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

24. Langdale Primary has adopted to use a health care plan. This needs to be completed prior to the child starting school as part of the transition or as soon as a child develops a medical need.

25. Our school arrange for staff to complete and sign a record each time they administer medication to a child. Good records help demonstrate that staff have exercised a duty of care.

Self-Management

26. It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines under the supervision of a first aider.

27. If children can take their medicines themselves, staff may only need to supervise. With the safety of others in mind children are not permitted to carry their own medicine on them, it is to be handed in to the school office for safe keeping until required.

Refusing Medicines

28. If a child refuses to take medicine, staff should not force them to do so, but should note this in the records; parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

Educational Visits

29. It is good practice to encourage children with medical needs to participate in safely managed visits. Schools and settings should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. The children must have their medical needs supported to participate in trips and educational visits and they must not be prevented from doing so.

Safety Management

30. All medicines may be harmful to anyone for whom they are not appropriate. Where a school or setting agrees to administer any medicines the employer **must** ensure that the risks to the health of others are properly controlled.

Storing Medicines

31. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed.

32. Children should know where their own medicines are stored and who has access to them. The head is responsible for making sure that medicines are stored safely including the use of locked fridges, locked cabinets. All emergency medicines, such as adrenaline pens, are readily available and kept in the first aid room unlocked. The children's inhalers are kept in the first aid box in the classroom but a school inhaler is kept within the first aid room.

33. A few medicines need to be refrigerated; these will be kept in the locked fridge in the main office. The temperature of the fridge is checked weekly.

Disposal of Medicines

34. 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.

Purpose of a Health Care Plan

35. The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. An individual health care plan clarifies for staff, parents and the child the help that can be provided. It is important for staff to be guided by the child's GP or paediatrician. Staff should agree with parents how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

36. Staff should judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition.

37. Not all children will require a health care plan, but the school, healthcare professional and parent should agree that the health care plan will not be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher is best placed to take a final view.

38. Health Care plans need to be reviewed annually or earlier if evidence is presented that the child's needs have changed.

39. Where a child has a special educational need identified as part of an Education Health Care Plan, the individual healthcare plan should be linked or be part of the Education Health Care Plan.

Staff Training

40. A health care plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies. Staff should not give medicines without appropriate training from health professionals. When staff agree to assist a child with medical needs, the employer should arrange appropriate training in collaboration with local health services. Local health services will also be able to advise on further training needs. In every area there will be access to training, in accordance with the provisions of the National Service Framework for Children, Young People and Maternity Services, by health professionals for all conditions and to all schools and settings.

Confidentiality

41. The head and staff should always treat medical information confidentially. The head should agree with the child where appropriate, or otherwise the parent, who else should have access to records and other information about a child. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Sporting Activities

42. Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

43. Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

The Head Teacher or Head of Setting

44. For a child with medical needs, the head will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the head should seek advice from the school nurse or doctor, the child's GP or other medical advisers and, if appropriate, the employer. In early years settings advice is more likely to be provided by a health visitor.

45. The head is responsible for putting the employer's policy into practice and for developing detailed procedures. Day to day decisions will normally fall to the head or to whosoever they delegate this to, as set out in their policy.

Teachers and Other Staff

46. All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable. At different times of the day other staff may be responsible for children, such as lunchtime supervisors. It is important that they are also provided with training and advice.

47. Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and or guidance. They should also be aware of possible side affects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case.

Ofsted

During an inspection Ofsted will check that day care providers have adequate policies and procedures in place regarding the administration and storage of medicines.

Emergency Procedures

40. Children should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency services. Guidance on calling an ambulance is provided. All staff should also know who is responsible for carrying out emergency procedures in the event of need. A member of SLT should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

41. Staff can take children to hospital in their own cars providing they are accompanied by another member of staff as long as they have the correct car insurance. In remote areas a school might wish to make arrangements with a local health professional for emergency cover. The national standards require early years settings to ensure that contingency arrangements are in place to cover such emergencies.

42. Individual health care plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground a lunchtime supervisor would need to be very clear of their role.

43. The school's insurance is appropriate and appropriately reflects the level of risk. The school insurance covers staff providing support to pupils with medical conditions.

44. The school has a procedure for complaints linked with the support provided to pupils with medical conditions. Should parents be dissatisfied with the support provided they should discuss these concerns directly with the school. If the issue is not resolved parents are able to make a formal complaint via the school's complaints procedure.

Langdale Primary School: Parental Agreement for School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date for review to be initiated by

--

Name of school/setting

--

Name of child

--

Date of birth

--

Group/class/form

--

Medical condition or illness

--

Medicine

Name/type of medicine

(as described on the container)

--

Expiry date

--

Dosage and method

--

Timing

--

Special precautions/other instructions

--

Are there any side effects that the school needs to know about?

--

Self-administration – y/n

--

Procedures to take in an emergency

--

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

--

Daytime telephone no.

--

Relationship to child

--

Address

--

I understand that I must deliver the medicine personally to

[agreed member of staff]

I understand that I must collect any medication from school once finished.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Langdale Primary School: Record of Medicine Administered to an Individual Child

Name of school	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

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

Date

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Time given

--	--	--

Dose given

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Name of member of staff

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Staff initials

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C: Record of medicine administered to an individual child (Continued)

Date

--	--	--

Time given

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Dose given

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Name of member of staff

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Staff initials

--	--	--

Date

--	--	--

Time given

--	--	--

Dose given

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Name of member of staff

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Staff initials

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Date

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Time given

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Dose given

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Name of member of staff

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Staff initials

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Date

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Time given

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Dose given

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Name of member of staff

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Staff initials

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Date

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Time given

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Dose given

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Name of member of staff

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Staff initials

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Langdale Primary School: Staff Training Record – Administration of Medicines

Name of school

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date

Contacting Emergency Services

Request for an Ambulance

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

1. Your telephone number

01782 948000

2. Give your location as follows: (insert school/setting address)

Langdale Primary School, Clayton, Newcastle

3. State that the postcode is

ST5 3QE

4. Give exact location in the school/setting (insert brief description)

THERE IS ONLY ONE ENTRANCE IN THROUGH THE MAIN GATES

5. Give your name

6. Give name of child and a brief description of child's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

COME THROUGH THE MAIN ENTRANCE on Langdale Road AND A MEMBER OF STAFF WILL DIRECT YOU TO YOUR DESTINATION.

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone