

Craven Primary Academy

Medical Needs Policy

Other academy related policies that support this policy are: : Asthma policy, first aid policy

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Craven Primary Academy

Medical Policy

Craven Primary Academy is committed to reducing any barriers to sharing in school life and learning for all its pupils. This policy sets out the steps which the school will take to ensure full access to learning for all its children who have medical needs and are able to attend school.

1. Managing prescription medicines which need to be taken during the school day.

1.1 Parents/carers should provide full *written* information about their child's medical needs.

1.2 *Short-term prescription requirements should only be brought to school if it is detrimental to the child's health not to have the medicine during the school day.* If the period of administering medicine is 10 days or more, there must be an individual Health Care Plan.

1.3 The school will **not** accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosages.

1.4 The school will **not administer** medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, unless it is done as part of an individual Health Care Plan. The school will inform parents of this policy.

1.5 Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff are authorised to administer a controlled drug, in accordance with the prescriber's instructions. A child may legally have a prescribed controlled drug in their possession. However the school will keep controlled drugs in a secure place, (staff lockable cabinets or school safe) to which only staff will have access. A record of access to the medicines will be kept. Misuse of a controlled drug is an offence, and will be dealt with under the school's behaviour policy.

1.6 Medicines should always be provided in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. In all cases this should include:

- Name of child
- Name of medicine
- Dose
- Method of administration

- Time/frequency of administration
- Any side effects
- Expiry date

2. Procedures for managing prescription medicines on trips and outings and during sporting activities

- 2.1 The school will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. This may extend to reviewing and revising the visit so that planning arrangements incorporate the necessary steps to include children with medical needs. I
- 2.2 If staff are concerned about how they can best 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.
- 2.3.1 The school will support children wherever possible in participating in physical activities and extra-curricular sport. Any restriction on a child's ability to participate in PE should be recorded on their Health Care Plan.
- 2.4 Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions, and will consider the need for a risk assessment to be made.

3. The roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines

- 3.1 Close co-operation between schools, settings, parents/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.
- 3.2 It is important that responsibility for child safety is clearly defined and that each person responsible for a child with medical needs is aware of what is expected of them.
- 3.3 The school will always take full account of temporary, supply and peripatetic staff when informing staff of arrangements for the administration of medicines.
- 3.4 The school will always designate a minimum of two people to be responsible for the administering of medicine to a child.
- 3.5 Staff should **never** give a non-prescribed medicine to a child unless this is part of an individual Health Care Plan, involving specific written permission

from the parents/carers. Where the head agrees to administer a non-prescribed medicine it **must** be in accordance with this policy. The school will inform parents of this policy. Criteria in the national standards for under 8s day care make it clear that non-prescription medicines should not normally be administered. Where a non-prescribed medicine is administered to a child it should be recorded on the agreed school form and the parents/carers informed. If a child suffers from frequent or acute pain the parents/carers should be encouraged to refer the matter to the child's GP.

- 3.6 Medicines containing ibuprofen or aspirin will not be given to children unless prescribed by a doctor.' The school will inform parents of this policy.
- 3.7 Any controlled drugs which have been prescribed for a child must be kept in safe custody.
- 3.8 If a child refuses to take medicine, staff will not force them to do so. Staff should record the incident and follow agreed procedures (which should be set out in the policy or the child's Health Care Plan). Parents/carers will be informed of the refusal on the same day. If refusal results in an emergency, the school's normal emergency procedures will be followed.
- 3.9 If in doubt about a procedure, staff should not administer the medicine, but check with the parents or a health professional before taking further action.**

4. Parental responsibilities in respect of their child's medical needs

- 4.1 It is the parents/carers' responsibility to provide the headteacher with sufficient *written* information about their child's medical needs if treatment or special care is needed.
- 4.2 Parents are expected to work with the headteacher to reach an agreement on the school's role in supporting their child's medical needs, in accordance with the school's policy.
- 4.3 If parents/carers have difficulty understanding or supporting their child's medical condition themselves, they should be encouraged to contact either the school nurse or the health visitor, as appropriate.
- 4.4 It is the parents/carers' responsibility to keep their children at home when they are acutely unwell.
- 4.5 It requires only one parent/carer to agree to or request that medicines are administered to a child. It is likely that this will be the parent with whom the school has day-to-day contact.

- 4.6 Prior written agreement should be obtained from parents/carers for any medicines to be given to a child.

5. Assisting children with long-term or complex medical needs

Where there are long-term medical needs for a child, including administration of medicine for a period of 10 days or more, a Health Care Plan should be completed, using Form 2, involving both parents/carers and relevant health professionals.

- 5.1 A Health Care Plan clarifies for staff, parents/carers and the child the help that can be provided. It is important for staff to be guided by the school nurse or the child's GP or paediatrician.
- 5.2 The school will agree with parents/carers 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.
- 5.3 The school will 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. Plans will also take into account a pupil's age and need to take personal responsibility.
- 5.4 Developing a Health Care Plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual child.
- 5.5 In addition to input from the school health service, the child's GP or other health care professionals depending on the level of support the child needs, those who may need to contribute to a health care pro forma include the:
- Headteacher
 - Parent or carer
 - Child (if appropriate)
 - Early Years Practitioner/Class Teacher
 - Care assistant or support staff
 - Staff who are trained to administer medicines
 - Staff who are trained in emergency procedures
- 5.6 The school will consult the DfES publication '*Managing Medicines in Schools and Early Years Settings*' when dealing with the needs of children with the following common conditions:

- Asthma
- Epilepsy
- Diabetes
- Anaphylaxis

5.7 Regarding epilepsy, some children may be prescribed rectal diazepam as a treatment for prolonged seizures. Staff involved must have received training from local health services. A written authorisation from the GP, Consultant or Epilepsy Specialist Nurse must have been received for each child, along with instructions for use. Two adults must be present for such treatment, at least one being of the same gender as the child. The dignity of the child must be protected as far as possible.

6. Off-site Education

6.1 The school has responsibility for an overall risk assessment of any off-site activity.

7 Policy on children carrying and taking their prescribed medicines themselves

An example of this would be a child with asthma using an inhaler.

7.1 The school does not allow children to carry their own inhaler except on residential visits, however we realise that, *it is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines.* If such medicines are taken under supervision, this should be recorded.

7.2 There is no set age when a child or young person can take responsibility for their own medication. This needs to be a joint decision between school, parents/carers and the pupil.

8 Staff support and training in dealing with medical needs

8.1 The school will ensure that there are sufficient members of support staff who manage medicines. This will involve participation in appropriate training. They will also be made aware of possible side effects of the medicines, and what to do if they occur. The type of training necessary will depend on the individual case.

8.2 Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child **does so voluntarily.** and will have appropriate training and guidance.

8.3 **Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Agreement to do so must be voluntary.**

- 8.4 The school will ensure that staff receive proper support and training where necessary, in line with the contractual duty on headteachers to ensure that their staff receive the training. The headteacher will agree when and how such training takes place, in their capacity as a line manager. The headteacher will make sure that all staff and parents/carers are aware of the policy and procedures for dealing with medical needs.
- 8.5 Staff who have a child with medical needs in their class or group will be informed about the nature of the condition, and when and where the child may need extra attention.
- 8.6 The child's parents/carers and health professionals should provide the information specified above.
- 8.7 All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.
- 8.8 Back up cover should be arranged for when the member of staff responsible is absent or unavailable.
- 8.9 At different times of the day other staff, such as lunchtime supervisors, may be responsible for children. They will also be provided with training and advice.

9 Record keeping

- 9.1 Parents/carers should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.
- 9.2 The school will use Form 3A to record short-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.
- 9.3 The school will use Form 3B to record long-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the

container.

- 9.4 It is the parent/carer's responsibility to monitor when further supplies of medication are needed in the school. It is not the school's responsibility.
- 9.5 Form 4 should be used to confirm, with the parents/carers, that a member of staff will administer medicine to their child.
- 9.6 (For Early Years Settings) This setting will keep written records of all medicines administered to children, and make sure that parents/carers sign the record book to acknowledge the entry. (All Early Years settings must do this.)
- 9.7 Although there is no similar legal requirement for schools to keep records of medicines given to pupils, and the staff involved, it is good practice to do so. Records offer protection to staff and proof that they have followed agreed procedures. Some schools keep a record of this. This school will keep a record of medicines given.

10. Safe storage of medicines

- 10.1 The school will only store, supervise and administer medicine that has been prescribed for an individual child.
- 10.2 Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.
- 10.3 Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, any side effects and the expiry date.
- 10.4 Where a child needs two or more prescribed medicines, each will be in a separate container.
- 10.5 Non-healthcare staff will never transfer medicines from their original containers.
- 10.6 Children will be informed where their own medicines are stored and who holds the key.

- 10.7 All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children and will not be locked away.
- 10.8 This school does not allow children to carry their own inhalers except on residential visits, however, inhalers will always be accessible if required.
- 10.9 Other non-emergency medicines will be kept in a secure place not accessible to children.
- 10.10 A few medicines need to be refrigerated. They *can* be kept in a refrigerator containing food but *must* be in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines. It is acceptable for a staff room fridge to be used for storage, (NOT ANY OTHER FRIDGE) as long as medical items are clearly labelled.
- 10.11 Access to Medicines - Children need to have immediate access to their medicines when required. The school will make special access arrangements for emergency medicines that it keeps. It is also important to make sure that medicines are kept securely and only accessible to those for whom they are prescribed. This will be considered as part of the policy about children carrying their own medicines.

11. Disposal of Medicines

- 11.1 Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. Any staff member involved in giving medication to a child should check that the medicine is 'in date' If this is not the case parents should be informed. *Return of such medicines to parents should be documented.*
- 11.2 Parents/carers should also collect medicines held at the end of each term. If parents/carers do not collect all medicines, they will be taken to a local pharmacy for safe disposal. *This process should be documented.*
- 11.3 Sharps boxes will always be used for the disposal of needles. Collection and disposal of the boxes will be arranged with the Local Authority.

12. Hygiene and Infection Control

- 12.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures
- 12.2 Staff will have access to protective disposable gloves (and where possible, aprons) and will take care when dealing with spillages of blood or other body fluids, and disposing of dressings or equipment.

- 12.3 OfSTED guidance provides an extensive list of issues that early years providers should consider in making sure settings are hygienic.
- 12.4 The Education (School Premises) Regulations 1999 require every school to have a room appropriate and readily available for use for medical or dental examination and treatment and for the caring of sick or injured pupils. It **must** contain a washbasin and be reasonably near a water closet. It **must not** be teaching accommodation. If this room is used for other purposes as well as for medical accommodation, the body responsible **must** consider whether dual use is satisfactory or has unreasonable implications for its main purpose. The responsibility for providing these facilities in all maintained schools rests with the Local Authority.

13. Access to the school emergency procedures

- 13.1 As part of general risk management processes the school *must* have arrangements in place for dealing with emergency situations. [This could be within the Health and Safety policy. See DfES Guidance on First Aid for Schools: a good practice guide, 1998]
- 13.2 Other children should know what to do in the event of an emergency, such as telling a member of staff.
- 13.3 All staff should know how to call the emergency services.
- 13.4 All staff should also know who is responsible for carrying out emergency procedures in the event of need.
- 13.5 A member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives.
- 13.6 Health professionals are responsible for any decisions on medical treatment when parents/carers are not available.
- 13.7 Staff should NEVER take children to hospital in their own car; it is safer to call an ambulance. If an incident is not a real emergency then parents or 'emergency' contacts can be sought.
- 13.8 The national standards require early years settings to ensure that contingency arrangements are in place to cover such emergencies.
- 13.09 Individual Health Care Plans will include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency. Those with responsibility at different times of day (e.g. lunchtime supervisor) will need to be very clear of their role.

14. Risk assessment and management procedures

This policy will operate within the context of the school Health and Safety Policy.

14.1 The school will ensure that risks to the health of others are properly controlled.

14.2 The school will provide, where necessary, individual risk assessments for pupils or groups with medical needs.

14.3 The school will be aware of the health and safety issues relating to dangerous substances and infection.

POLICY ADOPTION

Date policy adopted

Date policy adopted

Signed

Print

Name

Review date

B. FORMS

FORM 1 CRAVEN PRIMARY ACADEMY

Contacting Emergency Services

Request for an Ambulance

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

1. Your telephone number

2. Give your location as follows
[insert school setting address]

3. State that the postcode is

4. Give exact location in the school/setting
[insert brief description]

5. Give your name

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

- 7 *Give details of any medicines given or prescribed*

8. 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

FORM 2 CRAVEN PRIMARY ACADEMY

Health Care Plan (this should be regularly reviewed)

Name of school/setting

--

Child's name

--

Group/class/form

--

Date of birth

/ /

Child's address

--

Medical diagnosis or condition

--

Date

/ /

Review date

/ /

Family Contact Information

Name

--

Phone no. (work)

--

(home)

--

(mobile)

--

Name

--

Phone no. (work)

--

(home)

--

(mobile)

--

Clinic/Hospital Contact

Name

--

Phone no.

--

G.P.

Name

--

Phone no.

--

Describe medical needs and give details of child's symptoms

Daily care requirements (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs

Follow up care

Who is responsible in an emergency (state if different for off-site activities)

Form copied to

FORM 3A CRAVEN PRIMARY ACADEMY

Parental agreement for academy to administer medicine (short-term)

Craven Primary Academy 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.

Name of school	Craven Primary Academy
Name of child	
Date of birth	/ /
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Date dispensed	/ /
Expiry date	/ /
Agreed review date to be initiated by	[name of member of staff]
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school/setting needs to know about?	Information provided – Yes/No Signed parent/carers

Contact Details

Name	
Daytime telephone no.	
Relationship to child	

Address

--

I have handed the medicine to a member of the reception staff

Signed member of staff:
Position in academy:

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only.

Date.....

Signature(s).....

FORM 3B CRAVEN PRIMARY ACADEMY
Parental agreement for academy to administer medicine (long-term)

Craven Primary Academy 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.

Name of school	Craven Primary Academy
Date	/ /
Child's name	
Group/class/form	
Name and strength of medicine	
Expiry date	/ /
How much to give (<i>i.e. dose to be given</i>)	

When to be given

--

Any other instructions

--

Number of tablets/quantity to be given to school/setting

--

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

Daytime phone no. of parent/carer 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 and other authorised 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.

I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only

Parent/carer's signature _____

Print name _____

Date _____

If more than one medicine is to be given a separate form should be completed for each one.

FORM 4 CRAVEN PRIMARY ACADEMY

Principals agreement to administer medicine – Long Term

Name of Academy

Craven Primary Academy

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 parent/carers].....

Date

Signed

Principal

FORM 5 CRAVEN PRIMARY ACADEMY

Staff training record – administration of medicines

Name of school/setting	
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 [please state how often].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____