



Britannia Community Primary School

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.

At Britannia Community Primary School we only administer medicines to children after being given written permission by their parents/carers. Parents are welcome into school during the school day in order to administer medicine to their child on a short-term basis.

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

It is important 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/carers, health professionals and other agencies will help provide a suitably supportive environment for children and young people with medical needs.

Parent/Carer

It only requires one parent/carer 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 with.

Parents/Carers 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 carers. It is the parent's responsibility to inform the Headteacher/SENCo in writing when the medication or the dosage is changed or no longer required.

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.

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;
- alongside the child, parents and healthcare professionals preparing an Individual Health Care Plan (IHCP) and ensuring that said care plans are updated as necessary; These will be reviewed at least annually or if the medication changes.
- 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;
- liaise with all relevant parties in the event of the child moving to a different school to ensure a smooth transition. This would also apply if the child has a long period of hospitalization or home tutoring as a result of their medical condition/needs.

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

Britannia CP School will allow non-prescribed medication into school with written permission from parents. The medication accepted will be to ensure that children are able to complete their day at school such as paracetamol and throat lozenges to relieve cold symptoms. These will always be kept in the school office. Obviously, if a child needs to be at home due to such illnesses, parents/carers will be informed.

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 Office 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 relabeled 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 school safe and will only be accessible by senior staff members and the school office. 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;

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 (see appendix).

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;

- 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 and young people should know where their own medicines are stored in class such as asthma inhalers (please see Asthma policy for more details). All emergency medicines, such as epi-pens are kept in the school office and all school staff are aware of where they are located;
- Children may carry their own inhalers;
- Other non-emergency medicines should will be kept in the school office and must not accessible to children;
- Where medicines need to be refrigerated, they are kept in the staffroom refrigerator which may also contain food but should be in an airtight container and clearly labelled. Access to these areas is restricted to adults only or children who are supervised.
- Local pharmacists can give advice about storing medicines.

Access to medicines

Children and young people need to have immediate access to their medicines when required. The school will take advice from health care professionals through the development of the care plan and ensure that medication is accessible but out of reach of other children.

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.

Record Keeping

Records offer protection to staff and proof that they have followed agreed procedures. The appropriate forms are attached in an appendix for our school.

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.

Unacceptable Practice

As a school we are very supportive of children with medical needs and the staff that work with them. Whilst we treat each child as an individual and plan accordingly there are some practices that should not be allowed within this policy. This is an example of some of those practices:

- preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assuming that every child with the same condition requires the same treatment
- ignoring the views of the child or their parents.
- ignoring medical evidence or opinion (although open to challenge)
- sending children with medical conditions home frequently or preventing them from staying for normal school activities unless specified in their IHCP
- sending the child to the school office when unwell unaccompanied or accompanied by someone unsuitable
- penalize children for their attendance if the absences are related to their medical condition
- preventing children from drinking, eating or taking breaks (including bathroom) whenever they need to in order to manage their condition effectively
- requiring parents to attend school to administer medication or provide medical support for their child. No parent should have to give up working because the school is failing to meet their child's medical needs
- preventing children from participating in any aspect of school life (creating barriers). This includes school trips and an example would be requiring parents to accompany the child

Further information

This policy should be read in conjunction with the guidance document 'Medicine Safety'. 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.

Complaints Procedure

If anyone should have any type of complaint regarding the support of a pupil with medical needs they should inform the Headteacher in the first instance who will attempt to resolve the issue. If not resolved at this stage the complaint should be put in writing and addressed to the Chair of Governors via the school. The Chair of Governors will then progress the matter in accordance with the school's complaints policy.

Insurance & Liability

Britannia School buy in to the services of Lancashire County Council who provide insurance cover on our behalf. We are covered by a Public Liability scheme of £50 million. This insurance is effective as long as the following protocols are followed:

- all procedures stated in the IHCP and relevant policies must be adhered to
- all medication administration must be logged and medication must only be given by a suitably trained member of staff
- all required risk assessments should be in place

Reviewed September 2024

Claire Nuttall
(SENCo)

FORM 1 - Contacting Emergency Services

Request for an Ambulance

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

1. Your telephone number: 01706 874447
2. Give your location as follows: Britannia CP School, Bacup, Lancashire
3. State that the postcode is: OL13 9TS
4. Give exact location in the setting: If coming from Burnley, the school is on the left hand side when you enter the village of Britannia. The school is set back off the main road. If coming from Rochdale, the school is on the right hand side of the road.
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:

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.

FORM 2 - Healthcare Plan

Name of Setting: _____

Child's name: _____

Group/Class/Form: _____

Date of Birth: _____

Child's Address: _____

Medical Diagnosis or Condition: _____

Date: _____ Review date: _____

CONTACT INFORMATION

Family contact 1

Name: _____

Phone No: (work) _____

(home) _____

(mobile) _____

Clinic/Hospital contact:

Name: _____

Phone No: _____

Family contact 2

Name: _____

Phone No:(work) _____

(home) _____

(mobile) _____

GP:

Name: _____

Phone No: _____

Describe medical needs and give details of symptoms:

Daily care requirements: (eg 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 3

Parental agreement for setting to administer prescribed medicine

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

Name of Setting: _____

Name of Child: _____

Date of Birth: _____

Group/Class/Form: _____

Medical condition/illness: _____

Medicine

Name the medicine is prescribed to on the container: _____

Name /Type of Medicine (as described on the container): _____

Date to commence medication: _____

Date medication to cease: _____

Date dispensed: _____

Expiry date of medication: _____

Agreed review date to be initiated by: _____
[name of member of staff]:

Dosage and method eg Oral, inhaled: _____

Timing of dosage: _____

Special Precautions: _____

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

Self Administration (self administration YES/NO *(delete as appropriate)*
form to be completed if yes):

Procedures to take in an Emergency: _____

Contact Details

Name: _____

Daytime Telephone No: _____

Relationship to Child: _____

Address: _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the setting staff administering medicine in accordance with the setting policy. I will inform the 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 I must deliver the medicine personally to [agreed member of staff] and accept that this is a service that the setting is not obliged to undertake.

Signature(s): _____

Date: _____

Relationship to child: _____

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

FORM 4

Confirmation of the Adult with a Duty of Care's agreement to administer medicine

Name of Setting: _____

It is agreed that _____ *[name of child]* will receive _____ *[quantity and name of medicine]* every day at _____ *[time medicine to be administered eg 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]*.

Signed: _____

Date: _____

[The Head of Setting/Named Member of Staff]

FORM 5

Record of medicine administered to an individual child

Name of Setting:	_____		
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:	_____		
Parent signature:	_____		
<hr/>			
Date:	_____	_____	_____
Time Given:	_____	_____	_____
Dose Given:	_____	_____	_____
Name of member of staff:	_____	_____	_____
Staff initials:	_____	_____	_____

Date:	_____	_____	_____
Time Given:	_____	_____	_____
Dose Given:	_____	_____	_____
Name of member of staff:	_____	_____	_____
Staff initials:	_____	_____	_____

Date:	_____	_____	_____
Time Given:	_____	_____	_____
Dose Given:	_____	_____	_____
Name of member of staff:	_____	_____	_____
Staff initials:	_____	_____	_____

Date:	_____	_____	_____
Time Given:	_____	_____	_____
Dose Given:	_____	_____	_____
Name of member of staff:	_____	_____	_____
Staff initials:	_____	_____	_____

Date:	_____	_____	_____
Time Given:	_____	_____	_____
Dose Given:	_____	_____	_____
Name of member of staff:	_____	_____	_____
Staff initials:	_____	_____	_____

FORM 6

Record of medicines administered in school/setting to all children

Name of Setting: _____					
Child's Name:					
Date:					
Name of Medicine:					
Dose given:					
Time:					
Any Reactions:					
Other comments: (eg refusal of medicine)					
Print Name:					
Signature of Staff:					

Child's Name:					
Date:					
Name of Medicine:					
Dose given:					
Time:					
Any Reactions:					
Other comments: (eg refusal of medicine)					
Print Name:					
Signature of Staff:					

FORM 7

Request for child to carry his/her medicine

THIS FORM MUST BE COMPLETED BY PARENTS

If staff have any concerns discuss request with the appropriate healthcare professionals

Name of Setting: _____

Child's Name: _____

Group/Class/Form: _____

Address: _____

Name of Medicine: _____

Procedures to be taken in an emergency: _____

Contact Information

Name: _____

Daytime Phone No: _____

Relationship to child: _____

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed: _____ Date: _____

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

FORM 8

Staff training record - administration of medicines

Name of 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 within the area of training
given on this occasion. 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: _____

FORM 9

Authorisation for the administration of rectal diazepam

Name of Setting: _____

Child's name: _____

Date of birth: _____

Home address: _____

GP: _____

Hospital consultant: _____

_____ *[name of child]* should be given Rectal Diazepam _____ mg if he/she has a *prolonged epileptic seizure lasting over _____ minutes.

OR

*serial seizures lasting over _____ minutes.

An Ambulance should be called for *at the beginning of the seizure

OR

If the seizure has not resolved *after _____ minutes.

(*please delete as appropriate)

Doctor's signature: _____

Parent's signature: _____

Print Name: _____

Date: _____