Policy for Supporting Children with Medical Needs

CARE OF PUPILS WITH HEALTH PROBLEMS AND DRUG ADMINISTRATION TO PUPILS

Together We Believe, Aspire and Achieve

Equality Statement

As a school we welcome our duties under the Equality Act 2010. The general duties are to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations.

We review all policies and procedures we operate to ensure there are no negative equality impacts based on age, disability, gender, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation as outlined in the Equality Act 2010. If you feel, on reading this policy that there may be a negative equality impact, please tell us about this. Please also let us know if you need to access this policy in a different format. You can do this by contacting the school office.

Policy Provision

St Peter's CE Primary School adheres to the medical needs policy proposed by Salford City Council.

Support for Children with Medical Needs

Most pupils will at some time have a medical condition that may affect participation in school activities. Some pupils have medical conditions that, if not managed, could limit their access to education. Most children are able to attend school regularly with some support. However, school staff may need to take extra care in supervising some activities to ensure these pupils are not put at risk.

Parents/carers have the prime responsibility for a child's health and should provide the school with information regarding a child's needs. Staff at a school must fully understand the needs of additional care and supervision of a child in a school, **but it is not a legal duty or requirement for staff to assist with the administration of, or administer, medication to a child. They can do this on a voluntary basis, and need to receive the appropriate training.**

Salford City Council has combined liability insurance which covers all employees including teachers; this covers the employer's liability, public liability and officials' indemnity. The effect is that any claim for loss, damage, or injury made against any individual employee will result in the endorsement of all policies, and individual employees will have the benefit of insurance as well as the Council.

Parents/carers should provide full information about their child's medical needs, including details on medicines their child needs.

Prescribed Medicines

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 day. Schools should only accept medicines that have been prescribed by a doctor, 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.

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

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.

The Medicines Standard of the National Service Framework (NSF) for Children recommends that a range of options are explored including:

- Prescribers consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside school hours.
- Prescribers consider providing two prescriptions, where appropriate and practicable, for a child's medicine: one for home and one for use in the school or setting, avoiding the need for repackaging or relabelling of medicines by parents.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulation. Some may be prescribed as medication for use by children eg methylphenidate.

Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

Controlled drugs would be locked in the school safe to which only named staff have access. A record for audit and safety purposes would be kept.

A controlled drug, as with all medicines, should be returned to the parent when no longer required, to arrange for safe disposal.

Misuse of a controlled drug, such as passing it to another child for use, is an offence. (see Drug Administration and Drug Education Policies).

Non Prescriptive Medicines

Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents. Where the head agrees to administer a non-prescribed medicine it **must** be recorded on the appropriate sheet. (Appendices)

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Short Term Medical Needs

Many children will need to take medicines during the day at some time during their time in school. 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 in school where it would detrimental to a child's health if it were not administered during the school day.

Long Term Medical Needs

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. 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 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.

School needs 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.

For such children a written health care plan (see Appendices), involving the parents and relevant health professionals would be developed.

Administering Medicines

No child under 16 should be given medicines without their parent's/carer's written consent (See Appendices). Any member of staff giving medicines to a child should check:

- The child's name
- Prescribed dose
- Expiry date
- Written instructions provided by the prescriber on the label or container.

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.

Written records must be kept each time medicines are given. (See Appendices). Staff should complete and sign the record (kept in the school office) each time they give medicine to a child. Good records help demonstrate that staff have exercised a duty of care. In some circumstances, such as the administration of rectal diazepam, it is good practice to have the dosage and administration witnessed by a second adult.

Self-Management

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

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 of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

If children can take their medicines themselves, staff may only need to supervise.

All medicines should be brought to the school office in a morning and the child should approach one of the office staff when they need to take their medicine. The medicine should then be collected at the end of the school day. No medicine should be kept in the child's classroom, cloakroom, bag or coat.

Parents should complete the appropriate form giving permission for their child to administer their own medicine. (Appendices).

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. Parents should be informed of the refusal on the same day. It may be necessary to contact the parent by telephone to inform them of the refusal if this action could lead to an emergency.

Record Keeping

Parents should tell 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.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Any side effects
- Expiry Date

Parents should complete the appropriate form (Appendices) to record details of medicines. 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.

Appendix Form 1 will be used to confirm with the parents that a member of staff will administer the medicine to their child.

Records will be kept of all medicines administered to pupils by the staff involved.

Educational Visits

It is good practice for schools to encourage children with medical needs to participate in safely managed visits. Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. Planning arrangements will include necessary steps to include children with medical needs.

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

Sporting Activities

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.

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.

DEALING WITH MEDICINES SAFELY

Safety Management

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

Storing Medicines

Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. 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. This should be easy if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers.

Children should know where their own medicines are stored and who holds they key. The Head Teacher is responsible for making sure that medicines are stored safety. All emergency medicines, such as inhalers and adrenaline pens, should be readily available to children and should not be locked away. Some children are allowed to carry their own inhalers. Other non-emergency medicines should generally be kept in a secure place not accessible to children.

A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to the refrigerator holding medicines.

Access to Medicines

Children need to have immediate access to their medicines when required. Emergency medicines will be kept in the staff room and relevant staff will be made

aware of there whereabouts. It is important to ensure that medicines are only accessible to those for whom they are prescribed.

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 at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription. Collection and disposal of the boxes should be arranged with environmental services.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

Emergency Procedures

All staff and children are aware of the procedure to follow in the case of an emergency situation.

- Children should find the nearest adult
- Instructions for calling an ambulance are displayed by the telephone in the School's Reception area – this should be carried out by a responsible adult
- A member of staff should always accompany a child to hospital and should stay until a parent arrives.
- Staff should never take children to hospital in their own car.
- Individual health care plans should include how to manage a child in an emergency, and identify who has the responsibility in an emergency.

DRAWING UP A HEALTHCARE PLAN

Purpose of a Healthcare Plan

The main purpose of an individual healthcare plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. A short written agreement with parents may be all that is necessary (Appendices).

An individual healthcare 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.

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.

Developing a healthcare plan should not be onerous, although each plan will contain different levels of detail according to the need of the individual child. Appendix B can be used or adapted.

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 plan include:

- Head Teacher
- Parent/carer
- Child (if appropriate)
- Teacher
- Support staff (if applicable)

Co-ordinating Information

Co-ordinating and sharing information on an individual pupil with medical needs can be difficult. The Head Teacher will have responsibility for this role and will be the first point of contact for parents and staff and liaise with external agencies.

Information for Staff and Others

All staff involved with a child's medical needs including supply staff should know about their needs.

Staff Training

A healthcare 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. Staff should not give medicines without appropriate training.
Staff will receive regular training with regard to more common conditions, such as asthma, diabetes, anaphylaxis and epilepsy.

Confidentiality

The Head Teacher and staff should always treat medical information confidentially. The Head should agree with 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.

COMMON CONDITIONS – ASTHMA, EPILEPSY, DIABETES AND ANAPHYLAXIS

Introduction

The medical conditions in children that most commonly cause concern in schools and settings are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis).

ASTHMA

What is Asthma?

Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children has asthma in the UK.

The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Younger children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest. No everyone will get all these symptoms and some children may only get symptoms from time to time.

At St Peter's we will ensure that:

- Pupils with asthma are encouraged and helped to participate fully in all aspects of school life.
- We recognise that asthma is an important condition affecting many children.
- We recognise that immediate access to inhalers is vital and we take all possible steps to ensure that this is achieved.
- We do all we can to make sure the school environment is favourable to children with asthma.
- That other children understand asthma so that they can support their friends and so that children with asthma can avoid the stigma sometimes attached to this chronic condition.
- We have a clear understanding of what to do in the event of a child having an asthma attack.

EPILEPSY

What is Epilepsy?

Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. At least one in 200 children has epilepsy and around 80% of these attend mainstream school. Most children with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition.

At St Peter's we will ensure that:

- Teachers of a child with epilepsy meet with parents at the outset of the school year to ensure understanding of the condition and its treatment in school.
- All members of staff are made aware of epileptic children in school and what to do in case of emergency.
- Other children in the class of a child with epilepsy will be sensitively made aware of the condition.

DIABETES

What is Diabetes?

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes).

About one in 550 school-age children have diabetes. The majority of children have Type 1 diabetes. They normally need daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone.

At St Peter's we will ensure that:

- Teachers of pupils with diabetes fully understand their condition and meet with parents/carers and the local diabetes specialist nurse at the outset of the school year to ensure agreement about the handling of the pupil's disorder.
- All members of staff are made aware of diabetic children in school and what to do in case of emergency.
- Other children in the class of a child with diabetes are made aware of the need for diabetics to 'snack' during the day.
- Emergency glucose to ensure insulin/sugar balance is maintained will be kept in school (provided by the family of the child according to needs).
- All staff are given awareness training.

ANAPHYLAXIS

What is anaphylaxis

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cows' milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately this is rare among children below teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.

Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting.

At St Peter's we will ensure that:

- If a child appears to demonstrate symptoms, emergency services will be called immediately. A paramedic will be requested stating that the patient has 'apparent anaphylactic reaction'.
- If a child is known to suffer from this disorder a clear agreement will be drawn between the school and the parents/carers. All members of staff will be made fully aware of the condition, its treatment in school and the home/school agreement.
- The school will continually review the availability and disposal of tampons because it is the toxins produced by bacteria that cause Toxic Shock Syndrome not tampons.
- All staff are given awareness training.

AIDS

We will ensure that basic health and hygiene procedures are followed to ensure protection against diseases transmitted through body fluids. Management of personal hygiene related to HIV and Aids.

The following guidance is recommended:

- Minor cuts, open or weeping skin lesions and abrasions should be covered with waterproof or other suitable skin dressings.
- Normal first aid procedures should be followed, which should include the use of disposable gloves where possible.
- Wash wound immediately and copiously with soap and water. Apply a suitable dressing and pressure pad if needed.
- Splashes of blood from known infected child onto another child:
  - Splashes of blood on the skin should be washed off immediately with soap and water.
  - Splashes of blood into the eyes or mouth should be washed out with copious amounts of water.
- After accidents resulting in bleeding, contaminated surfaces (e.g. tables or furniture) should be cleaned liberally with household bleach, freshly diluted 1:10 in water. Such solutions must not come into contact with the skin.

In the event of any child or adult being affected by AIDS a comprehensive programme of AIDS education will be undertaken prior to the admission of the pupil or adult to the school.

Reviewed by Governing Board – Autumn 2022

Signed - _____ (chair)

INFORMATION REGARDING THE ADMINISTRATION OF MEDICINES TO PUPILS IN SCHOOL

- Parents/Carers have the prime responsibility for a child's health.
- If pupils are unwell they should not be sent to school.
- There is no legal or contractual duty on staff to administer medicine or supervise a child taking it, though we will endeavour to do so, for the benefit of the child, where possible
- We cannot be responsible for administering medicines at a specific time.
- We cannot be responsible for administering medicine where intimate contact is necessary.
- Medicines should only be taken into school when essential, that is where it would be detrimental to a child's health if the medicines were not administered during the school day.
- If possible medicines should be taken outside of school hours.
- Parents should provide full information about their child's medical needs including details on medicine.
- School will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.
- Non-prescriptive medicine WILL NOT be given to a child unless there is prior specific written permission from the parents and agreement by the Headteacher.
- Children under 16 years should not be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.
- Children are not allowed to keep medicine in their classrooms, bags or coats.
- All medicine must be brought to the school office every morning and collected at the end of the school day. Parents must dispose of their own medicines.
- All appropriate forms must be completed by the parent giving information for administration of the medicine:
    Name of child
    Name of medicine
    Dose
    Method of administration
    Any side effects
    Expiry Date
- Written records will be kept by all staff administering medicine.
- If the staff member administering the medicine has any doubt about the procedure they will contact the parent or a health professional before taking further action.

- Children should be encouraged to self-manage their medicine so that staff only have to supervise.
- If a child refuses the medicine they will not be forced to take it. Parents will be notified and a record made.
- Children will be made aware of where their medicine is kept and which staff members they need to approach.
- Children with long term medical needs will be provided with a Health Care Plan, created in consultation with the Headteacher, parent and any necessary health professionals.
- Controlled drugs will be locked in the school safe to which only named staff have access.
- A record for audit and safety purposes will be kept.

Further Appendices – see below

FORM 1

Parental consent and Support Plan

Note IT IS NOT LAWFUL to provide support unless a parent gives consent.

Name of school/setting	
Child's name	
Child's date of birth	
Medical diagnosis or condition	
Nature of support needed (e.g. self management, supervision or administration)	
Name and strength of medicine	
Side effects of medicine	
Dose to be given	
When to be given	
Any other instructions (e.g. emergency)	
Quantity of and frequency of medicine to be given to school/setting	
Medicine to be stored at (state exact location)	
Note: Medicines must be in the original container as dispensed by the pharmacy	
Daytime phone no. of parent	
Name and phone no. of GP	
Review date (max. quarterly)	
Signatures	
School/Setting Manager	Name: Signature: Date:
Parent	Name: Signature: Date:
Persons(s) appointed to provide support	Name: Signature: Date:

FORM 2
Parental consent and Health Care Plan

Name of school/setting	
Child's name	
Child's date of birth	
Child's address	
Medical diagnosis or condition	
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 be taken if this occurs	
Follow up care	
Who is responsible in an emergency (state if different in off-site activities)	
Signatures	
School/Setting Manager	Name: Signature: Date:
Parent	Name: Signature: Date:
Medical professional (e.g. school nurse)	Name: Signature: Date:
Persons(s) appointed to provide support	Name: Signature: Date:

FORM 3

Record of medical support provided

Note a witness countersignature IS REQUIRED BY LAW if controlled drugs are administered

Receipt

School/setting	
Child	
Date medicine/materials provided by parent	
Quantity received	
Name and strength of medicine/materials	
Expiry date of medicine	
Quantity of medicine returned	
Dose and frequency of medicine	
Signature of appointed person taking receipt of medicine	Name: Signature: Date:
Signature of parent	Name: Signature: Date:

FORM 3 continued

Administration

Date			
Time given			
Dose given (indicate if refused)			
Appointed person giving dose/support			
Signature			

Date			
Time given			
Dose given (indicate if refused and request parent to countersign)			
Appointed person giving dose/support			
Signature			

Date			
Time given			
Dose given (indicate if refused)			
Appointed person giving dose/support			
Signature			

FORM 4
Training record

Name of school/setting	
Name of appointed person	
Type of training	
Date training completed	
Training provider	
Profession and title	

I confirm that the appointed person named above is competent to carry out the treatment covered in the above training course	
Trainer's signature	
Date	

I confirm that I have received the training detailed above	
Appointed person's signature	
Date	