

# **Bedford Road Lower School**

## **Supporting Children with Medical Needs Policy (including Administration of Medicines)**

**Adopted: January 2016**

**Next Review: January 2017**

This policy is to be read in conjunction with Statutory Framework for the Early Years Foundation stage (DfE, 2012,) Safeguarding policy, Health and Safety policy, First Aid Policy, EVC policy, Drugs and Alcohol Policy

### **1. INTRODUCTION**

1.1 Under The Equality Act 2010, responsible bodies for schools must not discriminate against disabled children in relation to their access to education and associated services including all aspects of school life including school trips and school clubs and activities.

1.2 Under Section 100 of the Children and Families Act 2014, responsible bodies for schools has a duty to make arrangements for supporting pupils at their school with medical conditions

1.2 Bedford Road Lower will endeavour to adhere to these Acts through the implementation of our Medical Needs Policy that aims to:

- Avoid disability discrimination
- Ensure all children with medical conditions are properly supported in school so that they can play a full and active role in school life and achieve their full potential
- Enable regular attendance.

### **2. Individual Health Care Plans**

2.1 Health Care Plans must be drawn up for any child with a medical condition that needs management. It clarifies for staff, parents and the child, the help that can be provided.

2.2 HCP will include:

- details of the child's condition
- the child's needs
- the level of support required
- detailed instructions on the day-to-day management of the condition
- permission for the school to administer medication on an on-going basis or in an emergency

- the procedures to be followed in an emergency

2.3 A School Nurse from the school nursing team will work closely with the school, parents and healthcare professionals in drawing up the HCP with consideration of the child's best interests. The School Nurse will deliver necessary training in conjunction/consultation with other agencies and will also deliver refresher training annually, or as required.

2.4 Most children with medical needs are able to attend school regularly and, with some support from school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities/school trips to make sure that these children, and others, are not put at risk. Additional supervision must be written into the child's Health Care Plan. An individual risk assessment may need to be completed prior to the child carrying out any identified activities.

2.5 The Health Care Plan will be reviewed by parents with the school nurse at the beginning of each academic year as a minimum, or more frequently depending on the nature of the child's particular needs, or if the child's needs change.

2.6 Individual Health Care Plans are displayed in the school office and in the lunchtime First Aid room. The Head Teacher and Senior Leadership Team, Class Teacher, the school's First Aiders and any other relevant staff will be informed of the child's needs and the Plan.

### **3. ROLES AND RESPONSIBILITIES**

#### **3.1 GOVERNING BODY**

3.1.1 The Governing Body ensures that arrangements are in place in schools to support pupils at school with medical conditions

3.1.2 The Governing Body ensures that the Headteacher and SLT consult health and social care professional, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

3.1.3 The Governing Body ensures that the policy for supporting pupils with medical conditions names a person who has overall responsibility and details on how the policy will be effectively implemented. The named person is the Headteacher.

3.1.4 The Governing Body ensures that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

## **3.2 HEAD TEACHER AND SLT**

3.2.1 The Head Teacher is responsible for implementing the school's policy and for developing detailed procedures. The Head Teacher makes sure that all parents and all staff are aware of the policy and procedures for dealing with medical needs. The Head Teacher ensures that all relevant staff are aware of the child's medical condition. The Head Teacher and SLT ensures that staff receive proper support and training where necessary. The Head Teacher will agree when and how such training takes place.

3.2.2 For a child with medical needs, the Head Teacher or a member of SLT meet to agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the Head Teacher or a member of SLT will seek advice from the school nurse or doctor, the child's GP or other medical advisers.

3.2.3 The Head Teacher ensures that procedures are in place to cover transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change.

3.2.3 The Head Teacher makes sure that school staff are appropriately insured to support pupils with medical conditions and are aware of this insurance

3.2.4 The Head Teacher will ensure this policy is available for parents to read through the school website.

## **3.3 STAFF**

3.3.1 Anyone caring for children including teachers and other school staff in charge of children have a common law duty of care to act as any reasonable prudent parent would to make sure that children are healthy and safe. There is no legal duty that requires school staff to administer medicines.

3.3.2 Any staff giving medication of any kind would be doing so voluntarily and supported by the school with training, if required. All volunteers will be indemnified by the Council's Liability Insurance for any claims made against them provided that they have received training, taken any necessary "Refresher Training," followed the Health Care Plan and used appropriate protective equipment.

3.3.3 The school will ensure that sufficient members of staff are appropriately trained to manage medicines as part of their duties. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips or after school activities.

3.3.4 The Head Teacher and staff will always treat medical information confidentially. The

Head Teacher or a member of SLT will agree with the parent who else should have access to records and other information about a child. If information is withheld from staff they will not generally be held responsible if they act incorrectly in giving medical assistance, but otherwise in good faith. Should a parent insist in complete confidentiality then the school will not agree to administer medication of any kind and the responsibility for administering the medication will be the parents.

3.3.5 Staff are responsible for ensuring that they understand this policy. This policy will be discussed once a year during staff and TA meetings.

### **3.4 PARENTS**

3.4.1 Parents have the prime responsibility for their child's health and must provide the school with information about their child's medical condition. The school will require verification from the child's GP or another medical practitioner.

3.4.2 Parents must also advise of any changes to the child's health care needs as soon as they become aware of them and provide clear written details of such changes (pending a full review of the HCP where one is in place)

3.4.3 The parent will be expected to contribute to their child's Health Care Plan. This requires providing a passport photograph of the child, which will be the parent's responsibility to keep updated.

3.4.4 It is the parent's responsibility to provide the school with the child's medicine. The parent must hand all medication to a trained staff member identified by the school. Please refer to Administering Medicine Procedures. Medication must be in date and with the correct instructions and information from the prescriber. Staff may request that a parent temporarily remove their child from school if sufficient emergency medicine is not in school.

3.4.5 Parents should, wherever possible, administer or supervise the self-administration of medication to their children. This may require the child going home during the lunch break or by the parent visiting school. However, this might not be practicable and in such a case parents may make a request for medication to be administered to the child at school. Medicines should only be taken into school where it would be detrimental to a child's health if it were not administered during the day.

3.4.6 Parents should ensure they (or nominated adult) are contactable.

### **3.5 SCHOOL NURSES**

3.5.1 The school nurse is responsible for notifying the school when a child has been identified as having a medical condition which will require support at school. Wherever possible, they should do this before the child starts at the school.

3.5.2 The school nurse should provide support to the school on implementing a child's individual healthcare plan and provide advice on and be available to deliver training to school staff.

### **3.6 OTHER HEALTHCARE PROFESSIONALS**

3.6.1 Healthcare professionals should notify the school nurse when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support in schools for children with particular conditions, e.g asthma, diabetes.

### **3.7 PUPILS**

3.7.1 Where age appropriate, pupils should be involved in discussions about their condition, medical support needs and contribute to the development of, and comply with, their individual healthcare plan.

## **4. STAFF TRAINING**

4.1 Any member of staff who agrees to accept responsibility for supporting children with medical conditions in school and/or administering prescribed medicines to a child will have appropriate training and guidance. Training should be sufficient to ensure staff are competent and have confidence in their ability to support pupils with a medical condition and to fulfil the requirements set out in the individual Health Care Plan. They should also be aware of possible side effects of the medicines and what to do if they occur. All staff will be able to notify the Head Teacher or a member of SLT if they are unwilling to administer medicines and they will not be asked to administer medicines. This will be kept in their personal file. No volunteer will be asked to administer medication without the correct authorisation and check forms being completed. Please refer to Administering Medicines Procedures.

4.2 Any medication that is to be administered to children in any other form than liquid or tablet will require additional training from the school nurse prior to staff agreeing to administer the medication. Staff will not administer medicines by injection, apart from administering insulin to diabetic children. Training must not be provided by parents, carers or any other non-medical professional. The school will ensure that there are sufficient members of staff who are appropriately trained and sufficiently competent to manage such medicines as part of their duties. The Head Teacher and SLT will ensure that there are appropriate systems for sharing information about children's medical needs.

4.3 The Head Teacher and SLT will be responsible for making sure that staff have appropriate training to support children with medical needs and will arrange training appropriate to the needs of the school in conjunction with the School Nursing Service.

4.4 The Head Teacher and SLT will satisfy themselves that the training provided has given staff sufficient understanding, confidence and expertise and that arrangements are in place to update training (including refresher training) on a regular basis.

4.5 Certificates of staff members who are trained to administer medication are displayed on the school office notice board.

4.6 The Head Teacher and SLT will be responsible for whole school awareness training to ensure that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy.

## **5. THE CHILD'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS**

5.1 After discussion with, and in full agreement of the parent, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

5.2 Wherever possible, children should be allowed to access their medicines for self-medication quickly and easily. Children who manage their health needs and medication may require supervision but if it is not appropriate to self-manage, relevant staff must be available to help.

5.3 If a child refuses to take medicine or carry out a necessary procedure, they should not be forced to do so. Parents must be informed.

## **6. ADMINISTERING MEDICINES**

6.1 Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

### **6.2 STORAGE**

6.2.1 Parents will be responsible for obtaining their child's medicine and ensuring these are up to date. Medication must not be brought into school by the child. The parent must hand all medication to a member of the office staff. Medicines must be in date and in the original container in which dispensed with the dispensing pharmacy label attached and the prescriber's instructions for administration and storage. 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. Staff should never accept medicines that have been taken out of the container nor make changes to dosages on parental instruction. The

exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

6.2.2 Large volumes of medication should not be stored (no more than one half term's supply should be kept in school at a time.) Prescribed medication kept at the school should be kept in the school office to be readily accessible when required. Children should know where their medicines are stored and who is administering it to them.

6.2.3 All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available - in the classroom - to children and will not be locked away. Inhalers should always be available during physical education, sports activities and educational visits. Children in KS2 may carry their own asthma inhalers in school subject to parental consent and completion of permission forms. (See form 5) This will be decided on an individual basis by a member of the Senior Leadership Team (SLT.)

6.2.4 The adrenaline pen (used for children with acute or severe allergic reactions to certain food or substances) should be in a named orange Medi-pac – clearly identifiable with a large red cross on the pack and instructions clearly written inside the box. Medi-pac storage places are labelled with a fluorescent orange label so as to be clearly visible when entering a classroom.

6.2.5 All other medication will be kept in a locked cupboard or locked refrigerator in the school office. Under no circumstances should medicines be kept in first-aid boxes

### **6.3 AUTHORISATION**

6.3.1 Parents must complete an authorisation form, prior to any medication being administered by school staff. Parents must clearly state the name of the medication to be administered, the dosage, the time it is to be given and the procedure for administering the medication. The form must be signed and dated. Please refer to Administering Medicines Procedures.

6.3.2 A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. If given, the maximum dosage must be checked, as well as the time the previous dose was given. Parents must be informed.

### **6.4 DISPOSAL**

6.4.1 Staff will 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 half term. Sharps boxes should always be used for the disposal of needles and other sharps.

## **6.5 RECORD KEEPING**

6.5.1 A record will be kept of all the drugs and medicines administered at school.

6.5.2 Parents must complete a 'Parental Agreement to Administer Medicine' (form 1) prior to any medication being administered by school staff. Parents must clearly state the name of the medication to be administered, the dosage, the time it is to be given, the procedure for administering the medication, and the action to be taken in case of emergency. The form must be signed and dated.

6.5.3 Upon receipt of medication, staff administering medication must check the following:

- Name of child
- Name of medicine
- Dosage
- Written instructions provided by prescriber
- Expiry date
- Number/amount of medication provided

6.5.4 Staff administering medication must complete a 'Record of Administered Medicines' (form 2) after every dose of medication is given. This record must be signed, dated and a time recorded. This record must be stored in the 'medicines folder' in the school office. Parents must be informed if their child has been unwell in school.

6.5.5 The record must be kept even if the child refuses to take the medication. The child should not be forced to take the medication. Parents should be notified immediately if a child refuses medication. Emergency services should be contacted if necessary.

## **7. CONTROLLED DRUGS**

**7.1 The Head Teacher or Deputy Head Teacher must be informed if controlled drugs are being stored on school premises.**

7.2 Controlled drugs, such as Ritalin, Rectal Diazepam, Midazolam, are controlled by the Misuse of Drugs Act. Therefore it is imperative that controlled drugs are strictly managed between the school and parents.

7.3 No more than a week's supply of controlled drugs should be kept in school at any one time and the amount of medication handed over to the school should always be recorded. See Administering Medicines Procedures.



7.4 Controlled drugs should be stored in a locked non-portable container and only specific, named staff allowed access to it. Each time the drug is administered it must be recorded on a 'Record of Administered Medicines' (form 2) including if the child refused to take it. This form must be signed, dated and a time recorded.

7.5 The person administering the drug will receive appropriate training from the school nurse or an alternative appropriate health professional, prior to administering any medicines, if necessary.

7.6 The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

7.7 As with all medicines any unused medication should be recorded as being returned back to the parent when no longer required. If this is not possible it should be returned to the dispensing pharmacist. It should **not** be thrown away.

## **8. NON PRESCRIPTION MEDICATION**

8.1 Non prescription medication is not to be administered by staff. This includes paracetamol and homeopathic medicines.

8.2 If a child suffers regularly from acute pain or condition, such as migraine or hayfever, the parents should complete an 'Parental Agreement to Administer Medicine' (form 1) and supply appropriate prescribed painkillers or medication for their child's use, with written instructions from the prescriber about when the child should take the medication. A member of staff should notify the parents that their child has requested medication and supervise the child taking the medication if the parents have agreed to it being taken. A 'Record of Administered Medicines' (form 2) must be completed after every dose of medication is given. This record must be signed, dated and a time recorded.

## **9. ADMINISTERING MEDICINES ON SCHOOL TRIPS**

9.1 All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary individual risk assessments should be conducted in consultation with parents and healthcare professionals, where appropriate

9.2 It may be necessary for an additional teacher, parent or another volunteer to accompany a particular child on a 1:1 basis to ensure the child is able to participate fully and safely

9.3 It should be ensured that a member of staff who is trained to administer any specific medication (e.g. epi-pens) accompanies the child and that the appropriate medication is taken on the visit.

9.4 Medicines should be kept in their original containers (an envelope is acceptable for a single dose - provided this is very clearly labelled)

9.5 When accompanying children on residential trips, all medicines must be stored in a locked, secure container. Staff responsible for administering medicines on residential trips must meet with parents prior to the trip to ensure a 'Parental Agreement to Administer Medicine' (form 1) is completed. Any necessary training will be given by the school nurse or alternative health professional prior to the trip. The 'Administration of Medicines Record Sheet' must be completed (form 3)

9.6 If in doubt staff should speak to a member of the Senior Leadership Team before administering any medicines.

## **10. PROCEDURES FOR ADMINISTERING MEDICINE DURING THE SCHOOL DAY**

1. Following a parent/carer request for administering medicines, office staff must ask parents to complete 'Parental Agreement to Administer Medicine' (Form 1)

2. The following information on the form and on the medicine must be checked by the office staff on receipt of the authorisation form:

- Name of child on medication
- Name of medicine
- Dosage is specified
- Written instructions provided by prescriber
- Expiry date
- Number/amount of medication provided ***No dosage or administering instructions can be accepted from the parent/carer. They must be from the prescriber.***

3. When the member of the office staff is satisfied that the information on the form agrees with the information on the medicine, agreement will be given to administer the medicine.

4. Staff administering medicines can receive training from the school nurse in how to administer the medication, if required. This should be discussed with the Headteacher or another member of SLT.

5. When administering medicines staff must:

- Ensure they wear protective clothing if necessary
- Check they have the correct child by checking with the class teacher and the class TA

- Ensure they complete a 'Record of Administered Medicines' (form 2) after each dose.
- Ensure medication is kept in the medications fridge after each dose (where necessary)

### **Procedures for administering medicine during residential trips**

- Parents wishing staff to administer medicines during residential trips must complete 'Parental Agreement to Administer Medicine' (form 1) prior to trip departure.
- Requests will be considered by the Headteacher, or a member of SLT, and staff accompanying children on the trip will be asked to volunteer to administer medicines.

Once a member of staff has agreed to administer medicines, parents or carers can bring the medication to school. This should not be done on the day of departure for the trip but should be done in advance when possible. Staff administering medicines must check the following information on the form and the medicine:

- Name of child on medication
- Name of medicine
- Dosage is specified
- Written instructions provided by prescriber
- Expiry date
- Number/amount of medication provided ***No dosage or administering instructions can be accepted from the parent/carer. They must be from the prescriber.***

3. All medicines must be kept in secure place throughout the duration of the trip.

4. One identified person is responsible for administering each child's medicines on the trip.  
(For example, adult A administers child A's medicine.)

5. When administering medicines staff must:

- Ensure they wear protective clothing if necessary
- Check they have the correct child by checking with the class teacher if possible, or the class TA
- Ensure they complete an 'Administration of Medicines Record Sheet' after each dose (form 3)

- Ensure medication is returned to the place of safe-keeping.

At the end of the trip all medicines must be returned to parents.

## **11. EMERGENCY PROCEDURE**

11.1 Trained first aiders are responsible for carrying out emergency procedures in the event of a need. Staff will follow the procedure as laid down in the school's Health and Safety Policy. All staff should know how to call the emergency services. Guidance on calling an ambulance is provided in **form 4**, which is displayed in the school office and in the Staff Room. If anyone other than a member of the office staff call an ambulance then the school office needs to be informed so that the child's records, HCP etc. can be copied for the ambulance crew.

11.2 If an emergency occurs and a child needs to be transported to hospital then, in the absence of the parent, a member of staff must accompany the child in the ambulance and stay until the parent arrives. Staff should never take children to hospital in their own car; it is safer to call an ambulance. Healthcare professionals are responsible for any decisions on medical treatment when parents are not available.

11.3 The Individual Health Care Plan should include instructions on how to manage a child in an emergency, and identify who has the responsibility in an emergency.

## **12. INFECTIOUS ILLNESSES**

12.1 All staff will refer to the Health Protection Agency guidance when responding to a child who is ill or infectious. All staff will take necessary steps to prevent the spread of infection and take appropriate action if children are ill. Parents/carers will be asked to collect children or keep them at home if there is a risk of infecting other children.

## **13. HYGENE AND INFECTION CONTROL**

13.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

13.2 Staff will have access to protective disposable gloves and should take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

## **14. COMPLAINTS**

14.1 If parents or pupils are dissatisfied with the support provided, they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaint procedure.

## 15. MONITORING

15.1 This Policy will be reviewed annually by the Governors as part of their review of the School's Health and Safety Policy. This Policy should be read in conjunction with all other relevant policies and guidelines.

### UNACCEPTABLE PRACTICE

Although school staff should use their discretion with reference to the child's individual healthcare plan, it is **not** generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medicine where necessary
- assume that every child with the same condition requires the same treatment
- ignore the views of the child or their parents, or ignore medical evidence or opinion
- send child with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their Individual Healthcare Plans
- if the child becomes ill, send them to the school office unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need in order to manage their medical condition effectively
- require parents to attend school to administer medication or provide medical support to their child
- prevent children from participating, or create unnecessary barriers to children in any area of school life, including school trips.

## **Forms**

- 1 – Parental Agreement to Administer Medicine
- 2 - Record of Administered Medicines
- 3 – Administration of Medicines Record Sheet
- 4 - Emergency Procedures
- 5 – Parental consent for KS2 child to carry asthma inhaler

**Form 1 *Bedford Road Lower School Parental Agreement to Administer Medicine***

BRLS will not give your child medicine unless you complete and sign this form.

Name of child	
Date of birth	
Medical condition or illness	

**Medicine: To be in original container with label as dispensed by pharmacy**

Name/type and strength of medicine (as described on the container)	
Date commenced	
Dosage and method	
Time to be given	
Special precautions	
Are there any side effects that BRLS need to know about?	
Self administration	Yes/No (delete as appropriate)
Procedures to take in an emergency	

**Parent/Carer Contact Details**

Name	
Daytime telephone number	
Relationship to the child	
Address	

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

Parent's signature	
Print name	
Date	





## **Form 4**

### **Contacting Emergency Services**

Request for an Ambulance

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

1. The school's telephone number – 01234 851011
2. Give your location as follows: Bedford Road Lower, Hillgrounds Bedford.
3. State that the postcode is: MK42 8QH
4. Give the exact location in the school where the ambulance crew will be met.
5. Give your name
6. Give name of child and a brief description of child's symptoms

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

A copy of this completed form should be attached to the Accident/Incident report form

**Form 5**

**Parental consent for KS2 child to carry asthma inhaler**

Name of child

Year group

Class

Name of asthma medication

Dosage and frequency (as per prescriber's instructions)

Emergency Procedures

Emergency contact telephone number

*I confirm that I would like \_\_\_\_\_ to carry their asthma inhaler on their person during school time.*

Signed Print name

Signed Print name

Date

Date

(Parent/Carer)

(Head Teacher/SLT)