



North Fawdon Primary School

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Administration of Medicines in School and Care of Children with Identified Needs Including Personal Care

Introduction

This guidance is based on the following documents:

Managing Medicines in Schools and Early Years Settings (DfES, March 2005) which sets out the legal framework for mainstream schools and LAs in supporting pupils who take medication.

Including Me: Managing Complex Health Needs in Schools and Early Years Settings (Council for Disabled Children / DfES, April 2006) which gives guidance to ensure that the needs of these children are addressed, so they can take part in activities with their peers. www.ncb.org.uk/cdc

In this document the term 'child/children' will be used to refer to children and young adults. The term parent(s) is used to refer to parents and legal guardians or carers.

As inclusion and disability policies become embedded, the need to administer medication in mainstream schools is increasing. In addition, some children will have medical conditions that require support so that they can attend school regularly and take part in school activities.

There is no legal or contractual duty on school staff to administer medicine, supervise a child taking it, or carry out personal care tasks required to support children with medical needs. Teachers' conditions of employment do not include these tasks. Head teachers should ensure that they have sufficient members of support staff who have specific duties to provide medical assistance as part of their contract and that they are appropriately trained to manage medicines and / or support children with medical needs as part of their duties.

Teachers and other staff in schools have a common law duty to act as any reasonably prudent parent would to make sure that children are healthy and safe in school. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

This guidance refers to staff who are contracted to assist in managing medicines or who volunteer.

Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. Schools should be making reasonable adjustments for disabled children, including those with medical needs. They are under a duty to plan strategically to increase access to school, including planning in anticipation of a disabled child.

The medication required by children will vary from being transitory or short term to requiring daily administration, in order that children may access their education.

The level of care and intervention that a child with medical needs may require will vary for each individual. However it would be expected that additional support and/or care would be provided in school in order to:

- maintain optimal health during the day
- access the curriculum to the maximum extent

The Special Educational Needs (SEN) Code of Practice 2001 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that must be considered.

Rationale

Following the implementation of the SEN and Disability Act 2001, an increasing number of children and young adults with disabilities and medical needs are being included in mainstream educational settings. A significant number of these young people require assistance with personal and for technical care including management. In many settings, this is a new duty that requires clear guidance in order to avoid causing anxiety for staff, the young people themselves and their parents / carers.

This policy outlines policy and procedures for administration of medication to children and also care of children with identified needs.

Aims and Objectives

The aims of this guidance are:

- To provide guidance and reassurance to all staff.
- To safeguard the health and well being of the children and young people.
- To assure parents and carers that staff will be knowledgeable and competent in the management of their child's/ young person's care.
- To reassure that individual concerns will be taken into account.
- To support schools in ensuring that:
 - policies relating to the administration, storage and management of medicines are developed
 - effective management systems to support individual children with medical needs are put in place

roles and responsibilities in the management of medicines and supporting children with medical needs are identified

- To specify what is meant by short and long term needs

Short Term Needs

Medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day.

Sometimes, to minimise the time children need to be off school, it may be necessary for a course of antibiotics, for instance, to be taken in school or for a cream or lotion to be applied.

Whenever possible, parents / carers should be encouraged to ask doctors to prescribe medication in dose frequencies which can be taken outside of school hours.

Long Term Needs

It is very important for the school to have sufficient information about the medical condition of any child with long term medical needs. The school should know about the child's medical needs before they start school or when a child develops a condition.

An Individual Health Care Plan should be written, involving the parents / carers, health professionals and the child. This should include:-

- Details about the child and his/her condition
- Name and details of medication, including any side-effects
- Curriculum Access

- Special requirements, e.g. dietary needs, pre-activity precautions, facilities, equipment
- Role of the staff and training requirements
- Arrangements for off-site activities
- Emergency procedures:
 - Who is responsible in an emergency
 - what constitutes an emergency
 - what to do
 - what not to do
 - who to contact

Guidelines

Principles

1. Non-Prescribed Medication

No child under 16 should *ever* be given aspirin or ibuprofen unless prescribed by a doctor

The LA recommends that it would not be in any school's interests to administer any medication that is not prescribed for a child, such as paracetamol, ibuprofen or aspirin. There are legal and insurance implications regarding the administration of non-prescribed medication.

School staff should not administer non-prescription medicines. This includes throat lozenges and other over the counter remedies for minor ailments. These can be obtained on prescription; therefore if a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's G.P.

Clear guidance should be given to parents, children and staff about the circumstances in which children may carry and take their own non-prescribed medication

2. Prescription Medication

No child under 16 should be given medication without the parent / carer's prior written consent
(appendix 3B)

It is parent's/carers responsibility to:

- ensure medication is in a suitable container
- ensure it is dated and labelled with:
 - the child's name
 - the name and strength of the medication
 - instructions for use
 - the quantity to be taken
 - the timing of the dosages.

Staff who receive the medication need to be satisfied with the container and labelling. They should:

- read the label carefully
- ensure the correct child's name is stated.
- ensure that they understand the instructions, including written instructions from the prescriber (This could be a doctor, dentist, nurse, or pharmacist)
- check the prescribed dosage on the pharmacist's label and the expiry date on the packaging.

Each time they administer or supervise the taking of medication staff should:

- complete and sign record cards/sheets
- ensure that the child has actually taken the medication

If there is any doubt, staff should check with parents / carers or a health professional before taking further action.

Short term medication

As above and Individual Care Plan for Short Term Medication Form to be completed (see Appendix C)

2.1 Self-Management/Administration

It is good practice to encourage children, where appropriate, to manage their own medication from a relatively early age. If children are able to self-administer, school staff may only need to supervise. The school policy should state whether children can administer and/or carry their own medication, bearing in mind the safety of other children.

It is the policy of North Fawdon Primary School inhalers are kept in classrooms at all time and have access to them during break times, PE lessons (including swimming) and after school clubs.

Medicines which are controlled drugs under The Mis-use of Drugs Act 1971 e.g. Methylphenidate (commonly known as Ritalin) are stored centrally

2.2 Refusal to Take Medication

If a child refuses their medication, they should not be forced to take it. The school should inform the child's parents / carers as a matter of urgency.

Agreed procedures as set out in the school policy, or individual child's healthcare plan, should be followed.

If necessary, the emergency procedures should be followed.

Appropriate recording of the refusal should be made, identifying the subsequent action taken, by whom and at what time.

2.3 Record Keeping

Records offer protection to staff and provide proof they have followed agreed procedures.

Schools should keep a record of medication given to children and of the staff involved.

Schools should always keep a record of all medication received, even if they do not subsequently administer it. This allows for an audit trail to be constructed.

It is the responsibility of parents / carers to supply written information about the medication their child needs to take in school and to let the school know in writing of any changes to the prescription or its administration or to the support required.

Parents or a doctor should provide the following details as a minimum:-

- Name and strength of medication
- Dosage
- Time, frequency and method of administration
- Length of treatment
- Date of issue
- Expiry date
- Possible side-effects
- Storage details
- Other treatment

Schools should record any changes to dosage by updating the Request for School to Administer Medication form (see appendices).

2.4 Dealing with Medicines Safely

A child should never, under any circumstances be given medication that has been prescribed for another child. This would be an illegal act.

Medicines may be harmful to anyone for whom they are not prescribed. Where schools agree to administer any medicine the employer has a duty to ensure the risks to the health of others are properly controlled. This duty is set out in the Control of Substances hazardous to Health Regulations (COSHH) 2002.

2.5 Storing Medication

The head teacher is responsible for making sure all medication is stored safely, especially drugs such as Methylphenidate (commonly known as Ritalin), which are controlled under The Mis-use of Drugs Act 1971. In most cases this will be in an appropriate labelled, container under lock and key.

However, should a medicine need to be refrigerated, it must be in a clearly labelled, locked, airtight container. It is advisable that all medication is stored where temperatures are not excessive or it is likely to be extremely humid.

Medication should be:

- supplied to the school in the original dispensed container and not re-packed in another container
- labelled with
 - the name of the child
 - the name and strength of the medication

- the dosage
- the time, frequency and method of administration
- the date of issue, the medication should have been dispensed within the previous three months.

Where children have more than one prescribed medicine, each should be in a separate container.

Staff should be aware of the procedures to follow in the event of a theft or burglary.

Non-health care staff should not transfer medicines from their original container under any circumstances.

Children should know where their own medication is stored and who holds the key.

A few medicines, such as asthma inhalers and epi-pens, must be readily available to children and therefore not locked away. North Fawdon Primary School allows children to carry their own inhalers whilst on school trips. Other medicines should be kept in a secure place, not accessible to children. **(see appendix form 7)**

All staff should know where to obtain keys to the medicine cabinet or refrigerator for emergency purposes.

Local pharmacists may give advice to schools about correct storage of medicines.

2.6 Disposal of Medication

School staff should not dispose of medication. This is the responsibility of parents / carers. Date expired medication or any medication no longer required by the child should be returned to the parents / carers. This should be done at least at the end of every term. Left over medications should not be stored over holiday periods in schools or other centres.

Medicines should not be flushed down the sink or the toilet

Schools should seek the advice of their local pharmacist about disposal of uncollected medicines.

When medicines are returned, or handed over to a pharmacist, this should be recorded appropriately. The child's name, the name of the medication, its form, the amount left and the signatures of the member of staff and parent / pharmacist receiving the medication should be logged.

Sharps boxes should always be used for the disposal of needles. These can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

2.7 Access to Medication

Children need access to their medication, when required, but it is also important to make sure the medication is only accessible to the child for whom it is prescribed. This should be considered as part of the school's policy on self - management. Schools should make access arrangements for emergency medication.

Guidelines for managing a child with medical needs and / or technical dependency

2.8 Definition of Technical Dependency

The dependence upon technology, of a child or young person, to maintain their optimum health.

Technical care may be required to help a child maintain their nutrition e.g. through tube feeding or to enable them to breathe via a tracheotomy or with the use of artificial ventilation.

3 Health Care Plans

These will not be necessary for all children who are taking medication. The school will consider each child's individual needs, as children's ability to cope with their medical condition/poor health will vary. However, all children with medical needs and/or a technical dependency will have a health care plan.

Each child will have an individual plan which is specific to their needs. Plans will vary in length and complexity, depending on individual needs. They will be read and used by a range of staff so they will be written in non medical, jargon free language that is easy to understand. Where children take medicines the health care plan should cover this as well as other forms of support required

3.1 Drawing up an Individual Health Care Plan

The purpose of an individual health care plan is to identify the level of support needed.

A health care plan is important because it clarifies;

- For staff, parents and children the level of support a child will receive in any setting
- Who is responsible for each task or procedure relating to a particular child?
- The training required for particular procedures and who will carry out the training.

3.2 The cover of a health care plan

A child's health care plan should adopt a holistic approach detailing all aspects of the child's condition, as well as the medicines and support required. It should set out:

- Particular procedures that should be carried out, including who should carry out those procedures and the training they can expect

- Protocols for exchanging information between agencies (with clearly defined lines of responsibility and named contacts)
- Additional risk assessments required for that particular child – including who is responsible for carrying them out
- Any special health care needs which may affect the child's use of services such as transport or play activities or the implementation of therapy programmes etc.
- The use, storage and maintenance of any equipment.
- Any arrangements for the provision of education or associated services when the child is too unwell to attend school or is in hospital or another health care setting
- Parental wishes for the child
- Information on the manner in which the child prefers any task to be carried out, in order to ensure consistency of approach across all settings the child attends
- Any anticipated changes in the child's condition or care routine
- Arrangements for reviewing the plan.

3.3 The drawing up of a health care plan

- Prior to the child starting school or early years setting a meeting should be held to draw up the health care plan
- The purpose of the meeting is to identify the child's needs and draw up a plan which will support the child in that setting
- All individuals who hold key information about the child should be invited to contribute to the meeting. This meeting should be multi – agency
- Parents, and where appropriate, the child (depending on the age and understanding of the child) should be invited to take part in drawing up the health care plan
- The plan should be agreed by the various agencies who have contributed and signed by the parents
- Health care plans should be live documents, which can be altered in writing if the child's needs change. There should be an agreement as to who can alter the plan. Changes to health procedures or medicines would need to be made by the appropriate health professional

Details of review arrangements should be agreed with all contributors, but the timing of reviews will vary according to the individual needs of the child. If a child has special educational needs, the health care plan should be reviewed at the time of the annual review or more frequently if the child's needs change.

3.4 Contributors to the Health Plan

It is the setting's responsibility to draw up a health care plan and health professionals must be involved in this. They will also support and advise colleagues where necessary. Contributors may include:

- The head teacher
- The parent or guardian
- The child (if appropriate)
- The class teacher (if first aid trained)
- The support assistant (if first aid trained)
- School staff who have agreed to administer medication or be trained in emergency procedures
- Health professionals, e.g. School Health Advisers, Community Children's Nurses, Paediatrician, G.P.
(See appendices)

4 Guidelines on Personal Care

4.1 Definition of Personal Care

Personal care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of disability or medical need.

Children may require help with eating, drinking, washing, dressing and toileting. Help may also be required with changing colostomy or ileostomy bags, managing catheters or other appliances. In some cases, it may be necessary to administer rectal medication.

This guidance is not prescriptive but is based on the good practice and practical experience of those dealing with such children and young adults.

4.2 Principles of Personal Care

It is essential that every child is treated as an individual and that care is given as gently and sensitively as possible. The child should be encouraged to express choice and to have a positive image of his/her body. Staff should bear in mind the following principles:

- Children have a right to feel safe and secure.
- Children should be respected and valued as individuals.
- Children have a right to privacy, dignity and a professional approach from staff when meeting their needs.

- Children have the right to information and support to enable them to make appropriate choices.
- Children have the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs.
- Children and young adults have the right to know how to complain and have their complaint dealt with.

A child's personal care plan should be designed to lead to independence

4.3 Vulnerability and Abuse

Children with disabilities have been shown to be particularly vulnerable to abuse. It is essential that all staff are familiar with the school's Child Protection Policy and procedures, with agreed procedures within this guidance and with the child's own Personal Care Management Plan.

The following are factors that increase the young person's vulnerability:

- Children with disabilities have less control over their lives than is normal.
- They do not always receive sex and relationship education and so are unable to recognise abuse.
- Through residential, foster or hospital placements, they may have multiple carers.
- Differences in appearance may be attributed to the child's disability rather than to abuse.
- They are not always able to communicate what is happening to them.

Personal care may involve touching the private parts of the child's body and may leave staff vulnerable to accusations of abuse. It is unrealistic to eliminate all risk but this vulnerability places an important responsibility on staff to act in accordance with agreed procedures.

4.4 Working with Parents

Establishing effective working relationships with parents is a key task for all schools and is particularly necessary for children with special care needs or disabilities.

- Parents should be:
 - o encouraged and empowered to work with professionals to ensure their children's needs are properly identified, understood and met
 - o closely involved in the preparation of Individual Education Plans (IEPs) and Health Care Plans.
- Plans for the provision of personal care must be clearly recorded to ensure clarity of expectations, roles and responsibilities and made readily available to parents
- Records should also reflect arrangements for ongoing and emergency communication between home and school, monitoring and review.
- It is also important that the procedure for dealing with concerns arising from personal care processes is clearly stated and understood by parents and all those involved.

4.4 Good Practice Guidelines

Wherever possible, staff should work with children of the same sex in providing personal care. However, when setting up a care plan, it may be acceptable to all parties for a carer to be of the opposite sex. Religious and cultural values must always be taken into account.

It is vital that schools meet with parents and children prior to enrolment, to discuss the care plan and staff most likely to be involved in providing the personal care aspects.

Examples of positive approaches to personal care, which ensure a safe and comfortable experience for the child

- Children should be changed in privacy and treated with respect.
- Get to know the child beforehand in other contexts to gain an appreciation of his/her mood and systems of communication.
- Have a knowledge of and respect for any cultural or religious sensitivity related to aspects of intimate care.
- Speak to the child by name and ensure they are aware of the focus of the activity. Address the child in age appropriate ways.
- Reassure children who need to be changed and help them to remain relaxed, comfortable and safe.
- Give explanations of what is happening in a straightforward and reassuring way.
- Agree terminology for parts of the body and bodily functions that will be used by staff and encourage children to use these terms appropriately
- Respect a child's preference for a particular sequence of care

- Give strong clues that enable the child to anticipate and prepare for events e.g. show the clean nappy/pad to indicate the intention to change, or the sponge/flannel for washing
- Encourage the child's to undertake as much of the procedure for themselves as possible, including washing intimate areas and dressing/undressing
- Seek the child's permission before undressing if he/she is unable to do this unaided.
- Children should be changed as soon as necessary. Staff should inform appropriate colleagues when intimate care is necessary.
- Children should never be left unattended in the changing area.
- Only creams prescribed by a doctor should be applied. (See section on Managing Medication in Schools and Early Years Settings)
- Staff should wear a fresh pair of disposable gloves when changing children.
- Changing surfaces should be disinfected after each change and health and safety regarded at all times.
- Keep records noting responses to intimate care and any changes of behaviour.

4.5 Ensure Health and Safety of Staff and Children

- All adults assisting with personal care should be employees of the school. This aspect of their work should be reflected in the job description. In exceptional circumstances unpaid employees i.e. voluntary workers may assist with Personal Care provided they have been trained and police checked and with agreement of all parties.
- Staff should receive training in good working practices which comply with Health and Safety regulations such as dealing with body fluids, wearing protective clothing, Manual Handling, Child Protection. Identified staff should also receive training for very specific personal care procedures where relevant.
- Staffing levels need to be carefully considered. There is a balance to be struck between maintaining privacy and dignity for children alongside protection for them and staff. It is important for each educational setting to decide on practical ways of dealing with staffing levels. Some procedures, in conjunction with individual Health Care Plans, may require two members of staff for health and safety reasons e.g. manual handling. This should be clearly stated in the care plan. (See below)

- Where personal care procedures could be carried out by one person, protection might be afforded to a single member of staff in the following ways:
 - o Personal care staff implements the strategies in the “examples of positive approaches” section outlined above.
 - o Personal care staff notifies the teacher, line manager or other member of staff that they are taking the child to carry out a care procedure.
 - o A signed record is made of the date, time and details of any intervention required that is not part of an agreed routine. (See Appendix A). A decision can be made at the Care Plan meeting as to whether a regular record needs to be kept of routine procedures.
 - o If a situation occurs which causes personal care staff embarrassment or concern, a second member of staff should be called and the incident reported and recorded.
 - o When staff are concerned about a child’s actions or comments whilst carrying out the personal care procedure, this should be recorded and discussed with a line manager immediately.

4.6 Practical Considerations

- Whether a risk assessment for Moving and Handling is required
- There should be sufficient space, heating and ventilation to ensure safety and comfort for staff and child.
- Access to facilities with hot and cold running water. Anti-bacterial hand wash should be available.
- Items of protective clothing, such as disposable gloves and aprons should be provided. No re-use of disposable gloves.
- Special bins should be provided for the disposal of wet and soiled nappies/pads. Soiled items should be “double-bagged” before placing in the bin.
- There should be special arrangements for the disposal of any contaminated waste/clinical materials.
- Seek advice on general continence issues through the School Nurse. For specific conditions, the School Nurse and/or parents should be able to provide links with relevant specialists.
- Supplies of suitable cleaning materials should be available. Anti-bacterial spray should be used to clean surfaces. Sterilising fluid should be used to disinfect urine bottles.
- Supplies of clean clothes should be easily to hand to avoid leaving the child unattended while they are located.
- Adolescent girls may need consideration of menstruation.

4.7 Helping Children with Personal Care

There are many reasons for a child having difficulties with personal care. These can be:

- Immaturity of development
- Spina bifida
- Cerebral palsy
- Muscular dystrophy
- Hirschsprung's disease
- Colostomy
- Perforated bowel
- Emotional problems
- Kidney problems
- Constipation
- Urinary tract infection
- Use of overnight feeding
- Physical/emotional/sexual abuse

Further professional advice relating to such individual conditions must be sought. Contact the School Health Adviser in the first instance. Parents may also have specific contact personnel.

4.8 The Personal Care Management Plan

A Personal Care Management Plan should cover:

- Facilities
- Equipment
- Staffing
- Training
- Curriculum specific needs
- School trips
- Arrangements for review and monitoring of the Care Plan and of the Complaints procedure

This may be part of a Health Care Plan. Consider the following: -

- Is the personal care plan leading to independence in personal care management?
- How will the situation be managed?
 - On home-school transport
 - On school trips
 - Sports day/school performances/examination times
 - Swimming
- What if child arrives in school soiled?
- Who is to cover if the regular assistant is absent? Have they had the relevant training?
- Who will help the child if there is no assistant available?
- Are spare clothes available in school?

- It is important to maintain the child's self-image and social standing within the peer group through sensitive handling and discretion. There may be teasing / bullying, particularly if there is an issue of odour.

4.9 Classroom management and organisation

- Adaptations to toilets, equipment and management strategies will vary according to the individual needs of each child
- Consider where the pupil sits in class in relation to the door if frequent visits to the toilet are needed
- When regrouping pupils for different activities, such as story time, think about the best place for the child who may "spring a leak" to sit. Is a plastic chair better than the carpet? Are individual carpet tiles easier to clean and dispose of if necessary?
- There should be a system in place that allows the child to leave the classroom to use the toilet without fuss. Avoid causing embarrassment; avoid making the child "hang about"
- If pupils have a set time for toilet management routines (e.g. catheterisation), they may be missing the same lesson all year. What can be done to avoid this?
- Physical activity such as PE can often result in an accident. It may be good to plan a visit to the toilet before the session.

4.10 Implications for learning

These are not always immediately obvious. Consider: -

- It is difficult to sit still if you need to go to the toilet
- A child with a continence difficulty may be experiencing tummy pain or discomfort
- Concentration and general well-being could be affected as a result of these problems
- It may be necessary to monitor fluid intake, or indeed, give extra

4.11 Access, organisation and resources

Please refer to the Local Authority Accessibility Strategy, your school's Accessibility Plan and your Disability Equalities Scheme.

- If at all possible, base the child in a classroom that is convenient for toilets
- You may need to use a separate toilet to ensure privacy for the procedure
- Any of the following may improve access: adaptations, provision of changing mat/table, installation of grab rails, step up to the toilet or to operate locks on toilet doors, position of toilet roll, lever taps
- A secure cupboard is required for storing medical supplies for certain procedures
- A "Cannon" type disposal unit may be required for waste
- A spare set of clothes

- Plastic bags for sending home soiled clothing (ensure there are no holes!)
- Latex free gloves and antiseptic cleanser and air fresheners are essential.
Bowl/bucket, paper roll for cleansing and clearing up will also be needed
- Accessible basin with hot and cold water, soap, towels/ hand drier within reach

5 Roles and Responsibilities

5.1 Parents or Carers

- Have primary responsibility for their child's health
- Are responsible for ensuring their child is well enough to attend school
- Should, where possible, arrange with their doctor for medication to be administered outside of school hours
- Should provide the school with details of their child's medical condition, and when and where the child may need extra or emergency attention.
- Should liaise with the head teacher to agree the school's role in helping to meet their child's medical needs, in accordance with the school's policy
- Are responsible for supplying written information about the medication their child needs to take in school and letting the school know in writing of any changes to the prescription or its administration or to the support required
- Should, where possible, arrange for a separate supply of medication for use in school
- Are responsible for the disposal of medication

It is important that professionals understand who has parental responsibility for a child. Further guidance is available in 'Managing Medicines in Schools and Early Years Settings' (DfES, March 2005).

It only requires one parent to agree to or request that medicines are administered.

Where parents / carers have difficulty supporting or understanding their child's medical conditions, assistance can be sought from the School Health Service or Community Children's Nurses, as appropriate.

5.2 The Employer (generally school governing body or the LA)

- Ensures the school's Health and Safety Policy is in place, including procedures for managing medication and effective management systems
- Ensures staff are aware of the policy and their responsibilities within it
- Ensures insurance fully covers staff acting within the scope of their employment
- Ensures correct procedures are in place and followed
- Has responsibility for ensuring staff receive appropriate training to support children with medical needs and needs to be satisfied the training has given staff sufficient understanding, confidence and expertise.
- Ensures that the policy and procedures are compatible and consistent with any registered day care operated either by them or an external provider on school premises

N.B. NHS Primary Care Trusts have the discretion to make resources available for any necessary support.

Within early years settings it is the responsibility of the registered person to arrange who will administer medicines and/or provide additional support and intervention, either on a voluntary basis or as part of a contract of employment.

We have 2 members of staff in Early Years who are Paediatric Trained First Aiders.

The Head teacher or Head of Setting:-

- Works with the governing body to develop their school's own policy
- Implements policy and develops detailed documented procedures
- Decides which member of staff has specific responsibility for this role. They should attend training on managing medicines and/or medical needs and drawing up a policy.
- Identifies named staff to administer medication and/or support medical needs and ensures they receive proper support and training
- Will make day to day decisions about the administration of medication, or delegate this as set out in the policy
- Ensures support and/or cover for absence or unavailability of staff who normally administer medicines and/or support medical needs

- Ensures appropriate systems for information sharing are in place and followed
- Ensures medication is stored safely
- Ensures staff and parents / carers are aware of the school's policy and procedures in supporting children with medical needs
- Informs parents / carers of any concerns they have about a child's medical condition
- Liaises with the Consultant in Communicable Disease Control following the outbreak of an infectious disease
- Agrees with parents / carers what support the school can provide
- Seeks written confirmation from the employer of insurance cover for staff who administer medication
- Ensures emergency procedures are in place
- Obtains agreement from parents / carers to share information about their child's medical condition/health with other staff members

In cases where the head teacher feels concern about meeting the child's medical needs or where the expectations of parents / carers appear unreasonable, they can seek advice from the School Health Adviser (School Nurse), Community Children's Nurses, School Doctor, G.P. or other medical advisers. In early years settings advice is more likely to be provided by a health visitor.

5.3 Teachers and other staff

- Staff with children with medical needs in their class or group should be informed about the nature of their condition, and when and where the children may need extra attention.
- All staff, including non-teaching staff, (e.g. support assistants, administration staff and lunch time supervisors) should be aware of the likelihood of an emergency arising and have training in the correct action to take.

5.4 Staff agreeing to administer medication:

In North Fawdon Primary School this role is taken by the named first aiders.

When staff agree to support a child with medical needs, they need to:

- receive information about the condition and the likelihood, or not, of an emergency arising
- have tasks clearly identified with training provided before they are asked to administer medication
- ensure appropriate records are kept
- be aware of any possible side-effects and what they do if they occur
- bring to the attention of the head teacher any concerns they have about a child's medical condition

5.5 The School Health Adviser or Community Children's Nurse

- Can help schools to draw up an Individual Health Care Plan for children with medical needs
- Can supplement information given by parents / carers and G.P.s
- Can advise on training for school staff who have volunteered to administer medication
- May be prepared to attend school open days/evenings to give advice to parents / carers and school staff

5.6 General Practitioner (G.P.)

- Will give information about a child's medical condition to school staff, providing the child's consent is obtained (if he/she has the capacity) or otherwise that of the parents / carers

5.7 Other Health Professionals

- The Community Paediatrician may give advice to schools on individual children or on health problems generally
- NHS Trust Pharmacists can advise on storage, handling and disposal of medicines

Community Children's Nurses or Specialist Nurses work as part of the NHS. They can provide advice on the medical needs of a child, particularly when a medical condition has just been diagnosed and the child is adjusting to new routines.

6 Hygiene/Infection Control

All staff should be aware of basic hygiene precautions for avoiding infection, such as washing and drying hands before and after the administration of medication.

Staff should have access to protective, disposable gloves and take extra care when dealing with spillages of blood or other body fluids and when disposing of dressings or equipment. Where needles are used, a sharps container and adequate arrangements for collection and incineration should be in place.

7 Co-ordination and Dissemination of Information

Head teachers are responsible for obtaining parents'/carers' permission to share information about a child's medical condition with other staff members.

Staff who may need to deal with an emergency will need to know about the child's medical needs and the procedures to follow.

The head teacher must make sure supply staff know about any medical needs.

Secondary school head teachers should ensure work experience placements are suitable for a child's particular medical condition. The child should be encouraged to share relevant medical information with an employer. A risk assessment may need to be carried out.

8 Confidentiality

The head teacher has responsibility for safeguarding the confidentiality of information regarding the health and medical treatment of children, and their right to privacy. Medical information should be treated in confidence, with regard to the Caldicott Report (1996), the Human Rights Act (1998) and the Data Protection Act (1998).

Agreement should be reached with the parent/carer or the child (where appropriate) about who else should have access to information and/or records. However, if

information is withheld from staff, they should not generally be held responsible if they act incorrectly in giving medical assistance, but act otherwise in good faith.

The head teacher should explain this carefully to parents / carers and/or children where they are reluctant to share information and it should be appropriately recorded.

9 Training

The training of staff is an integral part of any guidance on administering medicines and managing children with medical needs.

An Individual Health Care Plan may reveal a need for staff to have additional information about a medical condition or a training need in administering particular medications or emergency procedures.

In supporting children with medical needs in schools and early years settings there are a number of clinical procedures which staff may be trained to undertake. It is anticipated that where a member of staff is required to have an assessed level of competence to carry out a task this training will be undertaken by qualified nursing staff. This may be the School Health Advisor (School Nurse), Children's Community Nurse or Specialist Nurse.

The requirement for staff training will vary greatly between schools and will be largely influenced by the needs of the children for whom staff have responsibility.

In the same way as information is shared on a need to know basis, training should be arranged on a whole school basis, on a general level for all staff working with a particular child and for individual staff who may be required to provide specific care for an individual child or small number of children.

Whole staff group training should provide staff with opportunities to work together on the range of issues covered within this document thus enabling the development of a culture of good practice and a whole school approach to managing medical needs. Whole school training should further provide opportunities for staff to increase knowledge and enhance skills.

More individualised training will focus on the specific processes or procedures required to be carried out for a child. In some cases this may involve administering medicines or providing basic physical care which might appropriately be provided by a parent. In cases of medical procedures, such as catheterisation, an assessed level of competence will be required and qualified health professionals should always be called upon to provide training. Staff may require training in safe moving and handling. This will enable school staff to feel competent and confident and ensure the safety and well being of the child. It is imperative for the school and individual staff to keep a dated record of all training undertaken.

To facilitate this training and the entry of the child into school, the planning process will need to consider the following points;

- Negotiation of time for staff training. Requests for training will need to be submitted as soon as the school/early years setting is aware of the child's placement being confirmed.
- Release of staff from the classroom to facilitate training
- Facilitating staff to be trained outside of normal contracted hours i.e. lunchtime assistants.
- On going training needs as the child progresses through the school
- Confirmation of arrangements for on going support, updating of training and reassessment of competence of staff.
- Moving and handling training prior to undertaking the task

10 Risk management

There is an element of risk involved with many of the tasks carried out to support children with complex health needs. These risks cannot be removed completely, but it is possible to manage them. Risk management will form the basis of ensuring that children with complex health needs and technical dependencies needs are included in schools and early years settings.

Risk management should cover activities which take place both on site as well as activities which take place 'off site', such as educational visits and trips.

For staff, risk management will ensure:

- That tasks are carried out in the safest possible way.
- That any risk to staff is minimised.

For children and young people, risk management will ensure:

- That they are not exposed to unacceptable risks.
- That they can take part in and enjoy all the activities of the school or early years setting.

Staff may have a number of concerns about the risks involved to both children and staff in ensuring the inclusion of children with medical needs/technical dependency in mainstream settings, including the fear that they will be blamed if something goes wrong, lack of insurance and inadequate training provision. These anxieties can be minimised if all relevant areas of risk are assessed by a suitably trained person and adequate steps to minimise them are taken ensuring that their actions are reasonably practicable. (See Form 10)

11 School Trips

Schools should encourage children with medical needs to participate in school trips. Reasonable adjustments should be considered to ensure the inclusion of all children.

Sometimes it may be necessary to undertake a risk assessment or to take additional safety measures, particularly for outdoor visits or activities.

Staff on school trips should be made fully aware of the medical needs of children, the procedures for administration of medication, care and intervention, and the relevant emergency procedures. Staff who remain concerned about whether they can ensure the child's safety or the safety of others on the trip should seek medical advice from the School Health Service or Community Children's Nurses, as appropriate.

For further information on school trips see "Health and Safety of Pupils on Educational Visits: a good practice guide (DfES, 1998)

For further information relating to disability discrimination see 'Disability Discrimination Act, 1995'. The Disability Rights Commission' Code of Practice for Schools' July 2002.

12 Sporting Activities

Most children with medical conditions can participate in the PE curriculum or sports that are sufficiently flexible for all children to follow in ways appropriate to their own abilities/needs

Some children may need to take precautionary measures before or during exercise and may need to have immediate access to their medication. Staff supervising sporting activities should be aware of the relevant medical conditions, medication requirements and emergency procedures.

The following should be noted:

- Some children with kidney disease have a "line" for dialysis. Care should be taken that this is not knocked – seek medical advice on management of such lines
- Clothing for PE should be discreet
- Privacy for changing should be considered where necessary
- Seek advice from parents /carers and medical personnel with regard to swimming

Any restrictions should be appropriately recorded in a child's Individual Health Care Plan.

13 Home/School Transport

Schools and/or parents / carers should alert the LA, if it is felt a child requires or may require supervision on home/school transport.

The LA provides appropriately trained escorts where they are considered necessary. They are trained to know what to do in an emergency.

Drivers and escorts are not normally required to administer medication.

For further details please refer to Newcastle LA's Transport Policy or contact the Transport Section, Special Educational Needs 0191 2774646

14 Emergency Procedures

All staff should know how to call the emergency services. They should also know who, in school, has responsibility for carrying out emergency procedures.

Any child taken to hospital by ambulance should be accompanied by a member of staff, who should remain until a parent/carer arrives. School will ensure that staff have the means to return to school. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Local Authority advice to staff would be not to take children to hospital in their own car in an emergency. This can hinder emergency treatment. An ambulance should always be called.

However, in an emergency it may be the only course of action. Another member of staff should accompany the driver. The driver should have public liability insurance, and must use appropriate car seats according to the age of the child.

Individual health care plans should include instructions on how to manage a child in an emergency and who has responsibility in emergency

Conclusion

This policy incorporates the three areas

- Medicines in School

- Provision for Children with Additional Needs

- Provision for Children who have need of personal care plans.

This ensures continuity and consistency of care for the child between home and education whether on or off the school site.

Policy Reviewed	June 2019
Next Review Date	June 2020
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SMART Multi Academy Trust is an exempt charity and company limited by guarantee registered in England with company number 10257723. The company's registered office is: Wyndham Primary School, Montagu Avenue, Newcastle upon Tyne NE3 4SB

Individual Care Plan

Appendix B

1. Identification Details

Name	
Date of Birth	
Address	
Year Group	

2. Medical Details

Medical Condition	
Treatment regime	
Medication prescribed or otherwise	
Side effects	
Action to be taken in event of emergency or crisis	

3. Contact Details

Parents/carers	
Alternate family contact	
Doctor/Paediatrician	
Any other relevant Health Professional	

4. Facilities Required

Equipment and accommodation	
Staff training/ Management / Administration	
Arrangements for off site activities	
Review and update	

I consent for all staff to know about my child's condition

_____ Signed parent/carer _____ Date

Individual Care Plan For Short Term Medication

Appendix C

1. Identification Details

Name	
Date of Birth	
Address	
Year Group	

2. Medical Details

Medical Condition	
Name of medication	
Dosage	
Length of time to be taken	

3. Facilities Required

Equipment and accommodation	
Medication administered by	
Arrangements for off site activities	

I consent for all staff to know about my child's condition

_____ Signed parent/carer

_____ Date