



St. Pauls C/E Infant School and Sure Start Children's Centre

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Policy for managing medical needs and the administration of medicines

At St Paul's Tongham, we believe that inclusion and equal opportunities for pupils with medical needs are an entitlement and we believe that as a school and centre we have the responsibility to create the conditions for children to access their education and services provided. As a staff and governing body we will give regard to the required curriculum adjustments, necessary environmental aspects and desirable social support to minimise barriers for these most vulnerable members of our school community. We intend to foster a community which accepts others as they are and values the diversity of life.

PURPOSE OF THE POLICY

This policy is written to compliment and expand upon the DCSF document "Managing Medicines in Schools and Early Years Settings" and guidance provided by Surrey County Council.

CHILDREN WITH MEDICAL NEEDS

Children with medical needs have the same rights of admission to school as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis. Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Most children with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. However, we recognise that staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk. An individual health care plan can be used to help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk. (See appendix)

ACCESS TO EDUCATION AND ASSOCIATED SERVICES

Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. The DDA defines a person as having a disability if he has a physical or mental impairment which has a substantial and long-term adverse effect on his abilities to carry out normal day to day activities. Under Part 4 of the DDA, responsible bodies for schools (including nursery schools) **must not** discriminate against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of school life including school trips and school clubs and activities. We recognise and believe it right that we should be making reasonable adjustments for disabled children including those with medical needs at different levels of school life.

The governing body understands its duty to plan strategically to increase access, over time, to our school and centre.

SUPPORT FOR CHILDREN WITH MEDICAL NEEDS

Parents and those with Parental Responsibility have the prime responsibility for their child's health and should provide schools and settings with information about their child's medical condition. Parents, and the child if appropriate, should obtain details from their child's General Practitioner (GP) or paediatrician, if needed. The school doctor or nurse or a health visitor and specialist voluntary bodies may also be able to provide additional background information for staff.

We recognise that the issue of managing administration of medicines and supporting children with more complex health needs must be planned as it will greatly assist the smooth integration of children into the life of the school or setting.

MEDICINES IN SCHOOL

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.

There is no legal duty that requires school or setting staff to administer medicines however, the governing body expects school staff to work within the ethos of this policy and so it is likely that staff will administer medicines.

As such, Surrey County Council fully indemnifies all of its staff against claims for alleged negligence providing that they are acting within the remit of their employment. As the administration of medicines is considered to be an act of "taking reasonable care" of the child, staff can be reassured that in the event that a claim for alleged negligence being successful Surrey County Council and not the employee would meet the cost of damages

Prescribed Medicines

Medicines should only be sent into 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. We will 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 and dosage. **We will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.**

Parents with children who are asthmatic and have inhalers which need to be kept in school are asked to complete a "School Asthma Card".

Controlled Drugs

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

A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed. In the unlikely event that a child in our care has been prescribed controlled drugs and needs to take them during the school day they will be kept in a locked non-portable container and only named staff will have access. A record should be kept for audit and safety purposes.

Non-Prescription Medicines

County policy is that schools cannot be expected to take responsibility for any non-prescribed medicines that parents may wish to send into school to help with minor ailments. However we are aware that some

parents may make a request for a non-prescribed medicine to be administered, for example, "Piriton" and "Calpol". Piriton would be authorised for hayfever and Calpol for pain such as toothache or after an injury.

Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents and in addition, the headteacher must agree to administer a non-prescribed medicine. (See appendix). (A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor)

In all cases parents must complete a medication request(see appendix) and a record is kept, detailing the child's name, medicine and dose given and time.

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. The procedures may either be set out in the policy or in an individual child's health care plan. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

Day to Day procedures

Administration of medicines in school will usually be by school staff. Rarely children may self-administer or parents may visit school to give their children medication.

All medicines should be bought into school by the parent, or other responsible adult and handed to a member of the office staff, or in their absence the Headteacher or classteacher. Medicines will be stored in the red box in the main office, or where appropriate the fridge and must be accompanied by a medication request.(See appendix)

It is the responsibility of the parent to ensure that medicines are collected at the end of the day or school year, whichever is most appropriate. However, in reality, office staff will endeavour to ensure that medicines are returned to parents at the end of the school day. Medicines should not be given to children but handed directly to the parent/carer.

It is expected that parents of children who require medication on a long term basis will secure supplies from their GP to enable sufficient to be stored in school. It is the parents responsibility to ensure that medicines do not exceed their best before date

In all cases, a record will be kept of the date, child's name, medicine, dosage, time and name of person administering the medication. This record book is kept on the red medicines box in the main office.

Procedures for the administration of medicines

The following standard practice should be followed by staff when administering medicines:-

- Check the written instructions received by the school and confirm with details on the medicine container, paying particular notice to dosage information.
- Check the child's name on the medicine
- Check the prescribed dosage
- Check the expiry date of the medicine
- Check timing/frequency details
- Check record book(to avoid double dosage)
- Measure out the prescribed dose
- Give the medicine
- Complete the record book with name of medicine,

LONG-TERM MEDICAL NEEDS

It is important that we 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 or a setting. 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.

We need 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. We ask for information on the admissions form but for some children it is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals. (See appendix)

EDUCATIONAL VISITS

We encourage all children to participate in all areas of the curriculum and this includes children with medical needs participating in safely managed visits. Where necessary we consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

SPORTING ACTIVITIES

Most children with medical conditions can participate in physical activities and extra-curricular sport. We are flexible in our approach allowing 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 and 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.

ROLES AND RESPONSIBILITIES

Child safety is paramount and so it is vital that roles and responsibilities are clearly defined.

Parents and Carers

Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the full-time care of a child on a settled basis, such as a foster parent, but excludes baby sitters, child minders, nannies and school staff.

It only requires one parent to agree to or request that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom we have day-to-day contact. Where parents disagree over medical support, the disagreement must be resolved by the Courts. The school or setting

should continue to administer the medicine in line with the consent given and in accordance with the prescriber's instructions, unless and until a Court decides otherwise.

Parents are given the opportunity to provide the head with sufficient information about their child's medical needs if treatment or special care needed via the application form and open-door policy. Where a health plan is deemed necessary parents and Headteacher should reach agreement on the school's role in supporting their child's medical needs, in accordance with county policy. In accordance with information sharing protocols parental agreement should be sought before passing on information about a child's health to staff. It is recognised however that sharing information is important if staff and parents are to ensure the best care for a child.

Some parents may have difficulty understanding or supporting their child's medical condition themselves. Local health services can often provide additional assistance in these circumstances.

The Governing Body

The governing body is responsible for ensuring that there is a policy and that it is reviewed as appropriate.

The Head Teacher

The headteacher is responsible for putting Surrey policy into practice and for developing detailed procedures. Day to day decisions will fall to the Headteacher or in her absence Nicky Laxton or the child's classteacher. Policy must be made clear to staff and parents.

The headteachers should ensure that staff receive appropriate training.

For a child with medical needs, the head will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the head will seek advice from the school nurse or doctor, the child's GP or other medical advisers and, if appropriate, Surrey local authority.

Teachers and Other Staff

Some staff may be naturally concerned for the health and safety of a child with a medical condition, particularly if it is potentially life threatening. Staff with children with medical needs in their class or group will be informed about the nature of the condition, and when and where the children may need extra attention. The child's parents and health professionals should provide this information **to the school**.

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

DEALING WITH MEDICINES SAFELY

All medicines may be harmful to anyone for whom they are not appropriate. As a school that agrees to administer medicines we must ensure that the risks to the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

Storing Medicines

We do not store large volumes of medicines. We 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.

Medicines are kept in the office, unless refrigeration is required and all emergency medicines, such as asthma inhalers and adrenaline pens, are readily available to children and not locked away. .

Access to Medicines

Children need to have immediate access to their medicines when required. All school staff know where the medicines are kept and are made aware of children with medical needs via photographs in the school office and staff room.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each school year. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

EMERGENCY ASSISTANCE

When a child becomes unwell at school or is injured in an accident (other than minor cuts or bruises) the parent or other nominated contact will be contacted and an arrangement made for the child to be collected as soon as possible. It will then be the responsibility of the parent to accompany the child to their GP surgery or hospital accident and emergency department, as appropriate.

In cases where professional medical care should be sought immediately e.g. suspected fractures, eye injuries, serious head injuries, acute illness or other serious medical conditions that will not respond to first aid treatment an ambulance should be summoned by dialling 999. Meanwhile the parents will be contacted. All staff receive regular updates to first aid in school training (3 yearly) and those working with children in the Early Years Foundation Stage have paediatric first aid training and whilst the responsibility for this lies ultimately with the Sue Brown, or in her absence, Nicky Laxton, where it is clear that an ambulance is required the governors expect that any member of staff would make the call.

Where a child has to be transported to hospital and it has not been possible for a parent to accompany them, a member of staff will attend with the child and remain at the hospital with them until the parent arrives. The staff member cannot give consent for any medical treatment as she does not have parental responsibility for the child. However consent is not generally required for any life saving emergency treatment and in the absence of the parents to give their consent for any other non life threatening (but nevertheless urgent) medical treatment, the medical staff will carry out any procedures deemed appropriate

STAFF TRAINING

Initial training and regular updating must be given to staff who may administer medication for asthma, diabetes, epilepsy, anaphylaxis or any other needs. The headteacher will ensure that this is arranged via the School Health Service. A record will be kept of the following: trainers, subject, those trained, date trained and date of expected update training.

St Paul's C/E Infant School and Sure Start Children's Centre, Tongham

Healthcare Plan

Child's name _____

Group/Class/Form _____

Date of Birth _____

Child's Address _____

Medical Diagnosis or Condition _____

Date _____

Review date _____

CONTACT INFORMATION

Family contact 1

Family contact 2

Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

Clinic/Hospital contact

GP

Name _____ Name _____

Phone No. _____ Phone No. _____

Describe medical needs and give details of child's symptoms:

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

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

Follow up care:

Who is responsible in an Emergency: (State if different for off-site activities)

Form copied to:

St Paul's C/E Infant School and Sure Start Children's Centre, Tongham

Parental agreement to administer medicine

Date _____

Child's Name _____

Group/Class/Form _____

Name and strength of medicine _____

Expiry date _____

How much to give (i.e. dose to be given) _____

When to be given _____

Any other instructions _____

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

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

Daytime phone no. of parent or adult contact _____

Name and phone no. of GP _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to staff administering medicine in accordance with the school policy. I will inform the school 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: _____

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

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Confirmation of the Headteacher's agreement to administer non-prescribed medicines

Parent's Request

I _____ *[name of child]* request that _____ *[name of child]* will receive _____ *[quantity and name of medicine]* at _____ *[time medicine to be administered e.g. Lunchtime or afternoon break]*.

Date: _____

Signed: _____

[Parent]

Headteacher's Authorisation

It is agreed that _____ *[name of child]* will receive _____ *[quantity and name of medicine]* every day at _____ *[time medicine to be administered e.g. Lunchtime or afternoon break]*.

This arrangement will continue until _____ *[either end date of course of medicine or until instructed by parents]*.

Date: _____

Signed: _____

[The Head teacher/Head of Setting/Named Member of Staff]

