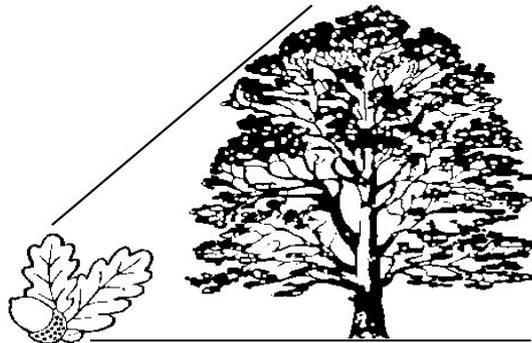


THE BLIGH FEDERATION



SUPPORTING CHILDREN WITH MEDICAL NEEDS

This policy was reviewed by Governors in December 2016

Supporting Children with Medical Needs

RATIONALE

The relevant legal framework is summarised below, and is set out more fully in DfE's *Supporting pupils at school with medical conditions statutory guidance for governing bodies of maintained schools and proprietors of academies in England*, December 2015.

The administration of medicines to children is the responsibility of parents, and there is no legal or contractual duty on Headteachers or staff to administer medicine or supervise a pupil taking it. *Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.* (DfE's *Supporting pupils at school with medical conditions*, 2015). However staff are often asked to assist children who are taking medication, and DfE's guidance emphasises the need for each school to have a clear policy to guide staff and parents on such matters.

There are two main sets of circumstances in which requests could be made to school and centre staff to deal with the administration of both prescribed and non-prescribed medicines to children at school:

- (a) cases of chronic illness or long-term complaints, such as asthma, diabetes or epilepsy;
- (b) cases where children recovering from short-term illness are well enough to return to school, but are receiving a course of prescribed medication such as antibiotics.

In addition staff may find it necessary in an emergency to take action, which in exceptional circumstances might extend to administering medicine.

Following a period of illness, a child's own doctor is the person best able to advise whether or not the child is fit to return to school, and it is for the parents to seek and obtain such advice as is necessary.

Very few courses of medication are likely to require medicine to be taken during school hours. Doctors are encouraged to prescribe medication that can be administered out of school hours.

However, the fact that a child does need to take medicine will not normally be sufficient grounds for that child to be deprived of a period of schooling, however short. Children with medical needs have the same rights of admission to school as other children, and cannot generally be excluded from school for medical reasons. The exception to this is if a child is suffering from an identified infectious illness. In such cases as these, then the guidance issued by the Departments for Health and the Health Protection Agency will be followed.

THE FEDERATION'S RESPONSIBILITY

Responsibilities in relation to children with medical needs derive from three principal sources:

- (a) DfE's *Supporting pupils at school with medical conditions statutory guidance for governing bodies of maintained schools and proprietors of academies in England*, December 2015.

- (b) The Health and Safety at Work Act (HSWA) 1974, which makes employers (the LA in County and Controlled schools, the Governing Body in Aided Schools) responsible for the health and safety of employees and anyone else significantly affected by work activities; in our Federation, this covers the Headteacher, teaching and associate staff, children and visitors;
- (c) The common law duty of care which teachers and other staff owe to the children in their charge; this duty requires them to act as any reasonably prudent parent would to make sure that children stay healthy and safe at school and during activities away from the school site.

In Medway, the employer's responsibilities under the HSWA are shared with Governing Bodies and Headteacher.

1. The Bligh Federation Health and Safety Policy

Our Health and Safety Policy and arrangements, endorsed and adopted by the Governing Body, include procedures for supporting children with medical needs, and for managing medication. The implementation of the policy is the responsibility of the Headteacher.

2. The Management of Health and Safety at Work Regulations 1992

These require employers of staff to:

- make a written assessment of significant risks;
- introduce measures to control these risks; and
- consult and inform staff about these measures.

Our policy is based on this framework, and is understood and accepted by staff, parents and children. It also forms the basis for the formal systems and procedures needed to turn good intentions into practice.

3. Direct Action

In accordance with this framework of responsibilities, the Headteacher and all staff will take appropriate action when a child in their care becomes ill. In most cases appropriate action will be to secure either the attendance of a parent or of medical assistance, but in a few rare instances the teacher or key worker may need to take some limited direct action or seek assistance from a designated member of staff.

4. Routine Administration of Medicines

Teachers share the general legal duty of care towards our children, but they have no obligation either to administer drugs routinely or to supervise children taking medicines. However, there is no reason why teachers cannot help if they are willing to volunteer and have been given appropriate training, and are acting with the written approval of parents and in accordance with this policy.

Appropriately trained associate staff may be directed to support the medical needs of children and the school has a duty to ensure that a child's access to education is not prevented.

Staff who act in this context are assured that they are covered by the County Council's insurance arrangements against any claim for negligence or other liability. The insurers have confirmed that, provided teachers act in accordance with the requirements of their policy, reflecting the guidance of the LA and the DfE, they are fully indemnified under the terms of the County Council's Employers' Liability and Public Liability policies.

5. Circumstances where prescription and non-prescription medication can be administered

For children with chronic illness/complaints or children recovering from short-term illnesses to have medication administered by a member of staff in school, an Individual Health Care Plan (see appendix C) or temporary Health Care Plan including the completion of the 'Parental Consent and Indemnity Form for Administering Medicines form' (see Appendix A) must be completed. The Parental Consent and Indemnity Form for Administering Medicines form' will give specific instructions for the administration of prescription and non-prescription medication by members of staff who are willing. The medication record form (see Appendix B) should be completed every time medication is administered and the form is to be kept with the medication. A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. DfE's *Supporting pupils at school with medical conditions statutory guidance for governing bodies of maintained schools and proprietors of academies in England*, December 2015.

6. Individual Care Plans

Individual Health Care Plans will be drawn up in consultation with the parents and when appropriate the child. In some cases it may be deemed appropriate to involve a medical professional by the school or an agent working on behalf of the school. If this occurs the parent will be informed immediately and kept informed throughout the Individual Care Plan process.

The Special Educational Needs Coordinator (SENCo) will have responsibility for creating Health Care Plans after the child's needs have been brought to the school's attention. The SENCo will review Individual Health Care Plans annually or on a needs basis in consultation with parents and medical professionals where appropriate.

The plans will include:

- Details of a child's condition (including symptoms of any condition which requires prompt action);
- Special requirements e.g. dietary needs, pre-activity precautions;
- Medication and any side effects;
- What to do, and who to contact in an emergency;
- Provision for school trips and physical education where appropriate;
- The role the school can play;
- Consideration for the child's educational, social and emotional needs;
- Input from medical professionals.

7. Staff Training

There are members of staff across the Federation with paediatrician first aid training. Additional training such as EpiPen training is administered by health professionals when appropriate.

8. A Written Statement for Parents

A clear written statement of the Federation's organisation and arrangements for the administration of medicines is included in the school's policy, which is published on the web-site and made available to all parents and carers. It includes an explanation of parents' own responsibilities and of how to make a request for medicines to be given at school.

The Children's Centre also has a clearly written statement of its arrangements for the administration of medicines, which is given to all parents/carers and includes an explanation of parents' own responsibilities and of how to make a request for medicines to be given.

Parents are asked to advise the staff of any medical condition which may affect their child during the day. Parents should do this at the time of first admission, and in respect of any conditions which arise subsequently.

9. A Named Person to Take Responsibility

Where medicines are to be administered, the Headteacher will ensure that a named person is responsible for medicines, together with a nominated deputy.

Where any doubt exists about whether or not to agree the administration of a particular course of medication in school, the Headteacher will seek advice from the School Nurse, the child's GP or NHS Direct.

THE PARENTS' RESPONSIBILITY

10. Parental or Self-Administration

It is preferable that parents administer or supervise the self-administration of medicine to their children. This could be done by the child going home during the lunch break or by the parent coming in and doing this. However, when this is not reasonably practical parents may ask for medicine to be administered to the child by staff.

Where such a request is made by parents, they will be required to complete a form for this purpose which must be returned to the administration office (Appendix A). The request will include a legal disclaimer from the parent in favour of the staff involved in administering the medicine.

The medicine, together with the completed and signed disclaimer, should be delivered to the administration office, wherever possible by a parent or other responsible and informed adult, and should be handed personally to the members of staff with identified responsibility for medicines.

11. Looked after Children

If a child is 'looked after' by the local authority (LA), the child may either be on a care order or be voluntarily accommodated. A Care Order places a child in the care of the Local Authority and gives the LA parental responsibility of the child. The LA will have the power to determine the extent to which this responsibility will continue to be shared with the parents.

A LA may also accommodate a child under voluntary arrangements with the parents. In these circumstances the parents will retain parental responsibility acting so far as possible as partners of the LA. Where a child is looked after by a LA, day to day responsibility may be with foster parents, residential workers or guardians.

In the cases outlined above, advice and guidance will be sought from the LA on the most appropriate channel for obtaining consent.

12. Labelling Medicines

Parents must ensure that the medicine is within its “use by

13. Parents Duties with Self-Administration

Parents should also ensure that the child is familiar with the dosage and, subject to age and physical and mental capacity, is able to self administer the medicine under adult supervision in order to promote self-care.

In cases where children require medication over long periods of time, any change in the dosage or other arrangements should be notified by parents, in writing, to the Headteacher.

14. Prescription Medicines in an Emergency

Where there is an obvious possibility that the administration of prescription medicine may be required in an emergency, parents will be asked to sign a suitable authorisation/indemnity form (Appendix A) and complete a Health Care Plan.

15. Parents and the School’s Legal Duty of Care

If the parents refuse to sign the indemnity, the Headteacher will make it clear to the parents (in writing) that the Federation has a legal duty of care to its children, and that the staff are therefore entitled and obliged, in an emergency, to take whatever action they think best in the light of the facts then known to them.

13. Long Term Illnesses

Information about long-term illnesses, such as epilepsy, asthma or diabetes, is recorded on the child’s school or Day-Care records together with appropriate instructions, and dated. In these instances advice will be sought from the School Nurse or child’s GP and an individual Health Care Plan written. The Care Plan is then updated annually.

14. Intermittently Prescribed Medicines (e.g. Antibiotics)

These must be kept in a secure location in a main office, not accessed by children, or where refrigeration is required, the staff room. Under no circumstances should these medicines be kept in first aid boxes.

Controlled drugs will be kept in a locked container.

15. Supervision of Self-Administered Medicines

Wherever possible, arrangements will be made for the medicine to be self-administered, under the supervision of a responsible adult. A written record of the dates and times of the self/adult administration of the medicine will be made using our recording system (Appendix B).

16. Clerical Staff

In our school, some duties concerned with the administration of medicine in the school are best undertaken by the Business Manager or other office staff, within the terms of their job description. However, the Headteacher will ensure that these persons have appropriate information and training to undertake these

duties. The Headteacher will continue to exercise the ultimate responsibility for the administration of medicines within the school.

17. Inhalers Used by Primary Aged Pupils

After discussion with and the consent of the parent, the child and the doctor, some primary age children will be considered sufficiently responsible to have charge of their own inhalers. In most cases the inhaler will be kept in a secure place, in the classroom by the teacher. In either case, use of the inhaler will be recorded. Wherever it is stored, the teacher or other member of staff will have immediate access to the inhaler whenever the child requires it.

Staff should be aware of the need for asthmatics to carry medication with them (or for staff to take appropriate action to ensure its accessibility) when, for example, participating in outdoor physical education or in the event of an evacuation or fire drill.

18. Storing Emergency Supplies of Drugs

Where a pupil's case makes it necessary, emergency supplies of prescribed drugs can be stored in schools, but only on a named patient basis. The use of such drugs, however, is extremely rare and in these cases the Health Authority will provide specific training on how and when to administer.

19. Surplus Medicines

Medicines no longer required should not be allowed to accumulate. Where medicines for emergency use are held at parents' request, a written request to check and replace them will be sent to parents twice a year.

CIRCUMSTANCES REQUIRING SPECIAL CAUTION

20. The Position for School Staff

Some children require treatment which staff may feel reluctant to provide, for example, the administration of rectal Diazepam. The number of such cases will be very small, and early identification and careful planning by the relevant Health Authority should result in detailed discussion and the formulation of a carefully designed individual programme to meet the needs and circumstances of each case.

There is no legal requirement for the Headteacher or staff to undertake these responsibilities, other than in the case of support staff employed specifically to help such children where the terms of their contract of employment identify the need to assist with medication. Only those who are both willing and appropriately trained should administer such treatment. Administration must be in accordance with instructions issued by a doctor. Training in invasive procedures must be conducted by personnel with appropriate medical qualifications. The school nurse may provide advice on nursing matters.

For the protection of both staff and children, a second member of staff should be present while the more intimate procedures are being followed, and appropriate personal protection (e.g. disposable gloves) must be worn.

21. Injections

Injections may only be administered by a qualified nurse or doctor, or by a person who has been trained to undertake this task. Under no circumstances should an untrained person attempt an injection. In the event of finding a discarded sharp, it must be disposed of in the Sharps Bin (Medical Room). Gloves must be worn.

22. Allergic Reactions

Children who may experience an extreme allergic reaction (anaphylaxis), triggered by foodstuffs or wasp stings, for example, will require an individual Health Care Plan (see Appendix C). This will include immediate contact with Emergency Services and the administration of drugs as previously agreed.

23. Complex Conditions

In certain circumstances where children have complex and/or long term medical conditions, it will be necessary to draw up an individual Health Care Plan. The purpose of the plan will be two-fold:

- To support the child's regular attendance and optimum participation in normal school activities;
- To help staff to ensure the child's safety and that of other children.

25. Rejecting Medical Treatment

Sometimes a child may belong to a group, which rejects aspects of medical treatment, for example on cultural or religious grounds.

Normally the parent will make the decision and this should be regarded as the most desirable course of action. However, the problem may be urgent or the parent may be out of contact, for example when the child is on a school journey.

Parents who reject medical treatment should make their views and wishes known to the school in writing so that the implications of their beliefs can be discussed and, wherever possible, accommodated.

26. 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 telephone the parents to inform them. If a refusal to take medicines results in an emergency, the emergency services will be called.

27. School Journeys

If a child is being taken on an educational visit where medical treatment may be needed, and the parent is not prepared to give written instructions and an indemnity on the subject of medical treatment, the school may decide that the child should not go on the journey.

28. Confidentiality

The Headteacher and other staff will always treat medical information confidentially and only share details on a 'need to know' basis. Where possible agreement with the child's parents will be sought to identify who should have access to medical information about a child.

SOURCES OF ADVICE OR EXPERTISE

29. Within the Local Authority

Advice on policy in respect of the administration of medicines in schools should be sought, in the first instance, from Medway's Health and safety representative: Tracey Thompson at Gun Wharf.

30. Complaints

Initial concerns should be discussed with the class teacher. If a parent is still concerned following these discussions they should discuss them with the

SENCo/Headteacher who will be happy to solve any problems relating to special needs provision. If parents wish to make a written complaint they should follow the procedures outlined in our Complaints Policy available from the school office

31. REVIEW AND MODIFICATION OF POLICY STATEMENT

This Policy Statement will be reviewed annually and may be modified, after appropriate consultation.

If you have any questions, do not understand or need further clarification on anything written in this policy document, please speak to your line manager at the earliest available opportunity.

Parental Consent and Indemnity Form for Administering Medicines

DETAILS OF CHILD

Surname..... M/F.....

Forename(s):..... Date of Birth.....

Class:.....

Condition or illness:.....

MEDICATION

Name/Type of Medication
(as described on the container)

Date dispensed

Full Directions for use:

Dosage and method:

Timing:

Special precautions:

Side Effects: Yes / No

Self-Administration:

Procedures to take in an Emergency:

CONTACT DETAILS:

Name: Daytime Telephone No:.....

Relationship to pupil.....

I understand that I must deliver and collect any medication to the school office personally, or arrange for another responsible adult to deliver and/or collect any medication personally, and accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes to this instruction in writing. I also understand that it is my responsibility to ensure that any medication is kept in date (including EpiPens and Asthma inhalers).

I, the parent/guardian of the above named child, request and give permission for the Headteacher, or person acting on his/her authority, to administer the above medication in emergency circumstances and in accordance with the directions given. I understand that neither the Headteacher nor anyone acting on his/her authority, nor the Governing Body nor Medway City Council will be liable for any illness or injury arising from the administering of the medicine or drug unless caused by the negligence of the Headteacher, the person acting on his/her authority, the Governing Body or Medway City Council, as the case may be.

Signature:.....Date.....

Relationship to pupil.....

The Bligh Federation

HEALTHCARE PLAN

Name:

Date of Birth:

Condition:

Address:

Date:

Review date:

Class:

CONTACT INFORMATION

Family Contact 1

Name:

Phone no. (Work)

(Home)

(Mobile)

Relationship:

Clinic/Hospital Contact

Name:

Phone no.

Family Contact 2

Name:

Phone no. (Work)

(Home)

(Mobile)

Relationship:

G.P

Name:

Phone no.

SIGNED

Signed (Child):.....

Date:

Signed (School):.....

Date:

Plan copied to:

Child's Name: _____

Date of birth: _____

Describe the condition and medical needs (Give details of pupil's individual symptoms):

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

Describe what constitutes an emergency for the pupil, and the action to be taken if this occurs:

Follow up care:

Who is responsible in an emergency: (state if different on off-site activities)



MEDICAL INFORMATION

Name of child

Name of parent

Contact number 1.....

Contact number 2.....

Description of condition

.....

.....

.....

Any action to be taken by school

.....

.....

Any medication to be given

.....

.....

Notification of parents necessary if

.....

.....

Emergency treatment

.....

.....

I agree to notify the school if any of these conditions change.

Signed..... Date

Name