

Oak Lodge Primary School

Supporting Pupils with Medical Needs Policy

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POLICY FOR SUPPORTING PUPILS WITH MEDICAL NEEDS

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PART A – General Statement

This policy is produced in respect of Oak Lodge Primary School and is supplemental to:

- Bromley Education and Care Services Medical Codes of Practice and Guidance
- Oak Lodge Primary School Health and Safety Policy (which contains details regarding first aid treatment)
- Oak Lodge Primary School SEN Policy
- Oak Lodge Primary School Equality Scheme and Accessibility Plan

STATEMENT OF POLICY

Oak Lodge Primary School is committed to providing pupils with a high quality education whatever their medical needs, disability or individual adjustments. The school and its staff will make all reasonable adjustments in consultation with parents and carers to ensure that pupils with a disability, medical need or SEN are not discriminated against or treated less favourably than other pupils

AIMS OF THE POLICY

- to make sure that children are healthy and safe in school.
- to encourage the widening participation of pupils with medical needs in inclusive education.
- to ensure that those children with medical conditions who may require intervention have the necessary support systems so that they can attend school regularly and take part in school activities.
- to have defined management systems, roles and responsibilities to support individual children with medical needs.
- to train nominated support staff who have specific duties to provide medical assistance as part of their contract.
- to provide the resources for nominated members of staff to fulfill their duties.
- to involve pupils, staff and parents/carers in the reviewing this policy.

PART B: Roles and Responsibilities

The Headteacher will:

- work with the governing body to continue to develop the School's policy
- implement the policy and develop detailed documented procedures
- bring this policy to the attention of school staff and parents/carers and ensure that the procedures outlined are put into practice
- ensure staff are aware of the policy and their responsibilities within it
- ensure staff receive appropriate training to support children with medical needs

The Inclusion Manager (with the support of the Family Worker) will:

- seek appropriate support where it considers that the pupil will have significant and chronic medical needs in the future
- ensure that, where appropriate, work is provided for the pupil to do at home where a longer period of absence is anticipated

- alert the Home Tuition Coordinator for the Local Authority where a child is absent for regular or recurrent treatment
- liaise with the Education Welfare Service, the Home Tuition Coordinator and the Hospital School, depending on the circumstances, to ensure continuity of education
- liaise with outside providers to monitor the progress of pupils receiving education elsewhere
- liaise with the school nurse regarding the provision of an individual health care plan (IHCP) for any pupil returning from absence with continuing medical needs

The First Aid Officer will:

- liaise with the Admin Assistant in the school office to maintain a record of pupils' medical needs on the school's database

The Staff of Oak Lodge Primary School will:

- provide First Aid assistance whenever necessary
- follow correct procedures

Parents or Carers:

- have primary responsibility for their child's health
- are responsible for ensuring their child is well enough to attend school
- should inform the school on the first day that their child is absent
- should provide a medical certificate in all cases where absence exceeds one week
- should liaise with the Headteacher or his/her representative to agree the School's role in helping to meet their child's medical needs
- should provide the School with the necessary details of their child's medical condition and when and where the child may need extra or emergency attention
- should inform the School about any changes in their child's treatment
- should, where possible, arrange with their doctor for medication to be administered outside of school hours
- should, where possible, arrange for a separate supply of medication for use in school
- are responsible for the disposal of medication

PART B – Procedures and Provision

1. Definition of Medical Needs

A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

For the purpose of this policy, pupils with medical needs may be:

- pupils with chronic or long term medical conditions such as musculoskeletal problems, cancer, asthma, epilepsy, diabetes, Crohn's disease, heart problems, mental health problems (anxieties, depression, school phobia)
- pupils with a disability involving specific access needs, treatments, support or forms of supervision during the course of the school day
- sick pupils, including those who are physically ill or injured or are recovering from medical interventions

2. Individual Health Care Plans

In instances of a medical condition having a substantial impact on the child's provision, the child will have an Individual Health Care Plan, which is drawn up in consultation with the school, parents/carers, health professionals and the child.

This may include:

- details about the child and his/her condition
- specific and professional advice on what and what not to do
- name and details of medication, including any side-effects
- special requirements, e.g. dietary needs, precautions
- a risk assessment to ensure that the child participates safely in educational activities
- emergency procedures, including a Personal Emergency Evacuation Plan (PEEP)
- contact details of relevant individuals and agencies
- role of school and outside staff

3. Principles and Procedures of Administering Medication

Non-prescribed Medication

The school will not store or give medicines that have not been prescribed to a child (e.g. Calpol or cough medicines. Parents/carers will need to make arrangements to come into school if they wish to give their child these medicines.) As an exception, if the pupil is on a residential school journey the school will administer the necessary dosage with appropriate authorisation from the parent/carer.

Prescribed Medication

Short Term Needs

If medicines are prescribed up to 3 times a day, the school expects parents/carers to give this medication outside of school hours. If medicines are prescribed 4 times a day the parent/carer or their representative will need to visit the school to administer the

medication. Where a pupil is on a residential school journey the school will administer the necessary dosage with appropriate authorization from the parent/carer.

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

In all cases, no child should have medication in school or be given medication without the parent/carer's prior written consent and the approval of the Headteacher.

Where a child has a long term medical need an Individual Health Care Plan will be drawn up with the parents/carers and health professionals (with the exception of Asthma and Eczema where only a parent/carer's consent form is required). In this case, school staff will assist with medicines, if this is in the Health Care Plan.

4. Procedures for administration of medication

It is parent/carer's responsibility to ensure medication is in its original container and is dated and clearly labelled with:

- the child's name
- the name and strength of the medication
- date of issue
- expiry date
- length of treatment (not asthma inhalers)
- instructions for use (not asthma inhaler)
- dosage/s
- time, frequency and method of administration
- possible side-effects (not asthma inhalers)
- storage details (not asthma inhalers)

Staff who receive the medication should be satisfied that the container is the original and clarity of the labelling. They should:

- read the label carefully
- ensure the correct name is stated
- ensure that they understand the instructions, including written instructions from the health professional
- check the prescribed dosage on the pharmacist's label and the expiry date on the packaging

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

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

- complete and sign a record sheet for the appropriate child (with the exception of asthma inhalers) – see Appendix 4

- ensure that the child has actually taken the medication

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 bodily 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

4. Safe Storage of Medicines

Dealing with Medicines Safely

No child should ever 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 that 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.

The Headteacher is responsible for making sure all medication is stored safely, especially drugs such as Methylphenidate (commonly known as Ritalin), which are controlled under The Misuse of Drugs Act 1971.

Storage and Access to Medication

All medication stored by the School will be in an appropriately labelled container under lock and key. Should a medicine need to be refrigerated it must be in a clearly labelled airtight container. It is advisable that all medication is stored where temperatures are not excessive or it is likely to be extremely humid.

There is a range of medication such as Ritalin (Methylphenidate) amongst others that falls under the Misuse of Drugs Act 1971. These should be stored under lock and key.

In the event of a theft or burglary the necessary authorities should be notified and, where it affects a child's immediate needs, the parents/carers should be notified immediately and where necessary health professionals involved. In the most urgent cases it is advisable to contact the emergency services or the nearest Accident & Emergency department.

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 (if applicable). A few medicines, such as asthma inhalers and epi-pens, must be readily available to children and therefore not locked away.

Where a parent/carer has completed the relevant consent form (see Appendix 5) children are permitted to carry their own inhalers. Other medicines should be kept in a secure place, not accessible to children.

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

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

Disposal of Medication

- medicines should not be flushed down the sink or the toilet
- 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
- medications (with the exception of Epipens) should not be stored over the summer holiday period in the School; if in doubt the school office will seek the advice of their local pharmacist about disposal of uncollected medicines
- if medicines are returned to a parent 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

5. The Pupil and Medication

Self-Management/Administration

It is accepted good practice to encourage children, wherever appropriate, to manage their own medication from a relatively early age. A good example of this is children using their own asthma reliever. Parents/carers must complete a consent form to allow the child to keep their medication in class, noting that the child will self-administer and sign the form (see Appendix 5). The School will consider each individual child's needs on case by case basis and in consultation with parents/carers and health professionals and make a decision on the suitability of self-management of medicines. Where a child is considered unable to self manage their medication the parent/carer will need to give their consent for the school to administer the medication either in the child's Healthcare Plan or by completing a consent form (see Appendix 3).

Refusal to Take Medication

If a child refuses their medication, they should not be forced to take it with the exception of a child suffering from a severe asthma attack or severe allergic reaction. Staff should inform the child's parents/carers as a matter of urgency. In the event that the parents/carers are not contactable, a named health professional known to the child should be contacted and in the event that the refusal has a detrimental impact as identified in the Individual Health Plan emergency procedures, such as calling 999, should be implemented. All the above steps and actions should be recorded.

6. Educational Visits and Sporting Activities

School Trips

The school will endeavour to make any reasonable necessary adjustments to ensure the inclusion of all children. In the case of children with medical needs, appropriate advice will be sought to ensure their health and safety. This may include the drawing up of an Individual Health Care Plan with the parents/carers and the teacher/member of staff in charge of the specific activity. In some instances 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 will be made fully aware of the medical needs of children, the procedures for administration of medication and any relevant emergency procedures. Wherever possible these situations will be anticipated and included in the child's Individual Health Care Plan.

At all times the school will ensure that the health and safety of pupils and staff takes precedence over any other consideration. The moving and handling of children and young people is not part of any teacher's job or professional obligations and should only be undertaken when a risk assessment has taken place and training has been given. However, teachers should recognise the possible existence of emergency situations in which the moving and handling of pupils for life-threatening and potentially dangerous reasons might be necessary as part of the teacher's general duty of care.

Sporting Activities

The school will ensure that the necessary adjustments will be made for most children with medical conditions to participate in the PE curriculum or sports activities. 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 will be aware of the relevant medical conditions, medication requirements and emergency procedures through access to their Individual Health Care Plan.

Restrictions on physical activity and implications of involvement in physical activities will be recorded in the Individual Health Care Plan.

Risk assessments will be carried out to determine whether the pupil can safely participate in physical activities and specialist equipment will be provided where this is deemed reasonable. Designated members of staff assisting the pupil will be trained in safe manual handling.

7. Pupils and Alternative Provision

Home tuition

There may be instances where a pupil's medical needs require alternative provision such as Home Tuition. Parents/carers will be kept informed about arrangements in school and about contacts made with outside agencies. The school will liaise with the school nurse and other health professionals as appropriate in order to ensure that any alternative educational provision is made to meet the needs of the children.

Parents/carers will be consulted before a referral to the Home Tuition Service (which is a service of the Local Authority) and who will:

- provide tuition for pupils with medical needs unable to attend the School for more than 15 working days
- liaise with the School to ensure continuity of education whilst the student is unable to attend and to support the individual's return to the School

Absence as a result of a medical condition

- all parents/carers are expected to inform the School on the first day that their child is absent; if an absence lasts for 5 days or longer, parents are requested to produce evidence that their child has received a consultation by a medical practitioner eg. an appointment card, prescribed medication in its original container or permission from the parent that the School may contact their GP to confirm that a consultation has taken place
- in cases where pupils are absent for periods less than 15 working days, parents/carers will follow the normal arrangements for informing the school. If the length of the period of absence can be anticipated, then it may be appropriate for the School to provide the pupil with a pack of work to do at home.
- where an absence exceeds 15 working days, the School will inform the Education Welfare Office. The Education Welfare Officer (EWO) will help to resolve any difficulties, and advise and inform parents/carers of the legal responsibilities of everyone involved. Parents/carers will need to provide the school with a letter from a GP or consultant containing details of the medical condition or intervention and information about the estimated period of absence. The School will also contact the Home Tuition Service.
- If a pupil is to be admitted to hospital for a period longer than 5 working days, then the School will contact the Hospital School so as to ensure continuity of education.

Arrangements for access to education in the case of anticipated long-term absence

- It is essential that parents/carers inform the School at the earliest opportunity if it is anticipated that an absence will be long-term (exceeding 15 working days).

- When an absence of more than 15 working days can be predicted, arrangements for continuing the pupil's education will be made by the Inclusion Manager. After speaking to the parents/carers, s/he will contact the Hospital School and/or HomeTuition Service. S/he will then communicate the necessary information that will enable appropriate provision to be organised. Information sent will generally include: curriculum targets and relevant planning; -a copy of the Individual Education Plan (IEP) and where appropriate Individual Health Care Plan; relevant information from the latest Annual Review if the pupil is statemented
- Home Tuition will start as soon as is practicable. Current LA policy is that pupils/pupils educated at home will receive a minimum of 5 hours teaching per week. This is intensive one-to-one teaching and is normally as much as a child recovering from illness, injury or surgery can benefit from. In exceptional cases the amount of tuition may be increased if the Home Tuition Service has the capacity at the time.
- In cases where a child has recurrent or regular treatment and is away from the School for a number of shorter periods, the Inclusion Manager will alert the Home Tuition Service. The Home Tuition Coordinator for the LA will make every effort to organise special provision for the pupil in question.
- The School, with the parents/carers cooperation, will maintain contact with pupils unable to attend. The Inclusion Manager will coordinate the passing on of any information or materials necessary to keep the absent pupil up to date with topics being covered in class.
- The School will continue to liaise with any outside agency so as to monitor the progress of pupils unable to attend. In cases of extended absence the Inclusion Manager will arrange for a review of provision so as to best meet the pupil's needs.

Reintegration following absence for medical treatment

- As with the notification of absence, it is very important that parents/carers give the School as much notice as possible about a pupil's date of return.
- The School will through the Inclusion Manager ensure that a reintegration plan is prepared in advance of the pupil's return. This plan will set down any new procedures that need to be followed and will ensure that any additional equipment is in place. Particular attention will be given to matters such as handling and lifting and support staff will be given appropriate training. It is essential that all agencies involved with the pupil contribute to the drawing up of the plan. In some cases it will be necessary to have outside professionals on site when the child first returns.
- For some pupils, reintegration will be a gradual process. Where mobility and independence are reduced, or where additional medical procedures are involved, a preliminary visit will help to establish whether there are any health & safety issues that need to be addressed before reintegration.
- In the event that a pupil has significant medical needs for the foreseeable future, it may be necessary to consider making a request for an assessment with the Local Authority Disability Panel. There will be consultation with the parents/carers on this matter.

8. Record Keeping

The information contained within the Individual Health Care Plans will be treated in confidence and used for no other purpose than for the school to set up a good support system. All necessary forms can be found on the School's shared area and are available to parents on request.

Details of pupils' medical needs will be recorded on the school management information system. Teaching staff will check with parents/carers that these records are accurate at the Open Evening held in the Autumn Term.

Pictures and details of children suffering from severe allergic reactions are displayed in the staffroom and school office. Details of individual children are displayed in their classroom.

Oak Lodge Primary School will keep a record of medication given to children and of the staff involved. The purpose of which is to ensure adequate support measures are in place and followed correctly, as well as allowing for reviewing of procedures.

It is the responsibility of parents/carers to supply written information about the medication their child needs to take in the School or related educational activities as well as any changes to the prescription or its administration or to the support required.

Parents/carers or a suitably qualified health professional 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

9. Risk Assessments and Emergency Procedures

Risk Assessments

Where the disability or medical condition of a child entails specific risks to the individual a risk assessment will be prepared. In most instances it is anticipated that this will be attached to the Individual Health Care Plan.

Emergency Procedures

All School staff should know how to call the emergency services. They should also know who are the first-aiders and the named person who has responsibility for carrying out emergency procedures. Appendix 1 – Contacting the Emergency Services form should be completed for the school records.

Any child taken to hospital by ambulance should be accompanied by a member of staff, if a parent/carer is unavailable. They should remain with the pupil until a parent/carer arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Normally staff should not take children to hospital in their own car. 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. Please refer where applicable to Individual Health Care Plans for further information where applicable.

10. Staff Training

All staff receive 'first aid for appointed person' and 'epipen' training on a regular basis. In addition to this the school will have a minimum of 2 first aiders who have received First Aid at Work training and 3 paediatric first aiders.

Where necessary appointed staff will receive appropriate training on how to meet the specific medical needs of individual pupils.

Appendices

Appendix 1 – Contacting Emergency Services Crib Sheet

Appendix 2 – Contacting Emergency Services Report

Appendix 3 – Parental & Headteacher Agreement to Administer Medicine

Appendix 4 – Record of Medicine Administered

Appendix 5 – Permission for Child to Carry Own Medicine

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