

Introduction

Greasby Junior School is committed to reducing the barriers for its pupils in taking a full and active part in school life. This policy sets out the steps which the school takes to ensure full access to learning for all its children who have medical needs and are able to attend school.

(All paragraph numbers listed below refer to the DfE publication, 'Supporting pupils at school with medical conditions', September 2014).

1. Managing prescription medicines which need to be taken during the school day.

Parents/carers should provide full *written* information about their child's medical needs.

Short-term prescription requirements should only be brought to school if it is detrimental to the child's health not to have the medicine during the school day. (*Paragraph 35*)

Staff **must not** give prescription medicines or undertake healthcare procedures without appropriate training. In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient. The school will make this decision. (*Paragraph 27*)

Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff are authorised to administer a controlled drug, in accordance with the prescriber's instructions. A child may legally have a prescribed controlled drug 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.

Medicines should always be provided in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen. (*Paragraph 35*)

The school/setting will refer to the DfE guidance document when dealing with any other particular issues relating to managing medicines.

2. Procedures for managing prescription medicines on trips and outings and during sporting activities

The school will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. This includes carrying out all necessary risk assessments and consulting with parents and pupils and taking advice from the relevant healthcare professional to ensure pupils can participate safely. (*Paragraph 41*)

The school co-operates with the Local Authority in fulfilling its responsibilities regarding home to school transport. This may include giving advice regarding a child's medical needs. *(Paragraph 42)*

3. The roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines

Close co-operation between schools, settings, parents/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.

It is important that responsibility for child safety is clearly defined and that each person responsible for a child with medical needs is aware of what is expected of them.

The school will always take full account of temporary, supply and peripatetic staff when informing staff of arrangements for the administration of medicines.

Whenever possible, the school will designate a minimum of two people to be responsible for the administering of medicine to a child.

Staff should **never** give a non-prescribed medicine to a child unless this is part of an individual Health Care Plan, involving specific prior written permission from the parents/carers. Where the Headteacher agrees to administer a non-prescribed medicine it **must** be in accordance with this policy.

National Guidance states: 'A child under 16 should **never** be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. The school will inform parents of this policy. *(Paragraph 35)*

If a child refuses to take medicine, staff will not force them to do so. Staff should record the incident and follow agreed procedures (Health Care Plan). Parents will be informed of the refusal on the same day. If refusal results in an emergency, the school's normal emergency procedures will be followed. *(Paragraph 34)*

If in doubt about a procedure, staff should not administer the medicine, but check with the parents or a health professional before taking further action.

4. Parental responsibilities in respect of their child's medical needs

It is the parents'/carers' responsibility to provide the headteacher with sufficient and up to date information about their child's medical needs. *(Paragraph 22)*

Parents are expected to work with the headteacher to reach an agreement on the school's role in supporting their child's medical needs, in accordance with the school's policy.

If parents/carers have difficulty understanding or supporting their child's medical condition themselves, they should be encouraged to contact either the school nurse or the health visitor, as appropriate.

It requires only one parent/carer to agree to or request that medicines are administered to a child. It is likely that this will be the parent with whom the school or setting has day-to-day contact.

Prior written agreement should be obtained from parents/carers for any medicines to be given to a child. (See Form 4).

5. Assisting children with long-term or complex medical needs

Where there are long-term medical needs for a child, including administration of medicine, a Health Care Plan should be completed, using Form 2, involving both parents/carers and relevant health professionals.

A Health Care Plan clarifies for staff, parents/carers and the child the help that can be provided. It is important for staff to be guided by the school nurse or the child's GP or paediatrician.

The governing body should ensure that Health Care Plans are reviewed at least annually, or earlier if evidence is presented that the child's needs may have changed. The plans should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing and minimises disruption. (*Paragraph 17*)

In addition to input from the school health service, the child's GP or other health care professionals depending on the level of support the child needs, those who may need to contribute to a health care pro forma include the:

- Headteacher
- Parent or carer
- Child (if appropriate)
- Class Teacher
- Teaching Assistant
- Staff who are trained to administer medicines
- Staff who are trained in emergency procedures

Regarding epilepsy, some children may be prescribed rectal diazepam as a treatment for prolonged seizures. Staff involved must have received training from local health services. A written authorisation from the GP, Consultant or Epilepsy Specialist Nurse must have been received for each child, along with instructions for use. Two adults must be present for such treatment, at least one being of the same gender as the child. The dignity of the child must be protected as far as possible.

6. Children carrying and taking their prescribed medicines themselves

An example of this would be a child with asthma using an inhaler.

Where possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. They may require an appropriate level of supervision and where it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them. (*Paragraph 33*)

Where pupils have been prescribed controlled drugs and it is judged that they are not competent to administer them themselves, the controlled drugs must be kept securely in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school. (*Paragraph 35*)

7. Staff support and training in dealing with medical needs

The school will ensure that there are sufficient members of support staff who manage medicines. Any member of school staff may be asked to provide support to pupils with medical conditions although they cannot be required to do so. Administering medicines is not part of the teachers' professional duties but they should take into account the needs of the pupils they teach. Staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. (*Paragraph 22*)

Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Agreement to do so must be voluntary.

Staff who have a child with medical needs in their class or group will be informed about the nature of the condition and when and where the child may need extra attention. The child's parents/carers and health professionals should provide this information.

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

Back up cover should be arranged for when the member of staff responsible is absent or unavailable.

At different times of the day other staff, such as lunchtime supervisors, may be responsible for children. They will also be provided with training and advice.

8. Record keeping

It is the responsibility of the governing body to ensure that written records are kept of all medicines administered to children. Records offer protection to staff and proof that they have followed agreed procedures. Parents should be informed if their child has been unwell at school. (*Paragraph 36*)

Parents/carers should tell the school or setting about the medicines that their child needs to take and provide details of any changes to the prescription or the support required.

The school will use Form 4 to record short-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.

Form 6 will be used to keep a record of all medicines administered to children in school. This form will be kept securely in the medical room.

Where a child requires medication to be administered on a long term basis, a Health Care Plan will be written. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.

It is the parent/carer's responsibility, not the schools,' to monitor when further supplies of medication are needed in the school.

Form 4 should be used to confirm, with the parents/carers, that a member of staff will administer medicine to their child.

9. Safe storage of medicines

Any controlled drugs which have been prescribed for a child must be kept in a fixed locked cupboard in a secure location, except where pupils manage their own medication or where the medicine has to be kept in the fridge (antibiotics). The fridge will be in a place where children do not have access.

The school will only store, supervise and administer medicines that have been prescribed for an individual child.

Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.

Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, any side effects and the expiry date.

Where a child needs two or more prescribed medicines, each will be in a separate container.

Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and kept safely. This is particularly important to consider when outside of school premises eg on school trips.
(Paragraph 35)

Greasby Junior School allows children to carry their own inhalers in their bags so that they know exactly where they are when needed.

A few medicines need to be refrigerated. They *can* be kept in a refrigerator containing food but *must* be in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines. It is acceptable for a staff room fridge to be used for storage, as long as medical items are clearly labelled.

10. Disposal of Medicines

When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
(Paragraph 35)

11. Hygiene and Infection Control

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

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

The Education (School Premises) Regulations 1999 require every school to have a room appropriate and readily available for use for medical or dental examination and treatment and for the caring of sick or injured pupils. It **must** contain a washbasin and be reasonably near a water closet. It **must not** be teaching accommodation. If this room is used for other purposes as well as for medical accommodation, the body responsible **must** consider whether dual use is satisfactory or has unreasonable implications for its main purpose. The responsibility for providing these facilities in all maintained schools rests with the Local Authority.

12. Access to the school's emergency procedures

As part of general risk management processes the school has arrangements in place for dealing with emergency situations. (See Emergency Planning Policy)

All staff should know how to call the emergency services. (Guidance on calling an ambulance is provided in Form 1).

All staff should also know who is responsible for carrying out emergency procedures in the event of need (See Emergency Planning Policy)

Whenever possible a member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

(Paragraph 38)

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. *(Paragraph 39)*

In the event of a member of staff or a child suffering a sudden cardiac arrest, quick action in the form of CPR and defibrillation will be taken. The school's defibrillator is located on the wall outside the medical room. Staff members appointed as first-aiders are trained in its use.

13. Risk assessment and management procedures

This policy will operate within the context of the school's Health and Safety Policy.

The school will ensure that risks to the health of others are properly controlled.

The school will provide, where necessary, individual risk assessments for pupils or groups with medical needs.

The school is aware of the health and safety issues relating to dangerous substances and infection.

Appendix 1

Forms

- Form 1:** Contacting Emergency Services
- Form 2:** Health Care Plan
- Form 4:** Greasby Junior School's record of short term administration of medication
- Form 6:** Record of medicines administered to all children

All forms set out below are examples that schools and settings may wish to use or adapt according to their particular policies on administering medicines.

These and other forms are available on the LA website:

<http://www.wirral-abc.gov.uk/HealthandSafety/index.asp>

FORM 1

Contacting Emergency Services

Request for an Ambulance

Dial (9) 999, ask for ambulance and be ready with the following information

1. Your telephone number
School: 0151 6771837
2. Give your location as follows:
Greasby Junior School, Mill Lane, Greasby.
3. State that the postcode is
CH49 3AR
4. Give exact location in the school/setting
5. Give your name
6. Give name of child and a brief description of child's symptoms
7. Give details of any medicines given or prescribed
8. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

NB: Where possible the member of staff should try to use a telephone with an outside line as near as possible to the classroom the child is in as questions about the child and his/her condition will be asked.

Rooms with an outside line:

Lower School – Learning Resource Room.

Upper School – 5S (Room 8), 6P (next to the art room).

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

Put a completed copy of this form by the telephone

FORM 2

Health Care Plan (this should be regularly reviewed)

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

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

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Describe medical needs and give details of child's symptoms

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

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

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Follow up care

Who is responsible in an emergency (*state if different for off-site activities*)?

Form copied to

Request for school to administer prescribed medication

The school will not give your child medicine unless you complete and sign this form, and the headteacher has agreed that staff can administer the medication.

Child's name: _____

Class: _____

Condition or illness: _____

Name/type of medication: _____

Dosage: _____

Contact telephone number: _____

Please give any other information that the school needs to know (for example, possible side effects):

- **I understand that I must deliver the medicine personally to the School Office and accept that this is a service which the school is not obliged to undertake and that the staff are not qualified to administer medicines.**
- **In understand that I must collect the above medication from the School Office as soon as my child no longer requires it to be administered.**

Signature: _____ Date: _____

Relationship to pupil: _____

FORM 6

Record of medicines administered to all children

Name of School/Setting

Date	Child's Name	Time	Name of Medicine	Dose Given	Any Reactions	Signature of Staff	Print Name

