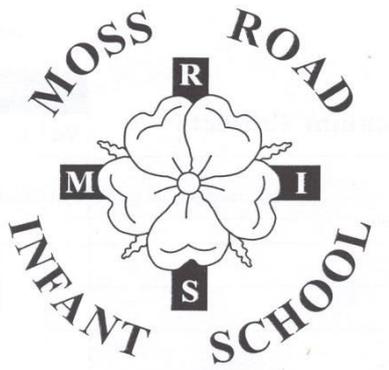


ASKERN MOSS ROAD INFANT SCHOOL

Managing Medical Conditions Policy



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MANAGING MEDICAL CONDITIONS

POLICY DOCUMENT

The following guidance draws directly on advice contained within DfES (Now DCSF) publication '*Managing Medicines in Schools and Early Years Settings*': DfES/Department of Health 2005 Ref 1448-2005 DCL-EN

The above publication provides the current guidance on managing medicines in schools and early years settings, and replaces the earlier DFEE/DoH guidance *Supporting Pupils with Medical Needs: a Good Practice Guide*, and circular 14/96 *Supporting Schools with Medical Needs in School*, which were published in 1996. The document sets a clear framework within which Local Authorities, NHS Primary Care Trusts, schools, early years settings and families are able to work together. This ensures that children requiring medicines receive the support they need, and schools and staff work within approved guidelines. Copies are available to download from <http://nationalstrategies.standards.dcsf.gov.uk/node/84514>

Children with Medical Needs

Children with medical needs have the same rights of admission to a school or early years setting as other children. 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 or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her abilities to carry out normal day to day activities. Part 4 of the Act specifies that 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, school clubs and activities. Schools should be making reasonable adjustments for disabled children including those with medical needs and are under a **duty** to plan strategically to increase access over time.

The **National Curriculum Inclusion Statement 2000** emphasises the importance of providing effective learning opportunities for **all** pupils.

Support for Children with Medical Needs

Parents/carers have the prime responsibility for their child's health and should provide schools and early years settings with information about their child's medical conditions. There is **no legal duty** that requires school or early years setting staff to administer medicines. A number of schools are developing roles for support staff and including the administration of medicines as a standard part of their job description. Some support staff may have such a role in their contract of employment. In these cases schools should ensure that they have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties. Staff managing the administration of medicines and those who administer medicines should receive appropriate training and support from health professionals.

Paragraph references, in italics, in this document refer to paragraphs of the DfES document “Managing Medicines in School and Early Years Settings Guidelines”.

- 1 Procedures for managing prescription medicines that need to be taken during the school day**
- 1.1 We will **never** accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosages. Paragraph 26
- 1.2 Short-term prescription requirements should only be taken to school if it is detrimental to the child's health if it were not administered in school. Paragraph 37
- 1.3 We will **not** administer medicines that have **not** been prescribed by a doctor, dentist, nurse independent prescriber or pharmacist prescriber. Paragraph 25
- 1.4 Medicines should always be provided in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. In all cases this should include:
- Name of child
 - Name of medicine
 - Dose
 - Method of administration
 - Time/frequency of administration
 - Any side effects
 - Expiry date
- Paragraph 51
- 1.5 We will only accept medicines brought in by a responsible adult. It is, helpful when clinically appropriate, if medicines are prescribed in dose frequencies, which enable it to be taken outside school hours. We would encourage parents to ask the prescriber about this. eg medicines that need to be taken 3 times a day could be taken in the morning , after school hours and at bedtime.

2. Procedures for managing prescription medicines on trips and outings

- 2.1 We will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This may extend to reviewing and revising the visits policy and procedures so that planning arrangements incorporate the necessary steps to include children with medical needs. It might also incorporate risk assessments for such children. Paragraph 56
- 2.2 If staff are concerned about how they can best provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP. Please refer to the DfES guidance on planning educational visits available from:-
<http://www.teachernet.gov.uk/wholeschool/healthandsafety/visits/?section=803&cc-c4ac22a2-f39e-4f6e-8ced-ec5db3b85ee4> Paragraph 58

3 Roles and responsibility of staff managing administration of medicines, and for administering or supervising the administration of medicines

Any member of staff administering medicine to a child should check;

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of administration
- Any side effects
- Expiry date
- Written instructions provided by the prescriber on the label or container

Any member of staff administering medicine to a child should also keep a written record each time medicines are given. See FORM F6

- 3.1 We are committed to playing our part alongside other schools, settings, parents/carers, health professionals and other agencies to help provide a suitably supportive environment for children with medical needs. An overview of the relevant legislation can be found in Annex A. Managing Medicines in Schools and Early Years Settings March 2005.
- 3.2 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.
- 3.3 We will always take full account of temporary, supply and peripatetic staff when informing staff of arrangements for the administration of medicines.
- 3.4 We will always designate a minimum of two people to be responsible for the administering of medicine to a child.

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

- 4.1 It is the parents/carers' responsibility to provide the Headteacher with sufficient information about their child's medical needs if treatment or special care is needed.
- 4.2 We would expect parents 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.
- 4.3 The Headteacher should have parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a child.
- 4.4 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.
- 4.5 It is parents' responsibility to keep their children at home when they are acutely unwell. Paragraph 83
- 4.6 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.
- 4.7 Prior written agreement should be obtained from parents/carers for any medicines to be given to a child see specimen forms 3A and 3B.
- 4.8 Staff should never give a non-prescribed medicine to a child.
- 4.9 A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor. Paragraph 36

5 A policy on assisting children with long-term or complex medical needs

Where there are long-term medical needs for a child, a health care pro forma should be completed, involving parents/carers and relevant health professionals. See Form 2.

- 5.1 A health care pro forma clarifies for staff, parents/carers and the child the help that can be provided. It is important for staff to be guided by the child's GP or paediatrician.
- 5.2 Schools and settings should agree with parents/carers how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently. Paragraph 119

- 5.3 Schools and settings should judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. Plans should also take into account a pupil's age and their need to take personal responsibility. Paragraph 120
- 5.4 Developing a health care plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual child. Paragraph 121
- 5.5 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 or head of setting
 - Parent or carer
 - Child (if appropriate)
 - Early Years Practitioner/Class Teacher - Primary schools/Form Tutor/ Head of Year -secondary schools
 - Care assistant or support staff
 - Staff who are trained to administer medicines
 - Staff who are trained in emergency procedures
- Paragraph 122

6 Student Placements from college or school

We will provide induction training regarding the Health and Safety Policy. Students will be asked to share any relevant medical/ health requirements with the Headteacher.

7 Children carrying and taking their prescribed medicines themselves

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

- 7.1 It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines. Paragraph 45
- 7.2 There is no set age when a child or young person can take responsibility for their own medication. This needs to be a joint decision between school, parents/carers and the pupil. Please refer to Form 7. Paragraph 46
- 7.3 Where pupils have been prescribed controlled drugs, staff need to be aware that these should be kept in safe custody. Paragraph 48

8 Staff training in dealing with medical needs

- 8.1 The Local Authority will help ensure that staff receive proper support and training where necessary. There is a contractual duty on Headteachers to ensure that their staff receive the training. It is likely to be the Headteacher or teacher in charge of a setting who will agree when and how such training takes place, in their capacity as a line manager.
- 8.2 Staff who have a child with medical needs in their class or group should be informed about the nature of the condition, and when and where the child may need extra attention.
- 8.3 The child's parents/carers and health professionals should provide the information specified above.
- 8.4 All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

- 8.5 Back up cover should be arranged for when the member of staff responsible is absent or unavailable.
- 8.6 At different times of the day other staff may be responsible for children, such as lunchtime supervisors. It is important that they are also provided with training and advice.
- 8.7 Schools should ensure that they have sufficient members of support staff who manage medicines as part of their duties. This includes the specification of such duties in their job description and participation in appropriate training.
- 8.8 Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance. They should also be aware of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case.
- 8.9 Teaching Staff Giving Medicines

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

9 Record keeping

- 9.1 Parents 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. However the school or setting should make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional. Paragraph 50
- 9.2 Use **Form 3A** to record short term administration of medication. Consent forms should be delivered personally by the consenting parent/carer.
- 9.3 Use **Form 3B** to record long term administration of medication. Consent forms should be delivered personally by the consenting parent/carer.
- 9.4 It is the parent/carer's responsibility to monitor when further supplies of medication are needed in the school/setting. It is not the school's /setting's responsibility.
- 9.5 **Form F6** will be used to record all medicines administered to children. .Paragraph 54

10 Safe storage of medicines

- 10.1 We will only store, supervise and administer medicine that has been prescribed for an individual child. These will be stored in a secure place.
- 10.2 Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.
- 10.3 Staff will 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.
- 10.4 Amount and date of receiving medication should be entered on **Form 6**
- 10.4 Where a child needs two or more prescribed medicines, each should be in a separate container.
- 10.5 Non-healthcare staff should never transfer medicines from their original containers. Paragraph 107
- 10.6 Children should know where their own medicines are stored and who is the first point of contact.

- 10.7 All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away.
- 10.8 Schools may allow children to carry their own inhalers
- 10.9 Other non-emergency medicines should generally be kept in a secure place not accessible to children. Paragraph 108
- 10.10 A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines. Paragraph 108
- 10.11 Access to Medicines - If children need to have immediate access to their medicines when required, we may make special access arrangements for emergency medicines that we keep. However, it is also important to make sure that medicines are kept securely and only accessible to those for whom they are prescribed. **FORM 7**

11 Disposal of Medicines

- 11.1 We will not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.
- 11.2 Parents/carers should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal. Paragraph 112
- 11.3 Sharps boxes should always be used for the disposal of needles. Paragraph 113

Collection and disposal of the boxes will be set up via the Customer Services Call Centre on 736000. They will raise an enquiry for agreement forms to be sent out to schools. Once the forms have been sent back, the service will be set up to collect on a 'when full' service. Again for collection and delivery, schools should ring 736000 and an order will be raised to collect/deliver within 24 hours.

12 Hygiene and Infection Control

- 12.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures
- 12.2 Staff should use protective disposable gloves and sterile hand gels and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.
- 12.3 OfSTED guidance provides an extensive list of issues that early years providers should consider in making sure settings are hygienic. Paragraph 114

13 Access to the school's emergency procedures

- 13.1 As part of general risk management processes all schools and settings should have arrangements in place for dealing with emergency situations.
- 13.2 Children will be made aware of what they need to do in the event of an emergency, such as telling a member of staff.
- 13.3 All staff should know how to call the emergency services. Guidance on calling an ambulance is provided in Form 1, of which a completed version should be on display near the main telephone.
- 13.4 All staff should also know who is responsible for carrying out emergency procedures in the event of need.

- 13.5 A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent/carer arrives.
- 13.6 Health professionals are responsible for any decisions on medical treatment when parents are not available. Paragraph 115
- 13.7 Staff should never take children to hospital in their own car; it is safer to call an ambulance.
- 13.8 Individual health care pro formas should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground, a lunchtime supervisor would need to be very clear of their role. Paragraph 117

14 Risk assessment and management procedures

- 14.1 We will ensure that risks to the health of others are properly controlled.
- 14.2 We will provide individual risk assessments for pupils or groups with medical needs.
- 14.3 We will be aware of the health and safety issues of dangerous substances and infection.

ANNEX A

Further Advice and Guidance

Further advice and guidance can be sought from:

1. School Nursing Service

For information relating to the provision of medicine to children.

Telephone 01302 796243

2. Human Resources Doncaster Metropolitan Borough Council

For information in relation to any issues in relation to staff.

Telephone 01302 736075

3. School Improvement Service

For information in relation to this policy in conjunction with risk assessment and school visits please contact the Business Support Assistant, Risk Assessment.

Telephone: 01302 737153

4. Special Educational Needs Team

For general advice about children who have a statement of special educational needs, or for whom a statutory assessment is being completed.

Telephone: 01302 737207

5. Access Service Sandall Wood School

For general advice on moving and handling and accessibility of school premises and facilities.

Telephone: 01302 322044

ANNEX B:

FORMS

FORM 1	Contacting Emergency Services
FORM 2	Health Care Plan
FORM 3A	Parental agreement for school/setting to administer medicine
FORM 3B	Parental agreement for school/setting to administer medicine
FORM 6	Record of medicines administered to all children
FORM 7	Request for child to carry his/her own medicine
FORM 8	Staff training record – administration of medicines
FORM 9	Authorisation for the administration of rectal diazepam

Put a completed copy of this form by the telephone

**SPEAK CLEARLY AND SLOWLY AND BE READY TO REPEAT
INFORMATION IF ASKED.**

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information:

- 1. Your telephone number**

01302 700287

- 2. Give your location as follows:**

**Askern Moss Road Infant School
Moss Road
DONCASTER**

- 3. State that the postcode is:**

DN6 0NE

- 4. Give exact location in the school/setting**

School Office / Rear playground etc

- 5. Give your name**

- 6. Give name of pupil and a brief description of child's symptoms:**

- 7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to:**

Front entrance – staff at gate to direct.

Child's details

Date plan produced _____ **Date plan will be reviewed** _____

Name		Date of Birth	/	/
Class/form/group		Class teacher		
Address				
Medical diagnosis or condition				

Family Contact Information

Name:	Relationship to child:
Home Telephone:	
Work Telephone:	Mobile:

Name:	Relationship to child:
Home Telephone:	
Work Telephone:	Mobile:

Clinic/Hospital Contact

Name:	Telephone:
Position:	

GP

Name:	Telephone:
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Describe medical needs and give details

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Daily care requirements (eg before sport/at lunchtime)

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:

.....

.....

.....

.....

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.....

.....

.....

Parental Agreement for School to Administer Medicine for Short-Term Use

Commencement date	
Name of child	
Class and name of class teacher and named person responsible for child's medical management in school	
Name of medicine	
Strength of medicine - as described on original packaging	
Expiry date	
Dosage specified on medicine	
Time of day when medicine must be given	
Any other instructions	
Quantity of medication being handed over to school/setting.	
NOTE: MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY PHARMACY	
Daytime telephone number of parent or agreed contact	
Name and telephone number of General Practitioner	
Agreed finish/review date to be initiated by named staff above	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school 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 Date

Print name

Headteacher's signature Date

IF MORE THAN ONE MEDICINE IS TO BE GIVEN A SEPARATE FORM SHOULD BE COMPLETED FOR EACH ONE.

Parental Agreement for school to administer medicine for use in long-term medical needs)

Name of Child		Date of Birth	
Class including the name of class teacher and named person responsible for child's medical management in school			
Medical Condition or Illness			
Name and type of Medicine as described on original packaging			
Date dispensed			
Expiry Date			
Agreed Review Date initiated by class teacher/person responsible			
Dosage and Method			
Timing			
Special Precautions			
Are there any side effects that school/setting should know about?			
Self administration		Yes or No (delete as appropriate)	
Procedures to take in an emergency			
CONTACT DETAILS			
Name		Day time telephone number	
Relationship to child			
Address			
I understand that I must administer the medicine personally (Staff signature)			

I 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 in writing.

Parent's signature Date

Print name

Headteacher's signature Date

REQUEST FOR CHILD TO CARRY HIS/HER OWN MEDICATION

This form must be completed by parents/carers

If staff have any concerns, this request should be discussed with healthcare professionals

Child's name	
Class	
Address	
Name of medicine	
Procedures to be taken in an emergency	

CONTACT INFORMATION

Name	
Daytime telephone no.	
Relationship to child	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed

Date

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

Staff training record – administration of medicines

Name of school	
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Name	
------	--

Type of training received	
---------------------------	--

Date of training completed	
----------------------------	--

Training provided by	
----------------------	--

Profession and title	
----------------------	--

I confirm that has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated *[please state how often]*

Trainer’s signature

Date

I confirm that I have received the training detailed above.

Staff signature

Date

Suggested review date

Authorisation for the administration of rectal diazepam

Name of school/setting	
------------------------	--

Child 's Name	
---------------	--

Date of birth	/ /
---------------	-----

Home address	
--------------	--

GP	
----	--

Hospital consultant	
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..... should be given Rectal Diazepammg.

If he/she has *prolonged epileptic seizure lasting over minutes

OR

*serial seizures lasting over minutes.

an ambulance should be called for *at the beginning of the seizure

OR

If the seizure has not resolved *after minutes.

(*please delete as appropriate)

Doctor's signature

Parent's signature

Date

