



ST. MARY'S
ACADEMY TRUST

St Mary's Academy Trust

Managing Medical Needs Policy

Date agreed by Board.....06th October 2015.....*Paul Howard*.....

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Managing Children and Young People's Identified Health Needs Policy Statement

School: St Mary's Academy Trust

St Mary's Academy Trust is committed to reducing the barriers to participating in school life and learning for all its children and young people. This policy document sets out the steps which we will take to ensure, as far as is reasonably practical, access to learning for all our children and young people who have medical/health needs. Medicines should only be brought in to school where it would be detrimental to a child/young person's health if the medicine or medical intervention were not administered during the school/setting day. It is the head teachers responsibility to ensure this policy statement is brought to the attention of all staff (including supply/volunteers) parents/carers and other relevant professionals.

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

- 1.1 Parents/carers must provide full written information about their child's medical needs, along with a formal written request to administer, to the school where their child attends.
- 1.2 Short-term prescription requirements should only be brought to the school/setting if it is detrimental to the child or young person's health not to have the medicine during the school day, such medicines must be in their original packaging and will only be administered if a formal written request is received by school and approved by the head teacher. If the period of administering medicine is prolonged for any reason (more than 8 days including weekends) an individual health care plan with input from a medical professional will be required.
- 1.3 The school will not accept medicines that have been taken out of the container as originally dispensed, which aren't labelled with the child's full details or make changes to prescribed dosages on parental or child instructions. In all cases the information must include:
 - Name of child
 - Name of medicine, expiry date, dose and method of administration
 - Time/frequency of administration
 - Any side effects that the school/setting needs to know about
- 1.4 The school will not regularly administer medicines that have not been prescribed by a Doctor, Dentist, Nurse Prescriber or Pharmacist Prescriber, unless it is done as part of an individual health care plan. Regular/repeated parental requests to administer non-prescribed medicines will be referred to the school (NHS) nurse.
- 1.5 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, however to minimise risks to all pupils this school/setting will keep all controlled drugs in a safe and secure place on behalf of pupils, to which only named staff will have access. A record of access to the container will be kept. Misuse of a controlled drug is an offence, (i.e. the use of medicines for purposes other than their prescribed intended purpose) and will be dealt with under the school's behaviour or code of conduct policy.

- 1.6 Young people who are competent to manage their own medication/care will be supported to do so, where written parent consent is given or young people are judged to be Gillick competent.

2. Procedures for managing medicines on trips or during sporting activities

- 2.1 The Trust/school will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. Reference should also be made to our school off site activities policy and procedures.
- 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 firstly review care plans and individual child specific risk assessments as well as seeking parental views, and advice from a health professional or the child's GP.
- 2.3 The school/Trust will support children/young people wherever possible in participating in physical activities and extra-curricular sport. There should be sufficient flexibility for all children and young people to follow in ways appropriate to their own abilities. Any restriction on a child's ability to participate in PE should be recorded on their health care plan.

All adults should be aware of issues of privacy and dignity for children and young people with particular needs. Reference should be made to a school specific privacy and dignity policy or procedures if appropriate.

- 2.4 Some children/young people may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities should be aware of relevant medical/health conditions, and will consider the need for any specific risk assessment to be undertaken.

3. The roles and responsibilities of staff managing administration of medicines

- 3.1 Close co-operation, and the use of a standard approach between schools, parents/carers, health professionals and other agencies will provide a suitably supportive environment for children/young people with medical needs.
- 3.2 It is important that responsibility for child safety is clearly defined within each school and that each person responsible for a child with medical needs is aware of and trained and competent to undertake what is expected of them.
- 3.3 The school will always take full account of authorised volunteers, temporary, supply and peripatetic staff when informing staff of arrangements in place for the administration of medicines and care.
- 3.4 The school will always designate a minimum of two people it considers suitable and competent to be responsible for the administering of medicine to a child to ensure back up arrangements are in place for when the principal member of staff with responsibility is absent or unavailable. All such staff will undertake appropriate training in respect of the administration of medicines or undertaking a medical intervention. Staff are required to record medications given and or refused.

In our school/s the administration of Rectal Diazepam requires 2 adults and where possible at least one of the same gender as the child to be present because of its

invasive nature. Staff must consider any potential reactions between medications (especially where a child is taking) a prescribed and a non-prescribed medication at the same time

- 3.5 National Guidance states: **'A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor'**. The school/setting will inform parents/carers of this policy.
- 3.6 Any controlled drugs which have been prescribed for a child/young person will be kept in safe and secure custody by a nominated person within the school/setting.
- 3.7 If a child/young person refuses to take medicine, staff will not force them to do so. Staff will record the incident by recording 'refused to take' on the appropriate form, alerting the head teacher or other nominated senior member of staff and the child's parents/carers of the refusal on the same day. If refusal results in an emergency, the school's normal emergency procedures will be followed.
- 3.8 If in doubt about a procedure, the interactions between medications or any evident side effects staff will stop and or not administer the medicine or care procedure, and will check immediately with the parents/carers or a health professional before taking further action.

4. Parent/carer responsibilities in respect of their child's medical needs

- 4.1 It is the parents/carers' responsibility to provide the head teacher with sufficient written information about their child's medical/health needs if treatment or special care is required.
- 4.2 Parents/carers are expected to work with the head teacher to reach an agreement on the school's role in supporting their child's medical needs, in accordance with the schools' procedures.

Responsibility for administering non-prescribed medicines or common remedies to a child or young person in a school or other setting lies with the child/young person's parent/carer.

It is the child/young person's parent/carer who is responsible for providing permission for the issuing of non-prescribed medicines in the first instance. 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/carer with whom the school or setting has day-to-day contact. Parent/carers will be advised that the school will not administer non prescribed medications for a period exceeding 8 days (including weekends) without a written care plan.

- 4.3 The head teacher should have written parental agreement before passing on information about their child's health to other staff including transport staff. Sharing information is important if staff and parents/carers are to ensure the best care for a child. Where a care plan is appropriate, parent/carers should have input into such a plan and must be prepared for all to share its information.
- 4.4 In some cases parents/carers may have difficulty understanding or supporting their child's medical condition themselves and in these cases they should be encouraged

to contact a health professional or key health worker, to advocate for them, either the school nurse, social worker or the health visitor, as appropriate.

- 4.5 It is the parents/carers' responsibility to keep their child/ren at home when they have an infectious condition and or are acutely unwell.
- 4.6 Prior written agreement should be obtained from parents/carers for any medicines to be given to a child/young person, except where a member of staff acts in loco parentis and gives non-prescribed medication in exceptional circumstances.

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

- 5.1 Where there are long-term medical needs for a child, including administration of medicine for a period of 8 days (including weekends) or more, a health care plan must be completed, this process must involve the school, both parents/carers and relevant health care professionals.

A health care plan must clarify for staff, parents/carers and the child the help that can and cannot be provided. It is important for staff to be guided by a health care professional like the school nurse or the child's GP or paediatrician.

- 5.2 In developing the health care plan the school will work in partnership with parents/carers, pastoral support staff, the School Nurse and/or specialist teams as appropriate, to develop in-school care plans to ensure evidence based care is provided. Specifically the School Nurse or Health Care Professional must support the development of healthcare assessments/plans, facilitate training in the delivery of individual healthcare plans and monitor the delivery of these plans.

The school will agree with parents/carers and document how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much will depend on the nature of the child's particular needs.

- 5.3 The school will assess each child/young person's needs individually as children and young people vary in their ability to cope with health needs or a particular medical condition. Plans will also take into account a child/young person's age and ability to take personal responsibility. Whilst it is not intended for the plan to be onerous it must contain appropriate detail for the needs of the individual child.
- 5.4 When dealing with the needs of children with the following common conditions schools will refer to Section A of our framework which provides further guidance on managing the needs of children with these long term conditions:

- Asthma
- Epilepsy
- Diabetes
- Anaphylaxis
- Continence

6. Staff support and training in dealing with medical/health needs

- 6.1 The Trust/school will ensure that there are sufficient members of support staff who manage medicines. This will involve participation in appropriate training.

- 6.2 Any member of staff who has responsibility for administering prescribed medicines to a child will receive appropriate training, instruction and guidance. They will also be made 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 cases. All such training should be relevant to the individual child's needs and formally documented.
- 6.3 For staff where the conditions of their employment do not include giving or supervising a pupil taking medicines, agreement to do so will be voluntary. However within schools head teachers have a legal duty of care to their pupils that includes meeting their health needs to enable them to participate in education. It is therefore the head teacher's responsibility to ensure systems are put in place within school to ensure that the health needs of their pupils are met.
- 6.4 The head teacher will agree when and how training takes place, in partnership with the health professional and parents/carers involved.
- 6.5 Staff who have a child/young person with medical/health 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.
- 6.6 The child/young person's parents/carers, health professionals, and school/setting staff must work in full partnership to provide the information specified above.
- 6.7 All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.
- 6.8 Back up arrangements must be in place in advance and any relevant training provided for when the member of staff with principle responsibility is absent or unavailable.

7. Off-site education or work experience for children and young people

- 7.1 The Trust/school has responsibility for an overall risk assessment of any off-site activity, including issues such as travel to and from the placement and supervision during non-teaching time or breaks and lunch hours. This does not conflict with the responsibility of the college or employer to undertake a risk assessment to identify significant risks and necessary control measures when pupils below the minimum school leaving age are on their site.
- 7.2 The school will refer to all appropriate guidance including trust policies, the DfE guidance Work Related Learning and the Law DfES/0475/2004 and the Health and Safety Executive.
- 7.3 The school is also responsible for pupils with medical needs who, as part of Key Stage 4 provision, are educated off-site through another provider such as the voluntary sector, E2E training provider or further education college. The school will comply with trust procedures on the conduct of risk assessments before a young person is educated off-site or has work experience.
- 7.4 The school is responsible for ensuring that a work place provider has a health and safety policy which covers each individual student's needs.

- 7.5 Parents/carers and pupils must give their permission before relevant medical information is shared on a confidential basis with employers or other third parties.

8. Record keeping

- 8.1 Parents/carers must tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff 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. Schools will not accept medicines if the label and/or packaging instructions have been altered or tampered with.
- 8.2 The school will use appropriate forms to record administration of medicines and for parental permissions for both the short-term and long term administration of medication, with all consent forms delivered personally by the consenting parent/carer to the school office. Staff must check that any details provided by parents, or in particular cases a health professional, are consistent with the instructions on the container.
- 8.3 It is the parent/carer's responsibility to monitor when further supplies of medication are needed in the school. It is not the school's responsibility. This will be highlighted in the school prospectus. In addition it is the parent/carers responsibility to dispose of any unused medication at the end of the prescribed period or if it is out of date.

9. Safe storage of medicines

- 9.1 The school will only store supervise and administer medicine that has been prescribed for an individual child unless written consent to administer a non-prescribed medicine has been given by the parent/carer or by the individual acting in loco parentis. Medicines will be stored securely and strictly in accordance with product instructions paying particular note to temperature and in the original container in which dispensed.
- 9.2 Staff will check 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, and the expiry date. School/setting staff must not alter or add to the label. Medicines that do not comply with these requirements will be returned to the parent/carer immediately.
- 9.3 Where a child needs two or more prescribed medicines, each will require a written consent and be provided in a separate container.
- 9.4 Children/young people will be informed where their own medicines are stored and how to access them. All emergency medicines (e.g inhalers,) will be readily accessible.
- 9.5 It is the parent/carer's responsibility not schools to monitor when further supplies of medication are needed in the school/setting. This will be highlighted in the school's prospectus. In addition it is the parent/carers responsibility to dispose of any unused medication at the end of the prescribed period or if it is out of date.

- 9.6 The school will allow children/young people to carry their own inhalers. If the child is too young/ immature to take personal responsibility, staff will make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name.
- 9.7 Other non-emergency medicines will be kept in a secure place not accessible to children/young people, unless the appropriate form has been completed by the parent/carer providing permission for the child / young person to carry their own medication.
- 9.8 Some 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

10. Disposal of medicines

- 10.1 Staff must not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. Return of such medicines to parents/carers will be documented by the school.
- 10.2 Parents/carers should also collect medicines held at the end of each term. If parents/carers do not collect all medicines, they will be taken to a local pharmacy for safe disposal. This process will be documented.

11. Hygiene and infection control

- 11.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Sharps boxes will always be used for the disposal of needles.
- 11.2 Staff will have access to protective disposable gloves to avoid infection or risks of cross contamination when administering medicines/lotions, in addition staff will take care when dealing with spillages of blood or other body fluids, and disposing of dressings or equipment. Guidance on the disposal of clinical waste is available from the schools health & safety adviser.
- 11.3 OfSTED guidance providing an extensive list of issues that early years providers should consider in making sure settings are hygienic will be followed in our early years settings.
- 11.4 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. Our school adheres to this and the room allocated provides a washbasin and is 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 governing body responsible **must** formally consider whether dual use is satisfactory or has unreasonable implications for its main purpose.

12. Access to the school's emergency procedures

- 12.1 As part of general risk management processes our school has arrangements in place for dealing with emergency situations. Where medical needs are known the care plan

will document all emergency information. In addition other children/young people should know what to do in the event of an emergency.

- 12.2 All staff should know how to call the emergency services, staff should never take an extremely sick child to hospital in their own car. Guidance on calling an ambulance is provided in our staff handbook and is also displayed in other prominent locations in school. A member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives.
- 12.3 Health professionals are responsible for any decisions on medical treatment when parents/carers are not available.
- 12.4 Individual health care plans must include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency. Those with responsibility at different times of day (e.g. lunchtime supervisor) will need to be very clear of their role and responsibilities.

13. Risk assessment and management procedures

- 13.1 This policy will operate within the context of the school's Health and Safety Policy, ensuring that risks to the health of everyone are properly controlled.
- 13.2 The school will provide, where necessary, individual risk assessments for pupils or groups with medical needs and ensure that school insurances are in place.
- 13.3 The school will be aware of the health and safety issues relating to dangerous substances and infection.

14. Home to school travel and transport

- 14.1 The school will ensure that there is timely effective liaison with drivers and escorts providing home to school transport.
- 14.2 Prior to transport commencing, transport staff must be fully briefed about the health needs of pupils being transported. There should be regular reviews of the needs of the child undertaken between the school and drivers/escorts, so that everyone has up-to-date information, support and training.
- 14.3 Where pupils have complex health needs, individual health care plans (or specific essential information from the plan) should be carried on vehicles. The care plans should specify the steps to be taken to support the normal care of the children and young people, as well as the appropriate responses to emergency situations.