

Keston Primary School and Nursery



Medical Needs Policy

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Introduction

'Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.' DfE 2014

There are an increasing number of children attending mainstream schools with medical conditions. Schools, acting in loco parentis, have a duty to take reasonable care of children which includes the possibility of having to administer medicines and/or prescribed drugs. This may be required by pupils for regular medication or those requiring occasional dispensing of medicines. The school will make every effort to safeguard the health and safety of those pupils who may be more at risk than their peers due to existing medical conditions.

The Headteacher has responsibility for ensuring implementation of this policy.

Admission

As a Local Authority maintained primary school, admissions are organised and controlled by The London Borough of Croydon. Children with medical needs are considered for admission to the school on exactly the same basis as children without medical needs. However, the child's health must not be put at unnecessary risk from, for example infectious diseases. Therefore a child may not be accepted into school at times where it would be detrimental to the health of that child or others.

Disabled pupils have free access to all areas both inside and out of the school, as a result of ramps, adequately sized classroom doors, disabled toilets. (see Accessibility Plan)

Prior to starting school parents/carers of all children asked to complete a medical needs survey; following this survey parents/carers may be asked to meet with the Inclusion Manager to discuss whether the provision at Keston Primary School is appropriate to meet the child's needs.

If a child is already attending the school and a new diagnosis is given a meeting with the parents and inclusion Manager will be called within two weeks. Where appropriate an Individual Healthcare Plan may be drawn up.

Individual Healthcare Plans (IHCP)

Where an Individual Healthcare Plan (template at Appendix A) is required the Inclusion Manager will meet with the parents/carers (and other school staff involved where possible) to ensure that the school can effectively support children with medical needs. The plan will provide clarity about what needs to be done, when and by whom.

IHCPs will often be essential where conditions fluctuate or where there is a high risk that emergency intervention will be needed. IHPs are likely to be helpful in cases where the medical needs are complex and long-term. However, not all children will require one. The school, healthcare professional and parent should agree when an IHCP would be appropriate. If a consensus cannot be reached, the Headteacher is best placed to take a final view. See flowchart

at Appendix B.

IHCPs will be easily accessible to all who need to refer to them via the school office or Inclusion Manager but will preserve confidentiality. The degree of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. Different children with the same condition may require very different support.

Where a child has Special Educational Needs (SEN) but does not have a statement or Education, Health and Care Plan (EHCP), their SEN should be mentioned in the IHCP. Where a child has a statement or EHCP the IHCP should be linked to or become part of that statement or EHCP.

IHCPs will be reviewed annually or earlier if evidence is presented that the child's needs have changed. They will be developed with the child's best interests in mind and ensure that the school accesses and manages the risks to the child's education, health and social well-being and minimizes disruption.

Roles & Responsibilities

Governing Body

- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions
- Making arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions is developed and implemented
- Ensuring that a pupil with medical conditions is supported to enable the fullest participation in all aspects of school life
- Ensuring that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical needs

Headteacher

- Ensuring that the school's policy is developed and effectively implemented
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver against IHCPs including contingency and emergency situations. This may involve recruiting staff for this purpose
- Overall responsibility for the development of IHCPs
- Ensuring staff are appropriately insured and are aware they are insured to support children in this way

Inclusion Manager

- Ensuring that staff who need to know are aware of a child's condition including new staff
- Developing IHCPs
- Working with agencies to ensure partnership when meeting a child's medical needs
- Contacting the school nurse for any child who has a medical condition that may require support at school but who has not yet been brought to the attention of the school nurse

School staff

- Any member of school staff may be asked to provide support to children with medical needs, including the administering of medicines, although they cannot be required to do so.
- Knowing what to do and responding accordingly when they become aware that a child with medical condition needs help.

School nurse - every school has access to school nursing services

- Notifying the school when a child has been identified as having a medical condition which will require support in school (wherever possible this should be done before the child starts at the school).
- Supporting school staff on developing and implementing an IHCP and providing advice, training and liaison

Parents/Carers

- Providing school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition.
- Developing and reviewing their child's IHCP
- Carrying out any actions agreed to in the IHCP i.e. providing medication/equipment
- Ensuring they or another adult are contactable at all times

Pupils

- Providing information on how their condition affects them if age appropriate
- Discussing the medical needs support and contributing to the development of their IHCP
- Complying with their IHCPP
- Other pupils will be sensitive to the needs of those with medical conditions

Administering Medication

Only one parent need agree to/request administration of medicines. Any disagreement between parents must be resolved by the Courts. The school will continue to follow the consent given or prescriber's instructions.

Where parents' expectations appear unreasonable, the head shall seek advice from the school nurse or doctor, the child's GP or other medical advisers.

If a child refuses to take medicine, staff shall not force them to do so, but shall note this in the records and follow agreed procedures. Parents shall be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, emergency procedures shall be followed.

Prescription Medicines

A pupil may be prescribed medicine even though the Doctor regards them as fit to attend school. Parents should ask the prescriber if they can be taken in the morning, after school and at bedtime, thus avoiding school hours. However there may be occasional circumstances in which doses of medicine need to be taken during school.

The medicine may be required on a prolonged basis (e.g. in asthma, epilepsy or fibrocystic disease), or only for a few days (e.g. antibiotics).

The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines must be provided in the original container as dispensed by a pharmacist. It must be clearly labelled with the child's name, the name and strength of the drug, any expiry date and clear instructions on how and when it should be administered.

In most circumstances, only oral medicines and spin inhalers will be given. Other forms of medication, e.g. injections or suppositories, can only be given if they can be self-administered by a child (with assistance if necessary), or by a medically qualified person (Doctor or registered nurse).

Medical needs such as epilepsy will be the exception. Individual circumstances will be addressed by Individual Health Care Plans.

Giving non-prescription medicines

It is not accepted practice for school children to be given paracetamol or aspirin for headaches or other pains. It may seem incongruous to be able to give a child tablets that are readily available over the counter, but the legal situation is quite complex, involving various different pieces of medical legislation.

In the approved Code of Practice of the First Aid at Work Regulations, the Health and Safety Executive states that first aid at work does not include giving tablets or medication to treat illness and such items should not be kept in the first aid box.

Paracetamol, aspirin or medicines containing ibuprofen must not be kept in places that are accessible to pupils.

Possession and self-administration of medicines by pupils

Although it is not possible for schools to provide pain relieving drugs for pupils it may be permissible for older responsible pupils to bring their own treatment. Such pupils may also take responsibility for their own prescribed drugs.

The school supports and encourages older children, who are able, to take responsibility to manage their own medicines. The age at which this happens shall be discussed and agreed on an individual basis with the child, the parents, school staff and health professionals, where applicable.

Whether the pupil can carry their own medicine will be decided on a case-by-case and will bear in mind the safety of other children on the premises. All controlled drugs must be kept in safe custody and pupils may have access to these for self – medication purposes.

Storage

For safety and security, controlled substance medicines will be stored in locked non-portable containers (e.g. cupboard/drawer). Only named members of staff have access to the container. A duplicate key will be available in case of emergency. The persons who have access will be clearly named on the outside of the storage unit.

Medicines will be stored in accordance with the product instructions and in the original container in which they were dispensed.

A refrigerator will be provided for storage of temperature sensitive medicines. The fridge can also contain food but the medicine will be kept in an airtight container and clearly labelled.

Pupils will be aware of where their medicine is stored and who has access.

Emergency medicines e.g. asthma inhalers, adrenaline pens etc will not be locked away.

Bronchodilators for asthma may be carried by the child. In addition, a spare supply should be readily available in the school in case the child loses their own device. In cases where the child should not carry medication, it shall be readily accessible to the child at all times.

Quantity and disposal

To avoid dangerous quantities of drugs being available, unless additional precautions are in place no more than two doses may be brought in, with the exception of multi-dose inhalers.

Any left-over or expired medicines will be returned to the parent for safe disposal. Parents must collect medicines at the end of each year.

If parents do not collect medicines they will be taken to a pharmacy for safe disposal.

Sharp boxes can be obtained by parents / carers from the child's GP or Pediatrician and returned to the parents/carers when full for replacement.

Administration

The school will only administer medicines to pupils when prior written permission from parents is received (Appendix C)

All medicines must have the following information and these must be checked each time before administration

- name of child
- name of medicine
- dose
- expiry date
- written instructions provided by the prescriber
- time/frequency of administration
- any side effects
- action to take in the event of a side effect

Staff will complete and sign a record each time they give medicine to a child.

In some circumstances (e.g. the administration of rectal diazepam), it is good practice to have the dosage and administration witnessed by a second adult.

Sole possession

It is emphasized that the passing on of drugs between pupils is expressly forbidden.

Educational Visits

The school encourages children with medical needs to participate in safely managed visits. The risk assessment for the visit will include any requirements for children to be given medicines. It may be that the school needs to take additional safety measures for outdoor visits and staff

supervising outings must be aware of any medical needs of such pupils and of the relevant emergency procedures. An additional adult (or the particular parent) may need to accompany visits where a difficult situation might arise.

It may be necessary to take medication for pupils on a school trip, i.e. Epipen, Inhalers or Epilepsy emergency medication. It may be necessary to take copies of any relevant care plans in case of emergency. Emergency medication must be taken on all trips, even where a trained member of staff is not present. In this case medication should be given to the paramedics to administer when necessary.

Consideration must be given to the storage of medicines, any additional supervision required and emergency procedures to be followed. A copy of individual Health Care Plans will be taken on visits for emergency situations.

Transport

Individual health care plans, shall include any arrangements special transport arrangements. The school will advise transport providers if there may be a need for a driver/escort to administer medicines. Additionally trained escorts may be required to support some pupils with complex medical needs. These may be healthcare professionals or escorts trained by them.

Where pupils have life threatening conditions, specific health care plans should be carried on vehicles.

Inhalers for Asthma

Parents should complete the school's Permission to Administer Medication form. It is the responsibility of the parent to ensure that the inhalers are renewed and that the medication has not exceeded its expiry date. All inhalers should be collected at the end of the school year.

Antibiotics

Pupils who are prescribed antibiotics can often recover very quickly and may well be fit enough to return to school, but it may also be essential that the full course of medication should be completed. In this case, the Headteacher is willing for named staff to administer the antibiotics supplied by the parent or carers. A Permission to Administer Medication form should always be completed giving full instructions for administration of the medicine. It is the responsibility of the parent to ensure that the medication is not out of date.

Diabetes

The school will monitor pupils with Diabetes and blood sugar results will be recorded in accordance with their care plan. Pupils with diabetes must not be left unattended if feeling unwell, or sent to the office unaccompanied. Sharps boxes should always be used for the disposal of needles. Sharp boxes can be obtained by parents / carers from the child's GP or Paediatrician and returned to the parents/carers when full for replacement.

Maintenance Drugs

A child may be on daily medication for a medical condition that requires a dose during the school day. As with all other medicines a form should be completed giving clear instructions to staff at the school. A record of all doses administered will be kept.

Unusual Medications

In the case of unusual prescribed medicines, i.e. use of an Epipen, this will be at the discretion of

the Headteacher and Governors. In all cases, proper training will be provided by the Child Health service and parents will need to complete a Medication form accepting responsibility. In cases of eczema or skin conditions it will be expected that the child will be able to use the cream/lotion on their own.

Nut Allergies/Anaphylaxis Procedures

Medication for the treatment of nut allergies will be kept in easily identifiable containers in the school office. Each container should be clearly labelled with the child's name and class.

Emergency Procedures

In the case of emergency, the school will call an ambulance and contact the parents. When conditions require immediate emergency treatment, trained staff may volunteer to administer medication or emergency procedures such as resuscitation. Staff should never take children to hospital in their own car - it is safer to call an ambulance. A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent/carer arrives.

In all cases, administration of medication and/or treatment to a pupil will be at the discretion of the Headteacher and Governors of the school. However, ultimate responsibility remains with the parents/carers.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with blood or other bodily fluids and disposing of dressings or equipment.

Sun Screen

All pupils are actively encouraged to apply sun screen for outdoor activities. Sun screen can be supplied by parents for pupils to self-apply, sun screen cannot be shared among a group of pupils.

Summary of Procedure to Dispense Medication

- Permission to dispense medication form (Appendix C) must be completed by the parent / carer.
- Medicine must be in original packaging clearly marked with name of child, class and dose to be administered.
- Recommended / prescribed dose will not be exceeded without written permission from a medical professional.
- It will be the parent / carers responsibility to collect medication at the end of each school day where necessary.
- Medication (with the exception of junior children's inhalers) being taken out of school on trips or visits must be the responsibility of a member of staff at all times.

Record keeping

A record should be kept of all medicines given and should include:

- The child's name and class.
- The name and dosage of the medicine given.
- The date and time of administration.
- The signature of the member of staff responsible.

Parents should be informed when emergency medicine is given or where staff has a concern.

Ideally, the records should be kept for seven years and should be made available to the school doctor or nurse whenever they visit the school.

Appendix A

IHCP – Individual Healthcare Plan

Child's Full Name	Class	DOB:
Date:	Review Date:	
Child's Address:	Family Contact Information:	
Family GP		
Name:		
Address:		
Clinic/Hospital Contact:		
Describe medical needs/triggers:		
Mild, moderate and/or severe symptoms/signs: (please give full details):		
Last known episode & details:		
Medicates/Medical treatments(dose/side effects/storage/administrator):		
Permission to administer medical form completed: Yes/No		
Daily care requirements (testing/equipment/diet/environmental issues):		
Emergency arrangements:		
Follow-up care: (in hospital and at home)		
Who is responsible in an emergency: (State if different for off-site activities)		
Impact on attendance and ways to address this:		
Arrangements for school visits:		

This form copied to: Parents/Inclusion Manager/Class Teacher/Teaching Assistant/ First Aider/Office Staff/Senior Midday Supervisor

Appendix B – Developing and IHCP

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to return to school after a long-term absence, or needs have changed



Headteacher or Inclusion Manager coordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil



Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate



Develop IHCP in partnership, Inclusion Manager leading on writing IHCP, input from healthcare professional must be provided



School staff training needs identified



Healthcare professional commissions/delivers training and staff signed off as competent – review date agreed



IHCP implemented and circulated to all relevant staff



IHCP reviewed annually or when conditions change. Parent or healthcare professional to initiate



Appendix C
Keston Primary School
PERMISSION FOR PRESCRIBED MEDICINES ADMINISTERED IN SCHOOL

If your child needs ***prescribed*** medicate administered during school time or a course of antibiotics to be taken up to four times a day, please complete and return this form with the appropriate medication.

Please bring the medicine(s) to the **School Office** in its original box, clearly labelled with your child's name, class, dosage and expiry date of the medication.

The medicine(s) will then be stored in the adjacent **medical room** and will be available at all times during the course of the school day and for off-site school trips. Parents will also be responsible for collecting the medicine to take home and no medicine will be given to a child to take home at the end of a school day.

Please note teachers and other school staff have no obligation to give medicines to children at school. They will do so to co-operate with parents in the best interests of the child, but only on the basis that they, the school, and the LEA will not be held responsible for any problems which may result from their so doing.

CHILD'S NAME CLASS.....

TYPE AND NAME OF PRESCRIBED MEDICINE.....

DETAILS OF REASON WHY MEDICATION IS TO BE GIVEN (including triggers if appropriate).....

STORAGE INSTRUCTIONS: Refrigerated Yes/No (delete as appropriate)

DETAILS OF TIME/WHEN MEDICATION IS TO BE TAKEN.....

DOSE & METHOD OF ADMINISTRATION

CAN CHILD SELF-ADMINISTER THE MEDICATION?

HOW LONG WILL YOUR CHILD TAKE THIS MEDICATION?

ANY SPECIAL PRECAUTIONS?

POSSIBLE SIDE EFFECTS?

I GIVE PERMISSION FOR THE ABOVE MEDICATION TO BE ADMINISTERED AT SCHOOL BY SCHOOL STAFF

Signature of Parent/Carer Date.....

PLEASE RETURN THIS FORM TO THE SCHOOL'S MAIN OFFICE WITH THE PRESCRIBED MEDICINE(S)

Arrangements for Medicines Held in School

All medicines required to be held in school should be brought in (in its original box/packaging including dosage and frequency instructions), with this completed "*Permission for Prescribed Medicines Administered in School*" FORM (Further copies are available on the school's website under Parent Information under Reporting Absence & Lateness section or the school office.

The medicine(s) and completed form(s) must be handed to a member of staff in **the School Office** from 8.30 a.m on the first day of term. Please make a note of expiry dates. It is the responsibility of the parents/carers to provide medication which is within its "use by" date.

Storage

Medicines will be stored in the **Medical Room** and will be available to your child at all times during the course of the school day and for off-site school trips.

Temporary Medicines

If temporary administration of a prescribed medicine is required, i.e. four times per day, this should also be brought in with its original box/packaging, dosage and frequency instructions. Please bring the medicine to the School Office, along with a "*Permission for Prescribed Medicines Administered in School*" form duly completed.

Finally, if you have any queries please speak to Mrs Morgan in the school office.

Appendix D

Allergy Protocol for Schools

Allergy and Anaphylaxis Protocol:-

NAME:

DOB:

1. BACKGROUND

1.1

It is thought probable that may suffer an anaphylactic reaction if he/she eats or comes into contact with

1.2

If this occurs, is likely to need medical attention and, in an extreme situation, their condition may be life threatening. However, medical advice is that attention to diet, in particular the exclusion of together with the availability of his emergency medication, are all that is necessary.

1.3

..... medication must be available at all times.

1.4

The arrangement set out below are intended to assist parents and the school in achieving the least possible disruption to his education, but also to make appropriate provision for his medical requirements.

2. AWARENESS AND DAY TO DAY ARRANGEMENTS

2.1

The head teacher will arrange for the teachers and staff in the school to be briefed about condition and about other arrangements contained in this document.

2.2

The school staff will take all reasonable steps to ensure that does not eat any food items unless they have been prepared/approved by his/her parents.

2.3

..... parents' will remind him regularly of the need to refuse any food items which might be offered to him/her by other pupils.

2.4

In particular, parents will provide:

A suitable packed lunch

Suitable sweets to be considered as treats which will be requested if required

2.5

If there are any proposals which mean that may leave the school site, prior discussions will be held between the school and parents in order to agree appropriate provision and safe handling of his medication.

2.6

Whenever the planned curriculum involves food science, food technology or contact with foods, alternative measures will be taken, in consultation with the parents.

3. MEDICATION

3.1

The school will hold under secure conditions, appropriate medication, clearly marked with name, for use by designated school staff or qualified personnel. All medication shall show an expiry date.

3.2

His/her medication will be kept in a labelled container in the medical room. The medication will be available, if needed, to designated staff at any time is on the school premises.

3.3

..... parents accept responsibility for maintaining appropriate up to date medication.

4. ALLERGIC REACTION

4.1

In the event of showing any physical symptoms for which there is no obvious alternative explanation, his condition will be immediately reported to the head teacher or teacher in charge.

4.2

On receipt of such a report, the person in charge, if agreeing that his condition is a cause for concern will:-

Instruct a member of staff to contact in direct order of priority:-

1. AMBULANCE

Dial 999, ask for ambulance and say:_

This is Keston Primary School, Keston Avenue, Old Coulsdon, Surrey, telephone number 01737 555103. We have a child who has had a severe allergic reaction. The epipen has been given. We need a paramedic team urgently. The child's name is and their date of birth is

2. PARENTS

And then his/her

Mothers telephone number Mobile:
Fathers telephone number Mobile:

Other emergency names and contact numbers:

4.3

Whilst 1 and 2 are being carried out the headteacher or teacher in charge and the designated staff will assess condition and administer the appropriate medication in line with the perceived symptoms, following closely the instructions given to the staff during the training session.

4.4

The following procedure will be followed:

- Bad tummy ache, itchiness, irritable, distressed, tickly/itchy throat or mouth, vomiting

..... will be given piriton syrup and/or ventolin inhaler (please amend/delete)

- Wheeziness, pale, drowsy, having difficulty breathing, swelling of face or lips, blue lips, loosing consciousness

..... will be given (in addition to the above): the epipen adrenaline auto-injection in to the outer side of the thigh, midway between the knee and the hip.

- Count to ten while the needle is in place
- Get someone to note the time of administration
- Put the epipen back in the empty medical box. This is then given to the ambulance staff to take to hospital.

4.5

If there is no improvement in 5 minutes or there is deterioration in condition, a second epipen dose will be given. If possible, the Ventolin inhaler may be given again to help ease breathing.
Closely monitor condition.

4.6

The administration of this medication is safe for and even if it is given through a misdiagnosis it will do no harm.

4.7

On arrival of the paramedic team, the teacher in charge will appraise them of:-

- a) the medication given
- b) specific allergy and other medical conditions
- c) The medic alert details

All medication will be handed to the medical person.

4.8

After the incident a debriefing session will take place with all members of staff involved.

4.9

The school will advise the parents of any medication used and the parents will arrange to replace the used item.

5. TRANSFER OF MEDICAL SKILLS

5.1

Volunteers from the school staff have undertaken to administer the medication in the unlikely event of having an allergic reaction.

The volunteers are:

- 1) A designated first aider
- 2) Headteacher
- 3) Other trained staff

5.2

An instruction session was held 30th April 2015 and attended by all the above staff

A qualified RGN explained in details condition, the symptoms of anaphylactic reaction and the stages and procedures for the administration of medication. Parents must be invited to this session. It is up to the parents whether they attend or not.

5.3

Further advice is available to the school staff at any point in the future where they feel the need of further assistance.

5.4

The medical instruction will be repeated annually or more frequently as necessary because of staff changes.

5.5

The local education authority provides a staff indemnity for any school staff who agree to administer medication to a child in school given the agreement of the child's parents and the school.

6. STAFF INDEMNITY

The London Borough of Croydon fully indemnifies staff against claims for alleged negligence, provided they are acting within the scope of their employment, having been provided with adequate instruction, and are following LEA guidelines. For the purpose of the indemnity, the administration of medicines falls within this definition and hence the staff can be reassured about the protection their employer provides.

The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice, indemnity means the LEA and not the employee would meet the cost of damages should a claim for alleged negligence be successful. It is very rare for the school staff to be sued for negligence and instead the action will usually be between the parent and the employer.

7. AGREEMENT AND CONCLUSION

7.1

The school and the parents will hold a copy of these notes. The parents will send a copy to the school nurses, GP and the LEA for information.

Any necessary revisions will be the subject of further discussions between the school and the parents.

Any changes in routine will be noted and circulated.

AGREED AND SIGNED

On behalf of the:- Keston Primary School

Head teacherDate.....

Inclusion ManagerDate.....

Chair of GovernorsDate.....

Parents:-.....Date.....