

Windmill Hill Primary School

Policy Document

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

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	Staff member responsible	R Thompson S Suttle	
	Governor responsible	H Ryley	
	Statutory / school policy	School	
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	Chair of Governor's signature	K Davison	
Headteacher's signature	J Grantham		

This policy draws directly on advice contained within DfES publication '*Managing Medicines in Schools and Early Years Settings*': DfES/Department of Health 2005 Ref 1448-2005 DCL-EN and Managing Children and Young People's Identified Health Needs, guidance for Schools and Other Education Settings, Sheffield Children and Young People's Service, Sheffield City Council

To be read alongside other policies in school, including but not limited to: first aid, health and safety, inclusion, SEND and healthy schools.

Introduction

This policy will set out a clear framework and approved guidelines for school to implement ensuring that children and young people requiring medicines and care receive the support they need.

Employees of Sheffield City Council who are not medical healthcare professionals will be supported by their school and the Local Authority in carrying out specified duties, and covered by the Local Authority's insurance arrangements in the circumstances listed in Annex A (Insurers Schedule of Covered Activities), provided that they follow this policy, any care plan in place, act in good faith¹ and act in accordance with their training.

Definitions

Short term medical needs: affecting a child's participation in school activities while they are on a course of medication.

Long term medical needs: potentially limiting a child's access to education and requiring extra care and support.

Rationale

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.

Windmill Hill Primary School is committed to reducing the barriers to participating in school life and learning for all its children and young people. This policy sets out the steps which Windmill Hill Primary School will take to ensure full access to learning for all its children and young people who have medical/health needs and are able to attend. Medicines should only be brought in to school or the setting when essential; that is where it would be detrimental to a child/young person's health if the medicine were not administered during the school day and where approval to do so has been sought and given.

Aims

- To put into place effective management systems to help support individual children with medical needs.
- To make sure that medicines are handled responsibly.
- To assist parents in providing medical care for their children.
- Educate staff and children in respect of medical needs.
- Adopt and implement the Sheffield Local Authority policy of managing children's and young people's health needs.
- To liaise with medical services in support of the individual pupil.
- Ensure access to full education.
- Monitor and keep appropriate records.
- For all children with medical/health needs to have the same rights of admission to school as other children who do not have medical needs.

Loco parentis

The prime responsibility for a child's health lies with the parent/carer who is responsible for the child's medication and should supply the school with the information. However, under the Children Act 1989, anyone caring for children including teachers, other school staff and day care staff in charge of children, have a common law duty of care to act like any reasonably prudent parent traditionally referred to as 'in loco parentis'. Legally, while not bound by parental responsibility, teachers/school staff must behave as any reasonable parent would do in promoting the welfare, health and safety of children in their care.

In exceptional circumstances where parental consent is unobtainable, the member of staff acting in loco parentis should use their judgement to determine if the non-prescription medication should be given if a health care plan is not in place and this action should be recorded.

This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips and after-school/hours sessions/clubs that are running in schools/settings before or after the end of the school day.

Policy

1. **Managing medicines which need to be taken during the day.**
- 1.2 Parents/carers must provide full *written* information about their child's medical needs to the school/setting where their child attends.
- 1.3 Short-term prescription requirements should only be brought to the school if it is detrimental to the child or young person's health not to have the medicine during the day. If the period of administering medicine is prolonged for any reason (more than 8 days including weekends) an individual health care plan is required.
- 1.4 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 details or make changes to prescribed dosages on parental or child instructions.

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 that the school/setting needs to know about
 - Expiry date
- 1.5 In some cases the school may administer a non-prescribed medicine/common remedy if parent/carer consent is gained or in exceptional circumstances where parental consent is unobtainable and a member of staff is acting in loco parentis, for a period not exceeding eight days (including weekends)
 - 1.6 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. Should a school receive regular/repeated parental consent to administer non-prescribed medicines this will be referred to the school nurse for advice.
 - 1.7 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 will keep all controlled drugs on behalf of pupils. The school will keep controlled drugs in safe custody in a locked non-portable container, 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.

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

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

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

2.1 The school will consider what reasonable adjustments might be made 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/young people with medical needs. It might also incorporate risk assessments for such children and information from their individual health care plan.

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 advice from a health professional or the child's GP.

2.3 The school 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.

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.

2.5 The school must fully cooperate with Sheffield City Council in fulfilling its responsibilities regarding home to school transport. This may include giving advice and/or suitable training regarding a child/young person's medical needs, emergency procedures and sharing of health care plans.

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

3.1 Anyone administering medicines in school will ensure the child is safe and they will be competent to undertake what is expected of them.

- 3.2 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.
- 3.3 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 a competence assessment (example provided in annex E) prior to undertaking the administration of medicines.

Administration of Rectal Diazepam requires 2 adults and where possible at least one of the same gender as the child to be present because it is invasive.

- 3.4 Parent/carer consent will be sought before medication/care is given to a child/young person and medicine/care required for a short-term condition (under 8 days including weekends) should be logged on Form 3.

Occasionally the school may be required to administer a non-prescribed medicine or common remedy such as paracetamol or anti-histamines to a child or young person. The consent form (Form 3) is required each time a non-prescribed medicine/common remedy is given, except for exceptional circumstances where a member of staff acts in loco parentis and this is recorded (Form 5). Parents/carers will be informed that all non-prescribed medication should be retained in the original packaging including the information leaflet supplied.

Staff should consider any potential reactions between medications (especially where a child is taking) a prescribed and a non-prescribed medication at the same time as there could be potential side effects. Where staff administering medicines are unsure they should consult a health care professional or pharmacist for advice.

Where the head teacher or staff member agrees to administer medicine to a child for which parental consent has been recorded, it must be in accordance with this policy and agreement to do so should be recorded on Form 4. The school will inform parents/carers of this policy.

Where medicine/care is administered to a child it should be recorded on a form such as Form 5 or 6. If a child suffers from frequent or acute pain the parents/carers should be encouraged to refer the matter to the child's GP.

A health care plan is only required for the administration of medicines/care if the child/young person's condition is considered long term (over 8 days including the weekend). Parent/carer consent will be sought before the medicine is given to the child/young person and any prescribed medicine to be given and parental consent should be additionally logged on Form 3.

- 3.5 National Guidance states: '**A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor**'. The school 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.

- 3.7 If a child/young person refuses to take medicine, staff will not force them to do so. Staff will record the incident and follow agreed procedures set out in this policy, such as recording 'refused to take' on Form 5 or 6 or as stated in the child's health care plan. The head teacher and parents/carers 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.
- 3.8 If in doubt about a procedure, staff will not administer the medicine or care procedure, but will check 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/setting manager 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 school's policy.

Responsibility for administering non-prescribed medicines or common remedies to a child or young person in a school 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 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.
- 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 from the setting to advocate for them, either the school nurse or the health visitor, as appropriate.
- 4.5 It is the parents/carers' responsibility to keep their child/ren at home when they 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. (See specimen forms in Annex B.)

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, such as 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 a health professional the school nurse or the child's GP or paediatrician.

5.2 Developing children and young people's health care plans

The school will work in partnership with parents/carers, the School Nurse and/or specialist teams as appropriate, including Sheffield Children's Hospital NHS Foundation Trust, to develop in-school care plans to ensure high quality, evidence-based care within a school for pupils with long-term conditions and complex health needs. Specifically the School Nurse or Health Care Professional will support the development of healthcare assessments and plans, facilitate training in the delivery of individual healthcare plans and monitor the delivery of healthcare plans within school.

The school will 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, e.g. if there was a change in the child's health 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.
- 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.

Brief health care plans may be all that is required for the notification of mild or less complex conditions, or where medical care would only be required in an emergency. For example, repeat courses of antibiotics which take medication over 8 days, well-controlled mild asthma, and peanut allergy. Asthma health care plans could be supported by annual personal plans (e.g. My Asthma Plan by Asthma UK) routinely provided as best practice care through GP care.

- 5.5 In addition to input from the school, parents/carers and 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:

- Head teacher
- Child/young person (if appropriate)
- Early years practitioner/class teacher - primary schools

- Care assistant or support staff
- Staff who are trained to administer medicines or undertake identified health needs
- Staff who are trained in emergency or first aid procedures

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

- 6.1 The 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 documented (Form 8).
- 6.3 For staff where the conditions of their employment do not include giving or supervising a pupil taking medicines, agreement to do so must 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 teachers responsibility to ensure systems are put in place within their school to ensure that the health needs of their pupils are met. The same approach should apply to whoever has the legal duty of care within a given setting.
- 6.4 In line with the contractual duty on head teachers, the school will ensure that staff receive appropriate support, information and training where necessary. The head teacher will agree when and how such training takes place, in partnership with the health professional and parents/carers involved. The head teacher will make sure that all staff and parents/carers are aware of the Sheffield guidance and procedures for dealing with medical and health care needs.
- 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 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 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 site.
- 7.2 The school will refer to the DfE guidance Work Related Learning and the Law DfES/0475/2004, the Health and Safety Executive and the Learning and Skills Council for programmes that they are funding e.g. Increased Flexibility Programme.
- 7.3 The school is responsible for ensuring that a work place provider has a health and safety policy which covers each individual student's needs.
- 7.4 Parents/carers and pupils must give their permission before relevant medical information is shared on a confidential basis with employers.

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 should not accept medicines if the label and/or packaging instructions have been altered or tampered with.
- 8.2 The school will use Form 3 to record parental permission for the short-term administration of medication (not more than 8 days including weekends). Consent forms must be delivered personally by the consenting parent/carer. 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 The school will use Form 3 to record parental consent for the administration of long-term medication (more than 8 days including weekends) in conjunction with Form 2, a health care plan. Consent forms must be delivered personally by the consenting parent/carer. Staff must check that any details provided by parents, or in particular cases a health professional, are consistent with the instructions on the container.
- 8.4 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.

The school will use Form 4 to confirm with the parents/carers that a member of staff will administer medicine to their child.

- 8.5 All Key Stages and EYFS will keep written records of all medicines administered to children, and make sure that parents/carers sign the record

book to acknowledge the entry. (All Early Years settings must do this as a legal requirement). These records safeguard staff and provide proof that they have followed agreed procedures.

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.
- 9.2 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.
- 9.3 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 staff must not alter or add to the label. Medicines that do not comply with these requirements will be returned to the parent/carer.
- 9.4 Where a child needs two or more prescribed medicines, each will require a written consent and be provided in a separate container.
- 9.5 Non-healthcare staff will never transfer medicines from their original containers.
- 9.6 All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children/young people and will not be locked away.
- 9.7 Schools will allow children/young people to carry their own inhalers. If the child is too young or immature to take personal responsibility for their inhaler, staff will make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name.
- 9.8 Other non-emergency medicines will be kept in a secure place not accessible to children/young people, unless Form 7 has been completed by the parent/carer providing permission for the child / young person to carry their own medication.
- 9.9 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.

- 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.
- 10.3 Sharps boxes will always be used for the disposal of needles. Collection and disposal of the boxes will be arranged with Sheffield City Council.

11. Hygiene and infection control

- 11.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.
- 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 and sanitary waste is available in Code of Practice COP31 on SchoolPoint)
- 11.3 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/setting's emergency procedures

- 12.1 As part of general risk management processes the school *must* have arrangements in place for dealing with emergency situations. Where medical needs are known the care plan will document all emergency information. [This could be part of the school's first aid policy and provision. See DfE Guidance on First Aid for Schools: a good practice guide, 1998]
- 12.2 Other children/young people should know what to do in the event of an emergency, such as telling a member of staff.
- 12.3 All staff should know how to call the emergency services. Guidance on calling an ambulance is provided in Form 1. This information must be displayed in a prominent location within the school.
- 12.4 All staff should also know who is responsible for carrying out emergency procedures in the event of need.
- 12.5 A member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives.
- 12.6 Health professionals are responsible for any decisions on medical treatment when parents/carers are not available.

- 12.7 Staff should never take children to hospital in their own car; it is safer to call an ambulance.
- 12.8 In remote areas a school might wish to make arrangements with a local health professional for emergency cover.
- 12.9 The national standards require early years settings to ensure that contingency arrangements are in place to cover such emergencies.
- 12.10 Individual health care plans will 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.

13. Risk assessment and management procedures

- 13.1 This policy will operate within the context of the school's Health and Safety Policy.
- 13.2 The school will ensure that risks to the health of others are properly controlled.
- 13.3 The school will provide, where necessary, individual risk assessments for pupils or groups with medical needs.
- 13.4 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. A care plan will be carried with the children and young people. Briefings to drivers and escorts will be given by a health professional, or by another appropriately informed member of staff within the school.
- 14.3 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.
- 14.4 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.
- 14.5 Training will be given to all relevant travel and transport staff, as per standard

agreed health care protocols provided by health care professionals and Sheffield City Council standard practice. Drivers or escorts who have any concerns should raise these in the first instance with their line manager.

ANNEX:

A. Insurer's schedule of activities covered

Please note that some procedures show as not approved in Annex A may be approved by the Local Authority Insurers on an individual named child basis, as part of an individual health care plan.

B. Forms

- Form 1:** Contacting Emergency Services
- Form 2:** Health Care Plan
- Form 3:** Parental agreement for school/setting to administer medicine
- Form 4:** Head teacher/setting manager agreement to administer medicine
- Form 5:** Record of medicine administered to an individual child
- 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
- Form 10:** Authorisation for the administration of buccal midazolam

C. Checklist for administering medication/care

D. Medication administration

E. Medication competency assessment

Annex A: Insurer's schedule of activities covered

PLEASE NOTE THAT WHILST THE ACTIVITIES BELOW FALL WITHIN THE SCOPE OF CURRENT INSURANCE COVER THIS ONLY APPLIES WHEN THE PROCEDURE IS ALSO SUPPORTED BY SHEFFIELD CITY COUNCIL'S POLICIES & PROCEDURES.

Please note that some procedures show as not approved in Annex A may be approved by the Local Authority Insurers on an individual named child basis, as part of an individual health care plan.

Examples of treatment

PROCEDURE	DESCRIPTION	ACCEPTABLE TO UNDERWRITERS	TREATMENT TREE
Anal plugs	Plug to prevent bowel movements in incontinent adults or children.	No	2
Bathing		Yes – following training and subject to routine visits to service users by senior officer to check for abuse Safe Manual Handling Practice to be followed	5
Bladder wash out		No	1/2
Blood Pressure	Taking of BP by automated machine only	Yes – following training and variation from specified limits in Health Care Plan referred to medical staff	5
Blood samples	Glucometer or fingerprick only	Yes – following written Health Care Plan and adherence to manufacturers' guidelines	2a/5
Body fluid balance monitoring	Measurement and recording of fluids in and urine out via toilet capture device	Yes – following training and referral of abnormalities to medical staff	5
Breathing monitoring	Visual monitoring	Yes – as routine check only	5
	Monitoring by machine	Yes – following written Health Care Plan	5
Buccal medazolam	Administered by mouth	Yes – following written Health Care Plan	5
Catheters	Change bags and cleaning of tube	Yes – following written Health Care Plan	5
	Insertion of tube	No	1/2
Colostomy/Stoma care	Change bags	Yes – following written Health Care Plan	5
	Cleaning	Yes – following written Health Care Plan	5
Contact lens fitting	Insertion of contact lenses	No	2
Defibrillators /First aid only	In emergency	Yes – following written Health Care Plan	5
Denture cleansing		Yes – following appropriate training and using proprietary cleaner only	5
Dressing care (external)	application	Yes – following written Health Care Plan	5
	replacement	Yes – following written Health Care Plan	5
Ear syringe		No	1
Ear / nose drops		Yes	5
Enema suppositories		No	2a
Eye care	For individuals unable to close eyes	Yes – following written Health Care Plan	5
Eye drops		Yes	5
First Aid	In emergency (including use of defibrillators)	Yes – by employees with valid first aid certificate.	Covered as standard by Public Liability Insurance
Gastrostomy tube Peg feeding (Through the abdominal wall)	A tube to be inserted	No - by qualified medical staff only	1/2
	Feeding and cleaning	Yes – following written Health Care Plan	5
	Reinsertion of gastrostomy tube Testing	No - by qualified medical staff only	1/2
Gastrostomy tube Peg feeding with medication		Yes – following written Health Care Plan and in consultation with pharmacist, and prescribed by a medical professional	5
Gastrostomy tube Bolus feed via a gastrostomy tube	Using a large syringe or feed bag to provide 'bulk' feed	Yes – following written Health Care Plan	5

Gastrostomy tube -Peg feeding with medication		Yes– following written Health care plan and in consultation with pharmacist, and prescribed by a medical professional	5
Gastrostomy tube - Bolus feed via a gastrostomy tube	Using a large syringe or feed bag to provide 'bulk' feed	Yes– following written Health care plan	5
Gastrostomy tube - Pump feeds via a gastrostomy	Pumps are usually used to provide a constant feed – say through the night	Yes– following written Health care plan	5
Hearing aids	Checking	Yes– following written Health care plan	5
	Fitting (but not measuring for a hearing aid)	Yes– following written Health care plan	5
	Replacement (but not measuring for a hearing aid)	Yes– following written Health care plan	5
Inhalers, and nebulisers	Provide assistance to user – both hand held and mechanical	Yes– following written Health care plan	5
Injections	Assembling syringes and administering intravenously or controlled drugs	No	2
	Pre packaged doses administered on a regular basis*	Yes- see medipens below	5
	Carer using judgement to determine frequency and dosage	No	2b
	Pre packaged doses administered (intramuscular or subcutaneous only) on a regular basis or in pre planned emergency may only be provided by - First aider to have been deemed competent to administer prescribed medication (Accredited by the appropriate professional body) -refresher training/competency assessment as recommended by the professional body		
Manual evacuation	Of the bowel	No	2
Medipens (Epipens & Anapens)	For anaphylactic shock (intramuscular) with a preassembled pre-dose loaded epipen epinephrine or adrenaline/epinephrine.	Yes– following written Health care plan	5
Mouth toilet	For individuals unable to swallow	Yes	5
Naso-gastric tube-feeding	Tube to be inserted. Carers and staff will be trained on an individual basis for individual child/young person/adult.	No by qualified acute sector medical staff only so that the tube can be scanned to check for correct insertion.	1/2
	Feeding and cleaning of tube	Yes– following written Health care plan	5
	Reinsertion	No by qualified acute sector medical staff only so that the tube can be scanned to check for correct insertion	1/2
	Testing	No by qualified acute sector medical staff only so that the tube can be scanned to check for correct insertion	1/2
Naso-gastric tube- Bolus nasogastric feeds	This is where a syringe is used to provide a bulk feed	Yes– following written Health care plan	5

Occupational therapy		No
Oral medication - prescribed	Antibiotic syrup, tablets etc	Yes as prescribed and directed by a medical professional following written Health Care plan (refer to additional notes below)
Oral suction	To remove excess secretions from the upper respiratory tract for individuals who are unable to do so independently	No
oxygen -administration of	Provide assistance to user	Yes – following written Health care plan
	Fitting oxygen tubes	No – if invasive Yes – if applying a mask
Pessaries		No
Physiotherapy		No – other than chest drainage, limb massaging, exercise therapy under the direction of a physiotherapist and documented in a Health Care Plan
Pressure bandages	Application to assist with positioning of digits	Yes – following written Health care plan
Rectal midazolam prepackaged dose	Tends to be used for individuals suffering from repeated epileptic fits	Yes – following written Health care plan and 2 Members of Staff must be present
	emergency situation	Yes – following written Health care plan and 2 Members of Staff must be present
Rectal diazepam in prepackaged dose	Tends to be used for individuals suffering from repeated epileptic fits Routine administration	Yes – following written Health care plan and 2 Members of Staff must be present
	emergency situation	Yes – following written Health care plan and 2 Members of Staff must be present
Rectal Paraldehyde	Used for individuals suffering from repeated epileptic fits- and can't use other forms of medication Routine and emergency – needs to be applied by catheter – highly skilled application/ and drug storage	No
Suction machine	To remove excess secretions from the upper respiratory tract for individuals who are unable to do so independently	No
Splints, braces, corsets etc	Application of appliances	Yes – as directed by a medical professional
Syringe drivers- Programming of		No
Suppositories or pessaries -Inserting with a prepackaged doses		No other than Rectal diazepam and midazolam. See above
Swabs	external	yes
	Internal(other than oral) invasive	No
Toe nail cutting		Yes No - if the patient has diabetes or

		vascular disease a chiropodist should only do this.	
Topical medication	Pre prescribe medication only -Creams lotions etc	Yes– following written Health care plan and as prescribed and directed by a medical professional	5
Tracheotomy care	Clean round edge of tube only.	Yes– following written Health care plan	5
	Testing, Replacement, suction	No	1
	Emergency:	NO	2
Ventilators	Use of	Yes– following written Health care plan	5
Vene puncture	A method of collecting blood	No	1/2

Local Authority Education – Day Schools only (not residential)

Oral medication - prescribed	Antibiotic syrup, tablets etc	Yes as prescribed and directed by a health care professional (i.e. Doctor) <ul style="list-style-type: none"> • Adherence to Authorities Medication Policy • Parental consent form completed 	5 Health Care plans required for the administration of oral medication over a period of 8 days or more
Oral medication as directed and authorized by a parent/Guardian	Paracetamol, antihistamine (i.e. for hay fever etc)	Yes : <ul style="list-style-type: none"> • Adherence to Authorities Medication Policy • Parental consent form completed 	5 Health Care plans required for the administration of oral medication is over a period of 8 days or more

Residential establishments

Oral medication - prescribed	Antibiotic syrup, tablets etc	Yes as prescribed and directed by a health care professional (i.e. Doctor) Adherence to Authorities Medication Policy	5 Health Care Plans must be amended to include reference to the oral medication if administration is required for a period of 8 days or more *
-------------------------------------	-------------------------------	---------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------

* We appreciate that a resident will have a Health care plan in place, but at times may need short courses of antibiotics etc. We wouldn't expect a revised Health Care Plan in these circumstances.

The list of Healthcare activities is not all-inclusive and over time and in consultation with our insured's this list will be added to.

Annex B: Forms

FORM 1 Contacting Emergency Services

Request for an Ambulance

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

1. Your telephone number
2. Give your location as follows
[insert school setting address]
3. State that the postcode is
4. Give exact location in the school/setting
[insert brief description]
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

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

Put a completed copy of this form by the telephone

Health Care Plan for a Pupil with Medical Needs



Name:

Address:

Date of Birth:

Name of School: Windmill Hill Primary School

Class/Form:

Medical Condition:

Date plan drawn up:

Review date:

CONTACT INFORMATION

Family Contact 1

Name:

Phone No:

(work):

(home):

(mobile):

Relationship:

Family Contact 2

Name:

Phone No:

(work):

(home):

(mobile):

Relationship:

GP

Name:

Phone No:

Clinic/Hospital Contact

Name:

Phone No:

Describe medical condition and give details of pupil's individual symptoms:

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

Describe what constitutes an emergency for the pupil, and the action to be taken if this occurs:

Follow up care:

Who is responsible in an emergency (State if different on off-site activities)

Signed:

Parent/carer..... Date.....

Head teacher Date.....

SENCo..... Date.....

Form copied to: [Parents, office, first aiders and Breakfast/Afterschool club.](#)

FORM 3 Parental agreement for school/setting to administer medicine

In accordance with the school/setting policy, medicine will not be routinely administered to children without parental consent. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school/setting.

Name of school/setting	
Name of child	
Date of birth	/ /
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Date dispensed (if prescribed)	/ /
Expiry date	/ /
Agreed review date to be initiated by	[name of member of staff]
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school/setting needs to know about?	
Self administration	Yes/No (Where 'No', Form 4 should be completed by the school/setting)
Procedures to take in an emergency	
Name and tel. number of child's GP	

Parent / carer contact details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting and other authorised members of staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately of any changes (such as to dose or frequency, or stopping the medication) in writing. I understand that a non-medical professional will oversee my child's medication. I understand that it is my responsibility to dispose of any unused medicines and ensure medicines provided are within date.

Parent/carers signature: _____ Date: _____

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

FORM 4 Head teacher/Head of setting agreement to administer medicine

Name of school/setting

It is agreed that [name of child] will receive [quantity and name of medicine] every day at [time medicine to be administered e.g. lunchtime or afternoon break].

[Name of child] will be given/supervised whilst he/she takes their medication by [name of member of staff].

This arrangement will continue until [either end date of course of medicine or until instructed by parent/carers].

Date _____

Signed _____

(The Head teacher/Head of setting/named member of staff)

FORM 5 Record of medicine administered (or refused) to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent/carer	/ /
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	/ /
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent/carer _____

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

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	Print name

FORM 7

Request for child/young person to carry his/her own medicine

This form must be completed by parent/carers/guardian

If staff have any concerns, discuss this request with healthcare professionals.

Name of school/setting	
Child's name	
Group/class/form	
Address	
Name of medicine	
Procedures to be taken in an emergency	

Contact Information

Name	
Daytime phone no.	
Relationship to child	

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

I understand that s/he must comply with the conditions contained in the school policy.

Signed _____

Date _____

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

FORM 8 Staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	/ /
Training provided by	
Profession and title	

I confirm that [name of member of staff] 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 _____

FORM 9 Authorisation for the administration of rectal diazepam

Name of school/setting	
Child's name	
Date of birth	/ /
Home address	
G.P.	
Hospital consultant	

should be given rectal diazepam mg.
If s/he has a *prolonged epileptic seizure lasting over minutes

OR
*serial seizures lasting over minutes.
An Ambulance should be called for *

OR
If the seizure has not resolved *after minutes.
(*please enter as appropriate)

Health Care Specialist's signature _____

Parent/carer's signature _____

Date _____

The following staff have been trained:

Trainers name and post

NB: Authorisation for the administration of rectal diazepam

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state:
when the diazepam is to be given e.g. after 5 minutes; and
how much medicine should be given.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

Records of administration should be maintained using Form 5 or similar.

FORM 10 Authorisation for the administration of buccal midazolam

Name of school/setting	
Child's name	
Date of birth	/ /
Home address	
G.P.	
Hospital consultant	

should be given buccal midazolam mg.
If s/he has a *prolonged epileptic seizure lasting over minutes

OR
*serial seizures lasting over minutes.
An Ambulance should be called for *

OR
If the seizure has not resolved *after minutes.
(*please enter as appropriate)

Health Care Specialist's signature _____

Parent/carer's signature _____

Date _____

The following staff have been trained:

Trainers name and post

NB: Authorisation for the administration of buccal midazolam

As the indications of when to administer the midazolam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state:
when the midazolam is to be given e.g. after 5 minutes; and
how much medicine should be given.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

Records of administration should be maintained using Form 5 or similar.

ANNEX C: Checklist for administering medication/care

To support school/setting staff in the safe administration of medication/care, the following checklist summarises the key points contained within the policy.

Before administering medicine/care, a school/setting must ensure:

- Medication/care requested is covered by the Insurer's schedule of activities (Annex B or agreed to be insured on an individual named child basis).
- Staff responsible for administering medication/care have received any appropriate training.
- Non-prescribed medication does not contain aspirin.
- Non- prescribed medication – is the medication in the original package and information sheet included?
- Non- prescribed medication – has the parent/carer written the child's name and date of birth on the medication.
NB – care must be taken as some medications may have different branded names but the medication may be the same e.g. paracetamol – also known and contained in 'calpol, para-med'.
- Parental/carer consent has been recorded.
- An individual health care plan is in place for medication/care that is long-term (over 8 days including weekends).
- You have communicated and shared all critical information to any contracted providers to assist them in managing continuity of care.

MEDICATION ADMINISTRATION

General Guidance

This document offers practical advice and provides operational guidance to staff that administer medicines to children and young people and should be read in conjunction with the school policy and guidance on managing children and young peoples identified health needs.

Competence – To safeguard both those receiving medication and those administering it staff should achieve a recognised level of competence, this can be assessed through the competence assessment tool attached as appendix A1. This tool provides competence based evidence of the standard achieved by staff administering medication to children and young people.

Preparation - This should be undertaken in advance of any administration of medication, this will ensure that staff undertaking the task are not interrupted once the procedure begins (to prevent errors) and will limit the potential for young people to have to hang around waiting for their medication.

KEY STEPS:

- Sort out the medication and any documentation to be completed in advance of the designated time to administer the medication.
- Gather together any equipment you may need, e.g. medicine pots, spoons, water, protective gloves etc
- Ensure that the location that you are using is free from distractions and allows those receiving medication an adequate degree of privacy.
- Check the medication label (for date, dosage etc) and any care plans or consent forms, (where applicable), to ensure the dosage has not changed and that you have the correct time/date and medication for the appropriate young person.
- Double check the label on the medication and greet the young person by name to confirm the young person is the correct person to receive the medication.
- If non prescribed medication is to be given ensure that this will not adversely react with any prescribed medications.
- Once administered ensure no significant side effects are evident
- Complete any appropriate documentation and wash your hands, if wearing gloves dispose of them appropriately.

Remember If in any doubt contact a medical practitioner or prescribing pharmacist for advice. Where practical the young person should be encouraged to take the medication themselves under supervision.

Housekeeping - Ensure the medicine cabinet is kept clean and tidy, that it is kept locked when not in use and access to it is by authorised staff only. Keep medicine cups, pots, spoons etc clean. Check that medicines held are still in date, where a medicine is near its expiry date the parents/carers should be informed. Documentation relating to administration of medicines should be kept up to date and periodically a senior member of staff should undertake a check of medicines to ensure errors have not occurred.

Name of Person Assessed	
Name of Assessor	
Date of Assessment	

THEORY ASSESSMENT

Question No	Question	Answer	Assessment
1	How should medicines be stored?		
2	What checks should be made before administering medicines?		
3	What would you do if a child refused their medication?		
4	What would you do if a child dropped their tablet on the floor?		
5	Why is it important no to touch medicines or creams whilst administering them?		
6	Why is it important that you record that medication has been given?		
7	What would you do if a child reacted to their medication/ cream?		
8	What would you do if a child was going out for the day?		
9	What would you do if you noticed the medicine/cream was running low or out of date?		
10	What would you do if a child complained of toothache and had not been prescribed pain relief?		
Signed Assessor		Signed Assessed Person	

PRACTICAL ASSESSMENT

Assessment	Yes	No	Assessor Comments
Are Medicines administered in a clean, tidy and well lit area free from distractions?			
Are medicines kept securely with restricted access?			
Are medicines/creams and any equipment required prepared in advance?			
Are labels/dosages/care plans etc checked before administration?			
Is identity of young person checked to medicine/cream prior to administration?			
Is a drink of water offered where appropriate?			
Are protective gloves worn where appropriate to avoid cross contamination?			
Before administering is one final check made - Right Person, Right Medication, Right Day/Time, Right Dose			
Where the young person is able too, are they offered a self medication option?			
Are expiry dates routinely checked?			
Are hands washed before and after giving a medication/application of a cream?			
Are medications (including spoilt or refused) properly recorded and reported where necessary?			
Where non prescribed medicines/creams are given are appropriate checks made first?			
Are routine stock checks made to ensure errors, low stocks etc are detected?			
Is the storage facility for medication clean, tidy and suitable for the medications stored?			

Signed Assessor	
Signed Assessed Person	
Date	

Date of next Practical Assessment _____

NOTES FOR ASSESSORS

Guidance Notes –

- You need to be familiar with and understand the LA Guidance Managing Children & Young People's Identified Health Needs
- You need to be familiar with and understand the schools policy and procedures on Administering medication
- You need to be familiar with and understand the school Health & Safety Policy
- You need to be a senior member of school management
- You should assess each member of staff who will undertake administration of medicines or application of creams/lotions (prescribed and non prescribed)
- The assessment should be documented and signed off using the template supplied at Annex A1.
- Completed assessments should be retained on staff HR files.

Theory Assessment - This should be undertaken by the member of staff before allowing them to administer medicines, staff must demonstrate an acceptable level of competence. In the assessment column of the grid you should mark the answer provided to the question as acceptable (a tick) or not acceptable (a cross) the member of staff should get all 10 questions correct.

Staff should be given time away from their desk to review guidance provided by the LA and relevant school policies before undertaking the competence assessment. Staff who do not correctly answer all ten questions should be given a further opportunity to take the assessment within two weeks, they should not be told which questions they incorrectly answered. If they do not pass the assessment on the second attempt, school management need to review their suitability for the task.

Practical Assessment - This should be undertaken by observing the member of staff undertaking the administration task once they have successfully passed the theory assessment. The assessor must complete the assessment truthfully based on their observations, selecting the Yes or No option as appropriate. Where a member of staff receives a no the assessor must advise them of this and explain how they should approach the task/offer additional training as appropriate. A date for the next practical assessment should be recorded, it is suggested that the practical observation is undertaken annually.

The assessor should periodically check medicines held to ensure no errors in administration have occurred and out of date medicines or creams are not retained.