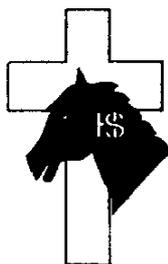


HORSINGTON CHURCH SCHOOL



SUPPORTING PUPIL WITH MEDICAL NEEDS POLICY

INTRODUCTION

Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will be short term; perhaps finishing a course of medication.

Other pupils have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having **medical needs**. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

An individual health care plan will help the school to identify the necessary safety measures to support pupils with medical needs and ensure that they and others are not put at risk.

1) SHORT TERM MEDICAL NEEDS

Many pupils will need to take medication (or be given it) at school at some time in their school life. Mostly this will be for a short period only; to finish a course of antibiotics. To allow pupils to do this will minimise the time they need to be off school. Parents or guardians should provide the class teacher with information about their child's short term medical needs.

2) MEDICATION IN SCHOOL

Medication should only be taken to school when absolutely essential. It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents should be encouraged to ask the prescribing doctor or dentist about this.

No pupil under 16 should be given medication without his or her parent's written consent. It is essential for staff to complete, sign, date and time record cards each time they give medication to a pupil. Form 2 can be used for this purpose. It is essential to have the dosage and administration witnessed and signed by a second adult.

NON-PRESCRIPTION MEDICATION

Pupils sometimes ask for pain killers (analgesics) at school. School staff should not give non-prescribed medication to pupils unless recommended by the GP in writing. They may not know whether the pupil has taken a previous dose, or whether the medication may react with other medication being taken. **A child under 16 should never be given aspirin, unless prescribed** by a doctor.

If a pupil suffers regularly from acute pain, such as migraine, the parents should authorise and supply appropriate painkillers for their child's use, with written instructions about when the child should take medication. A member of staff should supervise the pupil taking the medication and notify the parents, in writing, on the day painkillers are taken.

PRESCRIPTION MEDICATION

Any member of staff who agrees to accept responsibility for administering prescribed medication to a pupil must have training and guidance so that they feel fully confident to carry out these responsibilities. He or she must also be aware of possible side effects of the medication and what to do if they occur. The type of training necessary will depend on the individual case but should be delivered by the appropriate professionally trained person.

SELF MANAGEMENT

It is good practice to allow pupils who can be trusted to do so to manage their own medication from a relatively early age and schools should encourage this. If pupils can take their medicine themselves, staff may only need to supervise this. Written parental consent is always required on Form 3.

REFUSING MEDICATION

If pupils refuse to take essential medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services.

DEALING WITH MEDICINES SAFELY

SAFETY MANAGEMENT

Some medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer this type of medicine the employer has a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the Control of Substances Hazardous to Health Regulations 1994 (COSHH).

ACCESS TO MEDICATION

When the school stores medicines staff should ensure that the supplied container is labelled with the name of the pupil, the name and dose of the drug and the frequency of administration. Where a pupil needs two or more prescribed medicines, each should be in a separate container. Non health care staff should never transfer medicines from their original containers. The Headteacher is responsible for making sure that medicines are stored safely.' Pupils should know where their own medication is stored. A few medicines, such as asthma inhalers and epi pens, must be readily available to pupils and must not be locked away. Pupils should carry their own inhalers. Other medicines should generally be kept in a secure place not accessible to pupils, usually in the secure cupboard in the school office.

Some medicines need to be refrigerated. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. The school will restrict access to a refrigerator holding medicines. The refrigerator in the staff room should be used.

DISPOSAL OF MEDICINES

School staff should not dispose of medicines. Parents should collect medicines held at school at the end of each term. Parents are responsible for disposal of date-expired medicines.

3) LONG TERM MEDICAL NEEDS

SUPPORT FOR PUPILS WITH MEDICAL NEEDS

Parents or guardians of children with **medical needs** have prime responsibility for their child's health and should provide the Headteacher with information about their child's medical condition.

Parents, and the pupil if he/she is mature enough, should give details in conjunction with their child's GP or paediatrician, as appropriate. The school doctor or nurse and specialist voluntary bodies may also be able to provide additional background information for school staff.

RESPONSIBILITY FOR MEDICATION FOR CHILDREN WITH MEDICAL NEEDS

It is important that responsibility for pupils' safety is clearly defined and that each person involved with pupils with medical needs is aware of what is expected of them. Close cooperation between schools, parents, health professionals and other agencies will help provide a suitably supportive environment for pupils with medical needs.

PARENTS AND GUARDIANS

Parents, as defined in the Education Act 1944, are a child's main carers. They are responsible for making sure that their child is well enough to attend school.

Parents should provide the Headteacher with sufficient information about their child's medical condition and treatment or special care needed at school. They should, jointly with the head, reach agreement on the school's role in helping with their child's medical needs. The Headteacher should seek parents' agreement before passing on information about their child's health to other school staff. Sharing information is important if staff and parents are to ensure the best care for a pupil.

If parents have difficulty understanding or supporting their child's medical condition themselves, the school will provide additional assistance in these circumstances by liaising with the appropriate Health agency. Parents' cultural and religious views should always be respected.

THE MAT

The LA will ensure that their insurance arrangements provide full cover for staff acting within the scope of their employment. **The MAT reassures staff that those who volunteer to assist with any form of medical procedure are acting within the scope of their employment and are indemnified.**

In the event of legal action over an allegation of negligence, the LA rather than the employee is likely to be held responsible.

THE GOVERNING BOARD

It is the Governing Board's responsibility to make sure that correct procedures are followed. Keeping accurate records in the school is essential in such cases. Teachers and other staff are expected to follow schools policy and procedures at all times, particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

The Governing Board is also responsible for making sure that staff have appropriate training to support pupils with medical needs. This should be arranged in conjunction with the appropriate health professional. Health authorities have the discretion to make resources available for any necessary training. The Governing Board should be satisfied that any training has given staff sufficient understanding, confidence and expertise. A health care professional should confirm proficiency in medical procedures.

THE HEADTEACHER

The head is responsible for implementing the governing board's policy in practice and for developing detailed procedures. When staff volunteer to give pupils help with their medical needs, the head should agree to their doing this, and must ensure that staff receive proper support and training where necessary. Known needs should be highlighted prior to pupils entering school as part of transition planning. Consideration will need to be given to ensuring that pupils continue to have medical needs met when supply teachers are employed.

The local Consultant in Communicable Disease Control (CCDC) can advise on the circumstances in which pupils with infectious diseases should not be in school, and the action to be taken following an outbreak of an infectious disease.

For a child with medical needs, the Headteacher will need to agree with the parents exactly what support the school can provide. Complex medical assistance is likely to mean that the staff who volunteer will need special training. Where it is required, the job descriptions of staff should reflect these responsibilities.

TEACHERS

Teachers who have pupils with medical needs in their class should understand the nature of the condition, and when and where the pupil may need extra attention. Teachers should be aware of the likelihood of an emergency arising and what action to take if one occurs.

Under Workforce Reform teachers' conditions of employment do not include giving medication or supervising a pupil taking it.

OTHER SCHOOL STAFF

At different times of the school day other staff will be responsible for pupils. It is important that they are also provided with training and advice.

LONG TERM MEDICAL NEEDS - HEALTH CARE PLANS

It is important for the school to have sufficient information about the medical condition of any pupil with long term medical needs. The school needs to know about any medical needs before a child starts school, or when a pupil develops a condition. For pupils who attend hospital appointments on a regular basis, special arrangements may also be necessary. A written health care plan should be completed for such pupils, involving the parents and relevant health professionals. This should include:

- details of a pupil's condition
- special requirements eg dietary needs, pre-activity precautions
- medication and any side effects
- what to do, and who to contact in an emergency
- the role the school can play

Form 1 provides a health care plan, which the school should use. Where a Community Nurse provides training, health care plans will be drawn up by that nurse relevant to the condition in consultation with school, parents and pupil.

RECORD KEEPING

Parents are responsible for supplying information about medicines that their child needs to take at school, and for letting the school know of any changes to the prescription or the support needed. The parent or doctor should provide written details including:

- name of medication
- dose
- method of administration
- time and frequency of administration
- other treatment
- any side effects
- storage

The child's GP may be willing to provide confirmation of the medication.

Keeping records offers protection to staff and proof that they have followed agreed procedures.

DRAWING UP A HEALTH CARE PLAN FOR A PUPIL WITH MEDICAL NEEDS

PURPOSE OF A HEALTH CARE PLAN

The main purpose of an individual health care plan for a pupil with medical needs is to identify the level of support that is needed at school. A written agreement with parents clarifies for staff, parents and the pupil the help that the school can provide and receive. Schools should agree with parents how often they should jointly review the health care plan.

Each health care plan will contain different levels of detail according to the needs of the individual pupil. The School will use Form 1. Those who may need to contribute to a health care plan are:

- the headteacher
- the parent or guardian
- the child

- class teacher
- care assistant or support staff
- school staff who have agreed to administer medication or be trained in emergency procedures
- SEN support services as appropriate
- the school health service, the child's GP or other health care professionals (depending on the level of support the child needs)

Form 6 is an emergency procedure plan.

INTIMATE OR INVASIVE TREATMENT

The Headteacher or Governing board should arrange appropriate training for school staff who are willing to administer intimate or invasive treatment. Form 5 is the consent form. Training can only be given by appropriate Health Professionals. If the school can arrange for two adults, one the same gender as the pupil, to be present for the administration of intimate or invasive treatment, this minimises the potential for accusations of abuse. Two adults often ease practical administration of treatment too. Staff should protect the dignity of the pupil as far as possible, even in emergencies.

4) CONFIDENTIALITY

The Headteacher and school staff must treat medical information confidentially. The Headteacher must agree with the pupil (where he/she has the capacity) or otherwise the parent, who else should have access to records and other information about a pupil.

Adopted: January 2011
 Reviewed: September 2013
 Reviewed: November 2014

FORM 1

HEALTHCARE PLAN FOR PUPIL WITH MEDICAL NEEDS

Name: _____

Date of Birth: _____

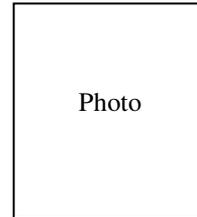
Condition: _____

Class/Form: _____

Date: _____

Review Date: _____

Name of School: _____



CONTACT INFORMATION

FAMILY CONTACT 1

FAMILY CONTACT 2

Name: _____

Name: _____

Phone No (work): _____

Phone No (work): _____

(home): _____

(home): _____

Relationship: _____

Relationship: _____

CLINIC/HOSPITAL CONTACT

GP

Name: _____

Name: _____

Phone No: _____

Phone No: _____

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

Produced by the Lifelong Learning Directorate of Somerset County Council Somerset
County Council cannot accept any liability for the accuracy of this information.
SEN/SC/Supporting Pupils with Medical Needs (Part 1) 19 August 2004

FORM 3

**PARENTAL REQUEST FOR CHILD/YOUNG PERSON TO CARRY AND
ADMINISTER OWN MEDICATION**

This form must be completed by parents/guardian, with the prescriber's knowledge and approval.

DETAILS OF CHILD/YOUNG PERSON

Surname: _____

Forename(s): _____

Address: _____

Date of Birth: _____

Class/Form: _____

Condition or illness: _____

MEDICATION

Name/type of medication (as described on the container): _____

For how long will your child take this medication: _____

FULL DIRECTIONS FOR USE

Dosage: _____

Timing: _____

Any known effects: _____

Any other relevant information: _____

Date: _____

Signatures: _____

Relationship to child: _____

TO BE COMPLETED BY SCHOOL

I agree that _____ (name of child) will be responsible for carrying and administering their own medication. This arrangement will continue until instructed otherwise by parents.

Dated: _____

Signed: _____

(Responsible person)

FORM 4

Staff Training Record - Administration of Medical Treatment

Example of form for recording medical training for each member of staff

Name: _____

Type of training received: _____

Date training completed: _____

Training provided by: _____

I confirm that _____ detailed above
has received training and is competent to carry out any necessary treatment.

Name and status of trainer: _____

Trainer's signature: _____ Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____ Date: _____

Suggested Review Date: _____

FORM 5

PARENTAL CONSENT FOR CHILD/YOUNG PERSON TO BE IN RECEIPT OF NURSING PROCEDURES

I hereby consent to my child having the nursing procedures specified below:

By _____ staff member

I agree to a referral being made to the Paediatric Community Nurse regarding training of the staff.

I certify that I have been made aware of the training given to the staff and have a written record and in giving this consent I accept full responsibility for my child's welfare.

Signature: _____ parent/guardian

Date: _____

Signature of child/young person as appropriate: _____

Date: _____

TRAINING VERIFICATION

I certify that I have trained and observed

(name: _____) performing the following nursing procedure competently.

Signature: _____
Paediatric Community Nurse

Date: _____

FORM 6

**SAMPLE RECORD OF EMERGENCY PROCEDURE FOR AN INDIVIDUAL
CHILD/YOUNG PERSON**

PROCEDURE FOR THE ADMINISTRATION OF NURSING PROCEDURES FOR

(Name of child/young person)

The document outlined should be completed in respect of each child/young person where emergency or nursing procedures may be required.

Each case will be different and will require individual procedures which will need to be communicated to all staff.

School Address & Postcode: _____

Full Name of Child/Young Person: _____

Date of Birth: _____

Address: _____

Telephone No: _____

Parents/Carers Emergency Contact No: _____

1. BACKGROUND

(This section should contain a detailed description of the child or young person's health needs. It should include a medical history summary, signs and symptoms for emergency treatments, consequences if action is not taken, name of GP or Consultant).

2. TREATMENT

(In this section give an outline of the treatment to be administered, who specifically is to undertake it, under what conditions, when and how. Provide step-by-step guidance of the procedure to follow. Include the names of trained carers or staff).

Signature: _____ Parents/Carers Date: _____

Signature: _____ Headteacher Date: _____

