


Bannerman Road Community Academy and Children's Centre

Name of Policy	Supporting children with medical conditions Policy Including administration of medication	
Date written	Oct 2014	
Written and monitored by	<i>AHT- Inclusion CC- Manager Governors/ SHN</i>	
Amendments made	<i>CC and School policies merged & Sept 2015</i>	
Date approved	8 th Sept 2015	
Next Review Date	Oct 2016	

Person(s) Responsible: -Assistant Head teacher and Children's Centre Manager at strategic level
 -Equalities, Diversity and Inclusion team
 -All staff at operational level

Staff currently trained for the administration of medicines at Bannerman Road Community Academy and Children's Centre are displayed on staff information boards in both settings.

Content

1. Rational
2. Aims
3. Medical needs - short term
 - Long term
4. Admin of meds
 - Managing on school premises
 - Self-management
 - Refusing medication
 - Record keeping
5. Training and support
6. Visits, sports and risk assessments
7. Emergency procedures including emergency inhalers
8. Appendices

1. Rationale

We ensure that pupils at Bannerman Road Academy and Children's Centre with medical conditions are properly supported so that they have full access to education, including school trips and physical education. We ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported. This policy has been written to enhance the awareness of staff, governors, parents and pupils to ensure that children with medical conditions receive proper care and support at BRCA & CC This document follows guidance from the Department for Education, in supporting children with medical needs including advise specific for children under 5..

It is the parent or carer's responsibility to advise the setting of any medical needs before a child starts school, or when a condition develops after a child starts.

2. Aims

Our aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that we will provide effective support for children's medical condition and that pupils feel safe. In making decisions about the support we provide, we establish relationships with relevant local health services to help them. It is crucial that we receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case we comply with our duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan.

Parents should be aware of the importance of the setting having sufficient information about medical conditions of pupils with long term medical needs to be able to provide appropriate support. The information required is included in our care plans app A.

No child will be given medicines at the school without the specific written consent of a parent or carer (App B).

If in doubt about any procedure staff will not administer the medicines but will check with parents or a healthcare professional before taking further action. If staff have concerns about administering medicines to a particular child, the matter will be discussed with parents, or carers if appropriate, or with a health professional attached to the school, eg the school nurse/ health visitor.

3. Medical Needs - Short Term

If children are prescribed an antibiotic or medication for a short term illness they would be best kept at home until the course of drugs is finished. If parents feel that the child is well enough to come to school, but still needs to complete a course of medication, the following two options are relevant:

- A parent or carer should attend school at the relevant time to administer the medication.
- Medicines should only be brought to school when absolutely essential, as medication can be prescribed in dose frequencies which enable it to be taken out of school hours. Parents should ask the prescribing doctor or dentist about this. In the small amount of cases where prescribed medication needs to be administered in school and a parent is unable to come into school to administer. Parents must complete app B. Medication will be kept in the school office or in the staffroom fridge (in locked container) if necessary. Office staff/ admin of meds lead will ensure medication is given at correct time.

Non-prescription medicines, such as calpol, cough mixtures, throat lozenges and painkillers, should not be brought to school.

Medical Needs – Long Term

The format of individual healthcare plans may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil. They are easily accessible to all who need to refer to them, while preserving confidentiality. Plans capture the key information and actions that are required to support the child effectively. The level of detail in plans will depend on the complexity of the child's condition and the degree of support needed. Where a child has SEN but does not have a statement or EHC plan, their special educational needs are mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional. Pupils should also be involved whenever appropriate. The aims are to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan is linked to or becomes part of that statement or EHC plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

4. Administration of medication/ Managing medicines on school premises

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. BRCA &CC will not accept medicines unless they are in the container as originally dispensed, in date and labelled with instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

It is the parent's/carer's responsibility to ensure that the medication(s) provided to the school remain in date, and to renew them as appropriate. We will not make changes to doses on parental instructions.

Medicines will be stored in a locked cupboard /out of children's reach in the room/ classroom. Where medication needs to be kept in the fridge they will be kept in a lockable container in the room/ staffroom fridge. The key for the container will be held by the designated member of staff and the office. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, eg on school trips

All medicines will be sent home at the end of each academic year/ on moving rooms or when no longer needed- parents will have the opportunity to update dosage and consent forms at the beginning of the new academic year.

Self-Management- The child's role in managing their own medical needs

BRCA &CC will support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age. The age at which this is possible will vary from pupil to pupil. After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

There is no legal requirement for a member of staff to supervise the self-administration of medications. Parents are reminded that although a member of staff may do this on a voluntary basis to help meet the needs of the child, the parent remains responsible for the medication of the child, and that responsibility never passes to the member of staff.

Children will not be allowed to carry their own medication around school. The only exception to this is that of asthma inhalers. Children who need to use asthma inhalers on a regular or occasional basis should always have easy access to them, either carrying them on their person or having them in their personal tray space. Children who need inhalers should have access to them when taking part in PE and forest school lessons, both indoor and outdoor. Children who need inhalers should have them with them when they take part in visits outside of the setting.

A parental consent form for the self-administration of medication can be found at Appendix B.

In cases where children have been prescribed controlled drugs, ie Ritalin, it is essential that these drugs are kept in safe custody. However, children may access them for self-administration if it is agreed that it is appropriate.

Refusing Medicines

If a pupil refuses to take medicine, staff should not force them to do so but should note this in the records. Parents should be informed as soon as possible, of the refusal. If the refusal results in an emergency, the setting's normal emergency procedures should be followed.

Record Keeping

Parents must tell the setting about the medicines that their child needs to take and provide details of any changes to the prescription or support required. However, staff should check that this is the same information as that provided by the prescriber.

Medicines should always be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions

Parents will be asked to complete a Consent Form (Appendix B) so that details of medicines can be recorded in a standard format. Staff should check that any details provided by parents are consistent with the instructions on the container.

The setting will keep a record of medicines given to pupils as it is good practice to do so. Records offer protection to staff and give proof that they have followed agreed procedures. We will use the form shown in Appendix B (to be photocopied back to back on medication information).

In the children's centre the record of administration form will be used to confirm, with the parents, that a member of staff has administered medicine to their child and the parent/carer will countersign this on the same day.

5. Training and support

Several staff have received first aid training and a significant number of staff are trained to First Aid at Work/ admin of meds /medication level. Several staff have additionally received training in the use of adrenaline pens.

Any member of school staff providing support to a pupil with medical needs will receive suitable training. This will have been identified during the development or review of individual healthcare plans. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.

6. Educational Visits/ sporting activities and risk assessments

Visits

The setting will encourage children with medical needs to participate in safely managed visits. The staff will consider what reasonable adjustments need to be made to arrangements to enable children with medical needs to participate fully and safely in the visit. Visit planning will include such adjustments and arrangements as are necessary. Specific risk assessment for such children will be included as appropriate.

It may be necessary to include additional staff to accompany a particular child. Arrangements for taking any necessary medication will also be taken into consideration. Staff leading outside visits must be aware of any medical needs within the party and relevant emergency procedures. A copy of the Health Care Plan should be taken on visits in the event of the information being needed in an emergency.

Where staff are concerned about whether they can provide for a child's safety, or the safety of other children, on a visit they should seek parental views and medical advice from the school health service or the child's GP. Staff should refer to the DfE guidance on planning visits and the centre's Educational Visits Policy.

Sporting Activities

The setting recognises that most children with medical conditions can participate in physical activities and encourages them to do so. We aim to provide sufficient flexibility within the activities we provide to enable all children to follow in ways that are appropriate to their abilities. Any restrictions on a child's ability to participate in PE or forest school will be recorded in their Health Plan. All adults should be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Risk Assessments

The setting's normal risk assessment procedures can be used to manage the risk of children with long term medical needs.

A generic risk assessment needs to be carried out for normal school day activities.

A specific risk assessment should be carried out for PE/ forest school activities if this is appropriate.

Visit risk assessments should specifically include pupils with long-term medical needs.

Risk assessment clearly outline procedures to follow in an emergency

7. Emergency procedures

Children's plans sets out what should happen in an emergency situation. As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the

local emergency services cover arrangements and that the correct information is provided for navigation systems.

Emergency Salbutamol Inhalers Asthma is the most common chronic condition. It affects one in eleven children and there are over 25,000 emergency hospital admissions each year in the UK for children with asthma. A recent Asthma UK survey found that 86% of children with asthma have at some time been without an inhaler at school and up until now it has been illegal for schools to hold Emergency Salbutamol Inhalers for the use of pupils whose own inhaler was not available. However, from Wednesday 1st October 2014 the Human Medicines (amendment) Regulations 2014 will now allow schools to keep an Emergency Salbutamol Inhaler for use in emergencies..

We need the written consent of the parent and it can only be used if the pupils prescribed inhaler is not available, for example; lost, broken, empty or expired. It certainly does not negate the need for pupils to have their own prescribed inhaler.

The emergency inhaler is stored in the main first aid kit (school and Main office (CC) The first aid lead will monitor expiry date and use Written parental consent for the use of the emergency inhaler will need to be included in individual healthcare plans

Our emergency kit includes:

Salbutamol inhaler

2 plastic spacers

Instructions for use and the manufacturer's information

Instructions for cleaning and storing the inhaler

A checklist of inhalers including batch numbers and expiry dates

A list of children who can use the inhaler

A note of the arrangements for replacing the inhaler and spacers

A record of administration – when and where the inhaler has been used

Administration of medication procedure- Sept 2015

Child is prescribed medication (short term or ongoing)

Parents sent to office to complete paperwork



Office staff(admin of meds lead in CC) complete appendix B (Parental Agreement/ Record for School to Administer Medicines) with parents



Appendix B signed by a member of SLT



Appendix B given to staff administering medication (office keep master copy)



For short term medication eg antibiotics medication is kept and admin by office staff /admin of meds lead who complete record of med when given



For long term medication eg inhalers- medication and copy of form is given to keyworkers/ class teachers who complete record of med given if appropriate



In cases of a food allergy office give an EDEN/ early years catering allergy form to parents to complete (this needs supporting evidence of allergy from DR or allergy nurse)



Office staff pass to Eden/ early years catering and they draw up a diet plan




Office staff update SIMs and SPTO and medical register (on shared drive and print copy for staffroom wall and first aid drawer) Send update to AHT- Inclusion



AHT- Inclusion/ SENCo to draw up care plans/ update medical board as necessary

Health Care Plan

	Photo:
---	--------

Name of School/ Setting	
-------------------------	--

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

Year Group/ Room/ Class	
-------------------------	--

Date of Birth	
---------------	--

Child's Home Address	
----------------------	--

Medical Diagnosis or Condition • the medical condition, its triggers, signs, symptoms and treatments	
--	--

Date _____

Review Date _____

Family Contact Information

Name		
Phone No. (Work)		

Phone No. (Home)		
Phone No. (Mobile)		

Clinic / Hospital Contact

Name	
Phone No.	

GP

Name	
Phone No.	

Daily care requirements

--

Specific support for the pupil's educational, social and emotional

--

Level of support needed

--

Describe what constitutes an emergency for the pupils , and the action to take if this occurs:

--

Follow up care:

--

Form copied to: Parents, AST-Inclusion, CT, Office &

--

Parental Agreement for School to Administer Medicines

The school will not give your child medicine unless you complete and sign this form

Name of School	
Name of Child	
Date of Birth	/ /
Year Group/ room	
Medical condition or illness	

Medicine

Name of Medicine (and strength)	
Date Dispensed	/ /
Expiry Date	/ /
Date medicine provided by parent	/ /
Dosage and method	
To be administer until	
Timing	
Special precautions	
Are there any side effects that the school needs to know about?	
Self-administration	YES / NO
Procedures to take in an emergency	

Contact Details

Name	
Daytime Telephone No.	
Relationship to child	

This arrangement will continue until ...

*End date of course of medicine / * Instructed by parents *(delete as appropriate)

Date: _____

Parent/ carer: _____

Signed (SLT): _____

The medication named above is no longer required for and has been removed from the setting:

Date: _____ Signed (SLT): _____

