

Salford City Council

POLICY ON SUPPORTING CHILDREN WITH MEDICAL CONDITIONS

LOWER KERSAL PRIMARY SCHOOL



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INTRODUCTION

This policy is the basis of our management system for supporting children with medical needs.

We recognise that children may require support for acute, short term and long term conditions. Acute conditions are for example severe asthma attacks or allergic reactions. Short term conditions are for example finishing a course of antibiotics. Long term conditions are for example controlled epilepsy, diabetes, asthma requiring daily use of an inhaler, managing a stoma bag and use of a feeding tube.

We recognise that children who need support for medical needs have the same rights of admission as other children and that children who have a disability are protected from discrimination by equalities legislation. Parents will be assisted in selecting the most suitable school or setting for their child in the admissions procedure. Some children may need support from social services or community nurses or they may need to attend a special school.

We expect parents to refrain from presenting a child who is unwell (or unfit to attend as advised by a medical practitioner). When we refuse admission or require children to leave for medical reasons it will only be if they need to receive emergency treatment or if their presence is a significant and not easily controlled risk to the health or safety of our personnel or of other children, for example if they are infectious e.g. they have influenza. We will only refuse admission or send children home after consultation with parents. For the purposes of attendance at school this would be an authorised absence not exclusion.

We will as far as is reasonable and operationally practical support parents who wish to provide their own support, for example by attending to administer medicine. We will not compel parents to attend to provide support and we will have the capacity to support children's medical needs without relying solely on parents.

We will provide support by appointment of volunteer personnel and we will inform and communicate with other personnel who are 'in loco parentis' in order that they have the knowledge to obtain medical assistance when necessary. Where we cannot provide support via our personnel we will make alternative arrangements for managing children who are in pain, have a chronic medical condition or otherwise require medication. We will be able to demonstrate that these measures meet statutory requirements for safety and for equalities legislation, that they are inclusive and that they promote the good health of children. We will make this policy clear to parents.

We will annually review the effectiveness of the support that we provide, for example in relation to identifying additional training needs.

ARRANGEMENTS

1. Notification

We expect parents to notify us of a child's medical condition and the type of support that they need. This will normally occur either during the admission process or after advice from a doctor.

2. Planning for support

We expect that in many cases a decision on the support that will be provided will be a straightforward matter of agreement between us and the parents however in more complex cases we may need to seek advice from the Primary Care Trust (PCT) and the Children's Services Health and Safety Team.

2.1 Home support

We expect parents to adopt practices which reduce the need for support outside the home, for example up to three times daily medications should be able to be administered prior to attending, after attending and in the evening and for asthma regular use of the preventer (brown) at home administered by parents will reduce the risk of asthma symptoms and the need to use the reliever (blue) in school.

2.2 Self management

We expect parents to empower their children to self manage where they are capable. We will make self management plans with parents and record parental consent on Form 1. We have a presumption against children carrying medicine unless it is emergency medicine such as an adrenaline pen or an asthma inhaler. Where children carry their own pen we will keep a spare readily available. For asthma it is likely that children in years 5 and 6 and onwards can carry their own inhaler but if needed more than twice during the school day an adult must be informed. Where children carry their own inhaler we will keep a spare if a spare has been prescribed by a health care professional. If children do not carry their own inhaler then we will store it in an easily accessible place.

2.3 Support for simple needs (e.g. supervision of a dose of antibiotics)

We will appoint volunteer personnel to provide support and we will inform and communicate with other personnel who are 'in loco parentis' in order that they have the knowledge to obtain medical assistance when necessary. We will use Form 1 to make a support plan with parents and to record parental consent.

2.4 Support for complex needs (including severe asthma)

We will appoint volunteer personnel to provide support and we will inform and communicate with other personnel who are 'in loco parentis' in order that they have the knowledge to obtain medical assistance when necessary. We will use Form 2 to make a Health Care Plan in partnership with the PCT and parents and to record parental consent.

3.0 Recording support

We will use Form 3 to make records of receipts and dispensations of medicines, administrations, supervisions and refusals. We will make a witness countersignature when recording work with controlled drugs. Where a procedure is likely to affect a child's dignity then we will provide two personnel and at least one will be of the same gender as the child. We will inform parents of all refusals. We will inform parents of support provided to early years children. We will not routinely inform parents of support provided to children older than early years.

4.0 Recording appointments and training

We will use Form 4 to make records of appointments of volunteers and their training. We will request healthcare professionals who deliver training to certify the proficiency of trainees on Form 4.

RESPONSIBILITIES

We will:

- Publish this policy in an easily accessible place for example the school or setting web site, implement the policy, establish an effective management system to support children with medical needs, appoint volunteer personnel to provide support and ensure that they are trained and use the correct procedures. We will inform and communicate with other personnel who are 'in loco parentis' in order that they have the knowledge to obtain medical assistance when necessary.
- Communicate with parents, children and health professionals where necessary, for example in making a support plan or health care plan.
- Provide training and facilities for safe storage of healthcare support materials and medicine and for safe disposal of waste.
- Ensure that at least one named adult is present and responsible for support on every organised trip and visit.
- Ensure that no prescription or non-prescription medicine is administered without parental consent.
- Maintain the medical confidentiality of the child.
- Ensure that there are an adequate number of first aiders available who can respond to an emergency.

Parents must:

- Not present children if they are infectious with a condition which is a significant and not easily controlled risk to the health or safety of our personnel or other children, for example if they have influenza.
- Read and understand the policy on supporting children with medical needs.
- Inform us if their child needs support.
- Inform us if children need to take medicine during hours of attendance.
- Cooperate with us in making a written plan to support their child.
- Provide sufficient information about the child's condition and support needs and provide details of any changes to their prescription or the support required in good time.
- Give consent for our personnel to provide support otherwise it will not be possible to support their child lawfully.
- Inform us in good time if their child is not medically fit to attend or go on a trip (note that as far as is reasonable we will plan trips in order that all pupils can attend).

Employees appointed to provide support must:

- Fully understand the support plan and the procedures for providing support, safe storage and safe disposal of waste.
- Only administer medicine to one individual at a time and complete that administration before starting another. This helps to avoid medication errors.
- Store medicines as instructed by a GP or pharmacist.
- Inform us and the parent forthwith and as soon as practicable if support is not provided in accordance with the plan.
- Maintain the medical confidentiality of the child.
- Not provide support unless they have been appointed and trained as necessary.

- Not make a record of support unless they have personally provided or witnessed support.
- Not force children who refuse to take medication. Record refusals and inform the parent forthwith.

PRACTICAL CONSIDERATIONS

Emergency Procedures

The medical conditions in children that most commonly cause concern in schools and settings are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). [NHS Choices](#) provides accessible and authoritative advice including for emergencies. It also provides links to charities and support groups.

Children will be instructed to know what to do in the event of an emergency, such as telling a member of staff. All staff know how to call the emergency services. Guidance on calling an ambulance is provided in Form 5.

All staff should also know who is responsible for carrying out emergency procedures in the event of need.

A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available. Staff should never take children to hospital in their own car; it is safer to call an ambulance.

Individual health care plans should describe how to manage a child in an emergency, including whom to contact, and contingency arrangements and identify who has the responsibility in an emergency, for example if there is an incident in the playground a lunchtime supervisor would need to be very clear of their role. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

School will ensure that there are an adequate number of first aiders available who can respond to an emergency, note that in EYFS settings from September 2016 all newly qualified level 2 and level 3 staff must also have either a full paediatric first aid certificate or an emergency paediatric first aid certificate to count in the required staff to child ratios.

Medication errors and near misses

Seek Medical or Pharmaceutical advice if necessary from the pupil's Consultant, GP or Pharmacist, alternatively call NHS 111 or 999.

Where harm has occurred medical staff (which may be the Consultant or GP in charge of the patient) must be informed immediately.

Retain the medicine and packaging.

The pupil and / or their next of kin / carer, where appropriate, must be informed of the incident and the action being taken.

If there is a significant level of administration of medicine occurring in school then regular meetings should be held with all staff involved with medicines to review the outcomes and investigations of errors/incidents/near misses, share learning and prevent reoccurrence of similar errors, incidents or near misses.

Medication errors should be reported and recorded using the accident reporting system. Apparent discrepancies in any aspect of medication handling must be reported to the relevant members of staff – medical staff (which may be the Consultant or GP in charge of the patient) and school staff Headteacher or Deputy.

Staff suspected of involvement in a medication error must be reported to the appropriate line manager immediately if they have not already self-reported. All reported medication errors must be investigated and generate actions to prevent reoccurrences. Care must be taken not to create a blame culture, medication errors do occur and training and supervision may need to be refreshed.

School should also record any incidents that occur as a result of errors made as part of the prescribing or dispensing process, for example, by GPs or community pharmacists. Such errors should be discussed with the GP or community pharmacist.

Examples of administration errors can include the following:

1. Omissions – any prescribed dose not given.
2. Wrong dose administered, too much or too little.
3. Extra dose given.
4. Unprescribed medicine – the administration of any medicine not authorised for them.
5. Wrong dose interval.
6. Wrong administration route – administration of a medicine by a different route or in a different form from that prescribed.
7. Administration of a drug to which the resident has a known allergy.
8. Administration of a drug past its expiry date.

Personnel who administer medicine will only administer to one person at a time and will complete before starting another administration. This helps to avoid medication errors.

Appointing personnel

Appointments will be made on a voluntary basis. We can appoint any member of personnel who has volunteered and who is competent (i.e. trained to a sufficient level of proficiency as necessary).

Insurance

In the event of legal action over an allegation of negligence the employer, rather than the employee, is likely to be held responsible. Salford City Council's insurance arrangements provide cover for employers and employees administering medicines. Where schools purchase insurance other than Salford City Council's they should ensure that it provides cover for administration of medicines. It is a condition of insurers that employees are trained and follow correct procedures in order to be covered.

Training

In general we will be capable of training personnel on this policy, on infection control techniques, on side effects of medicines and on supporting simple medical needs. We will provide training by health professionals for supporting complex needs and for undertaking activities which need medical or technical expertise. Training will be specific to the individual child as children can have unrelated conditions which can

make administering common medicines hazardous. We will request healthcare professionals to certify the proficiency of trainees on Form 4.

We will review training needs for each child annually or sooner if there has been a significant change or at a frequency advised by the NHS.

We will make arrangements for training school personnel with the NHS School Health Service <http://www.srft.nhs.uk/about-us/depts/school-health-service/>

We will make arrangements for training early years settings personnel with the NHS Children's Community Nursing Service <http://www.srft.nhs.uk/about-us/depts/childrens-community-nursing-services/>

We will make arrangements for training in asthma with the NHS Paediatric Asthma Service for Children <http://www.srft.nhs.uk/about-us/depts/paediatric-asthma-service/>

We will record training on Form 4.

Provision of information to and communication with other personnel

In addition to appointing persons to provide medical support it will be necessary to provide information to and communicate with other personnel who may be 'in loco parentis' but who may not be appointed or trained to provide medical support. This is in order that those personnel have the knowledge to respond and obtain the correct medical support when necessary. Consideration should be given to the best practical way of achieving this which may include making a symbol on the child's record in the class register or attendance list and provision of copies of Support Plans and Health Care Plans to all personnel likely to be 'in loco parentis'.

Transport, packaging, labelling, storage and dispensing of medicines and materials

Our policy is that in general non-emergency medicine should not be carried by children especially early years and primary school children. Older children in primary and secondary schools will generally be able to carry their own emergency medicines e.g. carry their own asthma inhaler or adrenaline pen. It is our policy that controlled drugs are kept in a locked cabinet and managed by an appointed person notwithstanding the fact that it is lawful for children to carry prescribed controlled drugs.

We expect parents to deliver a weekly supply of medicine directly to the headteacher, setting manager or their appointed person in a labelled container as originally dispensed. We will make a record of receipt, dispensing and disposal should be made Form 3. We will not accept medication in non original, unlabelled or DIY style labelled containers.

We will keep medicines at the school or setting while the child is in attendance and we will store it in accordance with product instructions, in the original container and correctly labelled as dispensed. We will keep medicines in an easily accessible place secure from access by children. We will keep controlled drugs in a locked cabinet. If we keep medicines which require refrigeration in a fridge with foodstuffs we will keep them in an airtight container. We will inform children where their own medication is stored and who is the key holder.

We will only store medicine that is clearly labelled with the original dispensing label, which should include:

- Name of medication
- Child's name
- Dosage
- Dosage frequency
- Date of dispensing
- Storage requirements (if important)
- Expiry date (if available)

Personnel who administer medicine will only administer to one person at a time and will complete before starting another administration. This helps to avoid medication errors.

Educational trips and visits

We will ensure that at least one named adult is present and responsible for support on every journey. We will not administer prescription or non-prescription medicine under any circumstances without parental consent.

We will plan trips and visits so that all pupils can attend, as far as is reasonable.

School transport

Arrangements for school transport are made in the admissions process where the SEN team make an assessment of need which is referred to the school transport unit for action.

Disposal of waste

We will return unused or out of date medicines to the parent for safe disposal (by return to the dispensing or local pharmacy). Where this is not possible we will return medicines to the dispensing or local pharmacy.

We will dispose of medical waste in an appropriate manner. We will provide a medical waste bin, a sharps bin and a collection service if necessary.

Non-prescription medicines

In general we will only administer medicine that has been prescribed by a doctor, dentist or nurse or recommended by a nurse or pharmacist. Should children need painkillers (for e.g. migraine, period pain etc) we will consider making an agreement with parents where the parent grants consent and supplies the medication and we supervise the child. In such cases we will record parental consent on Form 1 and we will notify parents if the child takes a dose.

Sensible prescribing

We expect parents to obtain a prescription that does not need us to administer or supervise. For example some 'three times daily' medicine need not be supervised or administered in schools or settings as the recommended dosage can be taken before and after attending. Some 'four times daily' medicine will require supervision of the midday dose.

Controlled drugs

Some medicines are controlled by the Misuse of Drugs Act and its associated regulations. The doctor prescribing these medicines is responsible for informing the parent that the medicine belongs to this category e.g. Methylphenadinate (Ritalin, Equasym). Any personnel administering these medicines should do so in exact accordance with the prescriber's instructions. Whilst it is lawful for children to carry

prescribed controlled drugs it is our policy that controlled drugs are kept in a locked cabinet and managed by an appointed person.

Administration of these medicines must be checked and countersigned by two members of personnel. Records must be made on Form 3 for audit and safety purposes.

Religious faith

Some members of some religious faiths are opposed to the administration of certain medicines even in emergencies. These beliefs should be respected and Headteachers and Settings Managers should consider the practical implications of these beliefs when making healthcare support agreements with parents.

Defibrillators

Sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. If this does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe.

Schools are advised to consider purchasing a defibrillator as part of their first-aid equipment. DfE has put arrangements in place to assist schools in purchasing defibrillators at reduced cost. If a defibrillator is installed, school should notify the local NHS ambulance service of its location.

Staff members appointed as first-aiders should already be trained in the use of CPR and may wish to promote these techniques more widely in the school, amongst both teachers and pupils alike; and

Asthma inhalers

Schools may hold asthma inhalers for emergency use without having a prescription. This is entirely voluntary, and the Department of Health has published a protocol which provides further information.

Further advice on health conditions

The medical conditions in children that most commonly cause concern in schools and settings are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis).

[NHS Choices](#) provides accessible and authoritative advice including for emergencies. It also provides links to charities and support groups.

Schools and settings must have a specific asthma policy (a model is available from Asthma UK) and provide specific asthma training in accordance with that policy.

Reference sources used

DfE Supporting pupils with medical conditions at school

DfE Supporting pupils with medical conditions: templates

DfE Supporting pupils with medical conditions: links to other useful resources

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

DfE Exclusions

[Exclusion from maintained schools, academies and pupil referral units in England](#)

HSE Supporting pupils with disabilities, special educational needs, and additional support needs

<http://www.hse.gov.uk/services/education/special-educational-needs.htm>

UNISON “Administration of medicines in Schools”

<https://www.unison.org.uk/motions/2014/local-government/administration-of-medicines-in-schools/>

Good Practice Guidance H: Handling of medication errors, incidents and near misses in Care Homes

<http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2013/05/Good-Practice-Guidance-H-Handling-of-medication-errors-incidents-and-near-misses-in-Care-Homes.pdf>

Defibrillators in school

<https://www.gov.uk/government/publications/automated-external-defibrillators-aeds-in-schools>

Emergency asthma inhalers in school

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

FORM 1

Parental consent and Support Plan

Note IT IS NOT LAWFUL to provide support unless a parent gives consent.

Name of school/setting	
Child's name	
Child's date of birth	
Medical diagnosis or condition	
Nature of support needed (e.g. self management, supervision or administration)	
Name and strength of medicine	
Side effects of medicine	
Dose to be given	
When to be given	
Any other instructions (e.g. emergency)	
Quantity of and frequency of medicine to be given to school/setting	
Medicine to be stored at (state exact location)	
Note: Medicines must be in the original container as dispensed by the pharmacy	
Daytime phone no. of parent	
Name and phone no. of GP	
Review date (max. quarterly)	
Signatures	
School/Setting Manager	Name: Signature: Date:
Parent	Name: Signature: Date:
Persons(s) appointed to provide support	Name: Signature: Date:

FORM 2
Parental consent and Health Care Plan

Name of school/setting	
Child's name	
Child's date of birth	
Child's address	
Medical diagnosis or condition	
Family Contact Information	
Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Phone no. (work)	
(home)	
(mobile)	
Clinic/Hospital Contact	
Name	
Phone no.	
G.P.	
Name	
Phone no.	

Describe medical needs and give details of child's symptoms

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

Describe what constitutes an emergency for the child and the action to be taken if this occurs

Follow up care

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

Signatures

School/Setting Manager	Name: Signature: Date:
Parent	Name: Signature: Date:
Medical professional (e.g. school nurse)	Name: Signature: Date:
Persons(s) appointed to provide support	Name: Signature: Date:

FORM 3**Record of medical support provided**

Note a witness countersignature IS REQUIRED BY LAW if controlled drugs are administered

Receipt

School/setting	
Child	
Date medicine/materials provided by parent	
Quantity received	
Name and strength of medicine/materials	
Expiry date of medicine	
Quantity of medicine returned	
Dose and frequency of medicine	
Signature of appointed person taking receipt of medicine	Name: Signature: Date:
Signature of parent	Name: Signature: Date:

FORM 3 continued

Administration

Date			
Time given			
Dose given (indicate if refused)			
Appointed person giving dose/support			
Signature			

Date			
Time given			
Dose given (indicate if refused and request parent to countersign)			
Appointed person giving dose/support			
Signature			

Date			
Time given			
Dose given (indicate if refused)			
Appointed person giving dose/support			
Signature			

FORM 4
Training record

Name of school/setting	
Name of appointed person	
Type of training	
Date training completed	
Training provider	
Profession and title	

I confirm that the appointed person named above is competent to carry out the treatment covered in the above training course

Trainer's signature	
Date	

I confirm that I have received the training detailed above

Appointed person's signature	
Date	

FORM 5
Contacting Emergency Services

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

Speak clearly and slowly and be ready to repeat information if asked
 Put a completed copy of this form by the telephone

Your telephone number:
0161 921 2880.

Give your location as follows:
Oakwood Academy, Chatsworth Road, Ellesmere Park, Eccles, Manchester.

State that the postcode is:
M30 9DY.

Give exact location in the school/setting (*insert brief description*):
Exact location.

Give your name:
Your name.

Give name of child and a brief description of child's symptoms:

Name of child and symptoms.

Inform Ambulance Control of the best entrance and state that the crew will be met and taken to:

Best entrance point and meeting point.