

MEDICAL NEEDS POLICY

December 2002



1. WE BELIEVE

Molescroft Primary School is an inclusive school. Thus all pupils have a right to the best quality of education we can provide. In relation to this policy, we seek to ensure that all pupils with medical needs have their full education entitlement. It is therefore the collective responsibility of the school to meet the educational needs of pupils with a medical need, thus ensuring the minimum of disruption to their education.

2. PUPILS WITH BRIEF ABSENCES DUE TO ILLNESSES, WHICH AFFECT ALL THE POPULATION.

These illnesses usually do not incur absence of longer than one week. It is not our intention to administer medicines to these pupils. In the vast majority of cases the medicines can be administered at home and worked around the school day. Our risk assessment shows that to administer these medicines involves a hugely increased risk of mistaken administration and places unnecessary burden on staff. We believe that this policy is not to the educational detriment of our pupils. Our current practice confirms this.

3. PUPILS WITH A LONG TERM MEDICAL NEED WHICH DOES NOT PREVENT THEM FROM ATTENDING SCHOOL.

This medical need clearly needs to be addressed and fully met. Much of this Policy is devoted to ensuring that this occurs.

4. PUPILS WHO DUE TO A MEDICAL NEED ARE ABSENT FROM SCHOOL FOR A PERIOD OF TIME LONGER THAN TWO WEEKS.

These pupils have very specific needs. They remain the responsibility of the school and the school will do all that it can through the co-ordinator to ensure that their educational needs continue to be served. This will be through careful liaison with teachers, parents/carers, EWO, relevant medical bodies and the Home Tuition Service.

ADMINISTRATION OF MEDICINES IN SCHOOLS CODE OF PRACTICE FOR



TEACHING STAFF

1. Definition of Medicine

- 1.1. A medicine is defined as any substance used (especially internally) for the treatment or prevention of disease or conditions. This may include in rare circumstances the need to help pupils requiring tube feeding.
- 1.2. The only medication which can be administered by staff in schools are those prescribed for a pupil by a medical practitioner.
- 1.3. **Commercially available medications (e.g. painkillers) must not be administered or provided in schools to pupils or staff.**

2. Duties Under the Law and Personal Liability

- 2.1 **The Headteacher and Education Department employees are under no obligation to administer medicines at school and generally do not at Molescroft Primary School. If necessary, we request a parent or a person designated by the parent attends the school at the appropriate times to administer the medicine.**
- 2.2 Where the Headteacher decides to agree to requests to administer medicines to pupils they are covered by the Authority's employer's liability insurance in the event of a claim, provided that they have acted in accordance with this code of practice.

Some children require types of treatment which school staff may feel reluctant for professional or other reasons to provide, for example, the administration of rectal Valium, diazepam, stesolid, assistance with catheters, or the use of equipment for children with tracheotomies. There is no requirement for the Head Teacher and staff to undertake these responsibilities.

But where there is a very long term requirement for medical support during school time every effort will be made to support the child/family. If necessary in these exceptional circumstances medicines will be administered according to this policy.

When pupils with medical needs are admitted to a school, the issue of administration of medicine will be resolved prior to admission through a case conference.

The Headteacher will decide to extend the facility of having staff administer medicines to pupils with medical needs as part of the care afforded them at school. In such cases the Headteacher will satisfy him/herself that he/she will be able to provide such care.



3. CONDITIONS

In cases where medicines are to be administered staff will be trained, a locked box provided and suitable accommodation agreed. (No refrigerator is available)

4. MEDICATION FOR THE GENERAL SCHOOL POPULATION

4.1 Any medication administered at school will only be administered with the consent of the Headteacher and the parent/carer. All staff who are expected to administer medication must be willing to undertake this task and will receive specific information, instructions and training as necessary. There will be a record kept of such training. The school will request training through the Senior Clinical Medical Officer, (SCMO), School Health Service. Certain medication, notably rectal diazepam (stesolid) can only be administered by persons who have been directly trained by nursing or medical staff (see 6 below).

4.2 When a parent/carer requests that school personnel should administer or supervise the administration of a medicine prescribed by a GP or Hospital which is to be administered orally then they will provide the following information in writing.

- A signed letter to the Headteacher from the parent/carer requesting that the medicine should be administered in accordance with the attached letter from the GP stating:
- The name and age of the pupil
- The name of the medicine
- The circumstances in which the medicine should be administered
- The stated dose and frequency of administration
- The name, address and telephone number of the doctor who prescribed the medicine
- The DfEE pack “Supporting Pupils with Medical Needs” will be used to collate this information

Each time there is a variation in the pattern of dosage a new pack should be completed. If necessary school staff can assist with the completion of the form but it must be signed by a parent/carer. Packs are kept by the Medical Cabinet.

4.3 For children who have statements of special educational need and require on-going medication a revised form should be obtained as part of the Annual Review procedure or Annual Medical Review.

MEDICAL NEEDS POLICY

December 2002



- 4.4 The medicine should be in individual containers supplied clearly labelled by the pharmacist with the child's name, the dosage instructions and the expiry date. This medicine should only be given to the named child.
- 4.5 **Only one member of staff at any one time should be responsible for administering medicines to a particular pupil (to avoid the risk of double dosing.) When the medical treatment is invasive the administration of medicines should be witnessed by a second adult, depending upon the nature of the medication;** arrangements may need to be made to relieve this member of staff from other duties while preparing to administer doses (to avoid the risk of interruption before the procedure is completed) and to provide cover because of absence. If more than one person administers drugs a system must be arranged to avoid the risk of double dosing, (e.g. a rota, routine consultation of the Personal Medical Record etc).
- 4.6 The administration of all drugs must be routinely entered in the Record of Administration Log as soon as possible after they are given. This will be a file for each child concerned containing all relevant forms and agreements.
- 4.7 All medicines whilst on the school premises except those held by the children themselves will be stored in a locked box used only for that purpose. The names of the person(s) responsible for the cabinet or administering the medication will be stated clearly on the box. In case of emergency the key must be readily available to all members of staff to ensure access. A spare key will be kept.
- 4.8 We are unable to look after medicines that require refrigeration.

5. PUPILS WITH SPECIAL NEEDS / SERIOUS MEDICAL CONDITIONS

- 5.1 Prior to the school agreeing to the administration of any specialised emergency medication the Head will call a case conference which shall include the parents of the pupil concerned and a medical representative. The aim of the case conference should be
- A. To determine that such emergency medication is necessary;
 - B. To agree the methods of administration;
 - C. To confirm the necessity of summoning an ambulance in defined circumstances
- 5.2 For the protection of both staff and children a second willing member of staff must be present while the most intimate procedures, for example, the administration of rectal Valium, are being followed. Appropriate personal clothing e.g. gloves must be worn during the administration of medicines/catheterisation procedure etc.
- 5.3 For all children who require complex treatment clear action plans must be available to follow based on advice from the parents, GP, paediatrician or SCMO.
- 5.4 If staff are unable to administer treatment in emergency situations it is essential that appropriate aid is summoned urgently by telephone for an ambulance on 999.

MEDICAL NEEDS POLICY

December 2002



In some cases the ambulance crew will be able to radio for advice and give advance warning of the child's condition before arriving at hospital.

- 5.5 It is essential that where children have conditions which may require rapid intervention, all staff are able to recognise the onset of the condition and take appropriate action. Training or advice on the recognition of symptoms can usually be offered by the SCMO or School Nurse.
- 5.6 An emergency action plan for such situations after liaison with the School Health Service will be drawn up. This has implications for school journeys, educational visits and other out of school activities. Advice should be sought from the SCMO or consultant paediatrician where appropriate.
- 5.7 Separate guidance is available regarding the safe transportation of medicines, including arrangements for forwarding medication to a respite care home at the end of the day.

6. SCHOOL VISITS

- 6.1 Day Visits- administration of medicines will be dealt with as the policy – except the teacher will look after the medicines.
- 6.2 Residential Visits- Parents will be asked to give details of any medical needs and or medicines to be administered on the parental consent form. Medicines will then be administered and recorded as stated in the policy.

7. RECTAL DIAZEPAM STESOLID

Due to the invasive nature of this medication a separate consent form should be used

SEE APPENDIX 2

8. ASTHMA INHALERS

For pupils who have asthma a record sheet is completed which is stored in the schools medical record file.

Details include:

Pupil details

Name and address of GP

Emergency contact names

Inhaler information

Other related medical information

Emergency procedures



These forms are sent out every year to the Parent/Carer to check that the information is correct together with a new blank form if circumstances have changed. **SEE APPENDIX 3**

All pupils starting at the school are given a form.

Should a child arrive at school with an inhaler unexpectedly, a form will be sent home for completion on that day.

When children have to use an inhaler normally stored in the office, the child's parents/carers will be informed.

Most children will have their inhaler permanently on their person.

9. DISPOSAL OF UNWANTED MEDICINES

- 9.1 The Duty of Care made under the Environmental Protection Act 1992 places strict duties on employers to ensure the safe disposal of clinical wastes. Uncontrolled discharge of even small quantities of hazardous waste into sewers may cause adverse effects not only to water sources but also in the treatment of sewage. Medicines including unused or unwanted ampules may only be safely disposed of by a dispensing pharmacist. Unwanted medicines must never be put into dustbins
- 9.2 When a course of treatment is completed or discontinued any remaining medicines should be returned to a dispensing pharmacist as soon as possible. This may be achieved either by returning the medicines to the pharmacist via the parent (s)/carers or if the medicines were supplied direct to the school by returning the medicines direct to a pharmacist from the school. Empty containers should also be returned to a dispensing pharmacist. Whenever medicines are returned to the pharmacist either directly or via parents a written record should be kept and signed and witnessed to that effect.
- 9.3 If a pupil leaves during the course of treatment then the unused medicines should be returned to the parent/carer by the school
- 9.4 Empty aerosols should be disposed of in the dustbin. Unused or partially used aerosols should be returned to the pharmacist.
- 9.5 Syringes and hypodermic needles should be disposed of in a suitable "sharps disposal bin" to be found in the school office.
- 9.6 Medicines awaiting return to the pharmacist should be kept locked up separately from those still in use until a responsible person can return them to the pharmacist. In any case the medicines should be returned to the pharmacist as soon as possible after their use has been discontinued. If there is any doubt about disposal procedures, the dispensing pharmacist should be consulted.



10. MONITORING OF THE ADMINISTRATION OF MEDICATION

- 10.1 Model recording forms are enclosed as examples (Appendices A1-A6). These will be stored in individual pupil files.
- 10.2 The Headteacher will ensure that accurate records are maintained.
- 10.3 A record of the information, instruction and training programme given to individual members of staff to deal with general, specific or emergency conditions will be maintained up to date in individual staff files.

11. ACCIDENT REPORTING

The appropriate accident reporting forms are completed as required by the County Council and Health and Safety Executive. All recording books including those for 'near misses' are to found in the school office.

12. KEEPING INFORMED

- 12.1 A medical file is kept in the office filing cabinet.
- 12.2 In addition, in a brown envelope all information relating to pupils' medical conditions which teachers/supply teachers need to know is to be found inside every attendance register.
- 12.3 Medical information surveys are sent out annually to ensure information is up to date (Appendix 3).

13. ACCESS TO EDUCATION FOR CHILDREN WITH MEDICAL NEEDS.

Should a pupil be unable to attend school for a period lasting longer than a fortnight, or it seems likely that this will be the case, special arrangements will be made to ensure the best possible education is maintained for the pupil.

The SENCo will carry this out. The SENCo will necessarily be an organiser of support and the agent who brings together the parents/carers, class teachers, Key Stage Co-ordinators, Home Tuition Service and medical recommendations to ensure a continuation of provision and a smooth transition back into school.

14. ACCESS – INCLUSION CO-ORDINATOR

SENCo Mr. Andrew Dolman



15. RESPONSIBILITIES

The co-ordinator is responsible for the following;

- Informing the Home Tuition Service/Education Welfare Officer, if a pupil is, or likely to be, away from school due to medical needs for more than 15 days;
- Liaising with the Home Tuition Service and Class Teacher to enable a Personal Education Plan to be drawn up for the pupil;
- Working with the class teacher to provide the Home Tuition Service with information about the pupil's attainment and ability;
- Ensuring that the class teacher provides suitable lesson notes securing continuity within the context of the National Curriculum at the appropriate Key stage and level for the pupil;
- Ensuring that appropriate resources are loaned;
- Ensuring that KEY STAGE CO-ORDINATORS have made appropriate arrangements for SATs if the child is in Year 2 or Year 6;
- Arranging for progress meetings and monitoring of progress and the smooth reintegration of the pupil into school;
- Ensuring that all the office staff know to post all mailing to the child that is not to be delivered by hand;
- Ensure that all arrangements are made to involve the pupil in social activities in school, as far as this is medically possible

In summary the home will be seen as an annex to the school. It is anticipated that, providing the pupil is well enough to work, education will continue as planned, as though the pupil was at school itself.

16. MEDICINES COORDINATOR

HEADTEACHER – Mr. M. A. Loncaster

It is the Headteacher's responsibility to ensure that:

- Training is given to those who agree to administer medicines
- Medicines are administered according to this policy with due precautions to ensure the safety for the pupil and protection of the member of staff
- Medicines are properly stored;
- Administering the medicine;
- All medicines administered are logged according to the requirements of this policy;
- The school has an up to date record of the medical needs of the pupils in the school; (stored in school office)

MEDICAL NEEDS POLICY

December 2002



- The staff who need to know about the medical needs of pupils have clear and easy access to this information;
- The information is nonetheless confidential and that those with access to such information are fully aware of its confidential nature;
- Arranging meetings with parents/carers and relevant professionals to agree procedures for the administration of medicines;
- Appropriate training is given to those who agree to administer medicines

17. SUMMARY

The Governing Body of Molescroft Primary School has, after full consultation with the staff and safety representatives of the school, agreed to this policy on meeting the medical needs of children at Molescroft Primary School.

The Governing Body confirms that it will, in securing the delivery of this policy, ensure that staff who are to administer medication are appropriately informed/instructed/trained for each type of medication.

This Policy takes effect from 1.12.02 and will be subject to review by the Governing body after 12 months of operation.

Details of this policy will be published in the school prospectus.



18. APPENDICES

- APPENDIX 1 - Access to Education for children and young people with medical needs. East Riding of Yorkshire Council

- APPENDIX 2 - Administration of Rectal Diazepam (stesolid), Model Consent form.

- APPENDIX 3 - Asthma Form

- APPENDIX 4 - Admissions and Annual Medical Form

MEDICAL NEEDS POLICY

December 2002



APPENDIX 2

ADMINISTRATION OF RECTAL DIAZEPAM (STESOLID) – MODEL CONSENT FORM TO BE COMPLETED BY A DOCTOR (FAMILY DOCTOR, SCHOOL MEDICAL OFFICER, CONSULTANT ETC.)

Name of Patient _____ D.O.B. _____

Address _____ HOSPITAL REF NO _____

I CONFIRM that rectal Diazepam (Stesolid) has been prescribed for the above-named patient. Specific recommendations are:

- 1. Dose: _____
- 1. Indications: _____
- 2. Further Information: _____

Signed _____

TO BE COMPLETED BY PARENT/CARER IF CHILD

I _____ consent to the administration of rectal diazepam (STESOLID) as detailed above.

Signed _____ Dated _____

TO BE COMPLETED BY HEADTEACHER

I confirm that the school is, in accordance, with the policy of the Governing Body, prepared to administer this medication.

The support which the school is able to offer in this process is as on the form.

Signed _____ Dated _____

Copies of this form, when signed, should be held by the appropriate doctor, the parent and the school.

MEDICAL NEEDS POLICY

December 2002



MEDICAL RECORD – ASATHMA INHALER

Please complete (in BLOCK CAPITALS) and return to school.

To Headteacher: **Mr. M. A. Loncaster**

Name of Pupil: _____

Address: _____

Date of Birth: _____

Name and Address of General Practitioner: _____

_____ Telephone: _____

Emergency Contact during school hours:

1. Name: _____

Relationship to Child : _____

Address: _____

Telephone No: _____

2. Name: _____

Relationship to Child: _____

Address: _____

Telephone No: _____

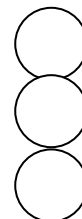
Type of Inhaler Prescribed:	Date Prescribed:	Dosage:	Doctor Prescribing Medicine:

PLEASE TICK

I prefer my child to keep their inhaler on their person in a belt bag.

I prefer my child's inhaler to be held centrally in the school office

My child will not have an inhaler in school



Please ensure that inhalers are clearly labeled with the child's name.

Please give any other medical information relating to asthma and your child that you feel the school needs to know about?

Molescroft Primary School
MEDICAL NEEDS POLICY

December 2002



If your child is fighting for breath, speechless or blue please indicate below the procedure which should be followed: **PLEASE TICK OR WRITE BELOW**

Repeat medication

Dial 999 for an ambulance

Call the parent

Other

SignedParent/Carer
Address _____

Home telephone Number: _____

Date: _____

SCHOOL USE ONLY:

Received on: _____

Actioned by: _____ On _____

I confirm that appropriate member of staff understand the needs of the above child named on this document.

Signed _____ Date _____
Headteacher

MEDICAL NEEDS POLICY

December 2002



MEDICAL RECORD – CONFIDENTIAL

This record is stored in the strictest confidence. Information is only shown to members of staff who need to know the contents because of their responsibility for your child during the day.

Name of Pupil: _____

Date of Birth: _____

Full name of Parent/Carers: _____

Address: -----

Tel. No. _____

Name and Address of family doctor: _____

MEDICAL HISTORY

PLEASE DELETE

Has your child ever had:

Asthma/Persistent cough? (if yes please complete the asthma record)	Yes	No
Hay Fever?	Yes	No
Eczema?	Yes	No
Other skin problems?	Yes	No
Diabetes?	Yes	No
Kidney Problems?	Yes	No
Faints, fits or funny turns?	Yes	No
Epilepsy?	Yes	No
Heart Problems?	Yes	No
Recurrent earache or discharging ear?	Yes	No
Physical disability?	Yes	No

Has your child had any serious illness, injury, operation or been admitted to hospital?

If so, what (for):- _____

and when _____

Is your child allergic to any food? _____

MEDICAL NEEDS POLICY

December 2002



Please state _____

Is your child allergic to anything else? _____

Please state: _____

If your child has an allergic reaction to anything you have listed above, what procedures should we follow?

Is there any other medical information you feel the school needs to know? _____

Please state: _____

The form is completed annually to ensure our records are up to date: If your child is being admitted for the first time and you have just completed the Admission Form there is no need to complete the section below.

1. Name: _____

Relationship to child: _____

Address _____

Telephone No: _____

2. Name: _____

Relationship to child: _____

Address _____

Telephone No: _____

SCHOOL USE ONLY:

Received on: _____

Action required Tick or Cross

Action Taken:

Signed : _____ Date : _____

Headteacher