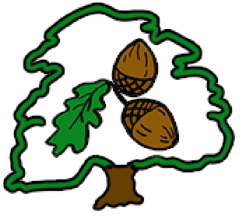

CHARLESWORTH SCHOOL

...from tiny acorns great oaks grow

Policy for Management of Medicines and Pupils with Medical Needs

2026

1. PURPOSE

This policy has been written to meet the medical needs of children under the guidance set out in "The Administration of Medicines and Associated Complex Health Procedures for Children Advice and Guidance for Children's Services in Derbyshire" (Derbyshire County Council, Children and Younger Adults Department, April 2013).

2. AIMS AND OBJECTIVES

The Board of Governors and staff of Charlesworth School wish to ensure that children with medication needs receive appropriate care and support at school. There is no legal duty that requires school staff to administer medication, however, the school will accept responsibility for members of school staff administering prescribed medication, or supervising children self-administering inhalers, during the school day **where those members of staff have volunteered to do so and where written permission from the parent has been obtained**. The Governors and staff at the school will not allow children to bring medication into the school except as covered by this document and the relevant codes of practice.

Charlesworth School will produce and maintain a risk assessment for the storage and administration of medicines. For children with complex medical needs who have an individual treatment plan, a separate risk assessment is not required as the general risk assessment will deal with issues such as storage and labelling of medicines and the treatment plan will provide detail on the administration of the medicines.

Parents/guardians should keep their children at home if acutely unwell or infectious. Administration of medication is the responsibility of parents/guardians and any help given by school is on a voluntary basis. Only essential medication with a dosage that cannot be taken outside school hours should be sent to school.

3. ROLES AND RESPONSIBILITIES

3.1 Headteacher

It is the responsibility of the Headteacher to:

- Ensure that the school has a clear medicine policy which is understood and accepted by staff, parents and children;
- The policy is readily accessible and available to parents on the school website;
- Advise parents that the school does not keep any medication for distribution to children e.g. paracetamol;
- Ensure that there is a first aid kit on both sites and that this is regularly stocked.

The Headteacher will also have regard to staff consent to administer medicines and that individual decisions on involvement will be respected. In addition, punitive action will not be taken against those who choose not to consent.

3.2 All Staff

All teacher, teaching support and welfare/premises staff will ensure that they:

- Have read and understand the Administration of Medicines Policy
- Have stated in writing to the Headteacher if they are unwilling to administer medication to children otherwise it will be presumed that they are happy to volunteer to do so.
- Administer medication or medical treatment according to the school policy and keep the appropriate records

3.3 Parents / Carers

The responsibility for ensuring that children with medication needs receive the correct "treatment" rests ultimately with their parents/guardians, or with a young person capable of self-administering his or her own medication. Parents and doctors should decide how best to meet each child's requirements. Carefully designed prescribing can sometimes reduce the need for medicine to be taken during school hours. To help avoid unnecessary taking of medicines at school, parents should be aware that a three times daily dosage can usually be spaced evenly throughout the day and taken in the morning, after school hours and at bedtime. They may also consider asking the prescriber if it is possible to adjust the medication to enable it to be taken outside the school day.

Where this cannot be arranged, parents should consider whether or not, they should come to school to administer the medicine. If this is not possible, the recommended procedure for administration of medicines should be

adopted (Appendices A-C). **Parents must not ask staff to administer doses other than as prescribed in the written instructions. Similarly, staff must not agree to any such request.**

3.4 The Governors

Governing Bodies have statutory responsibilities for safeguarding pupils and therefore they will:

- Ensure that the school makes the necessary provision pupils with additional medical needs and for the administration of medicines.
- Assist in the development and monitoring of the school's policy.
- Report annually on the effectiveness of the school policy and procedures for administration of medicine and management of medical needs

4. PROCEDURES

4.1 **Notifiable Diseases**

The Headteacher will ensure they are aware of and make available the Health Protection Agency document; "Guidance on infection control in schools and nurseries" available from the Health Protection Agency website (Appendix I). If they are unsure of any issue relating to notifiable diseases they should seek advice from the Health Protection Team.

4.2 Short-Term Illness

Parents/guardians are responsible for providing the school with comprehensive information regarding the child's condition and treatment; for providing any medication required and for its safe removal at the end of term/treatment/shelf-life.

Prescribed medication cannot be accepted by school without specific written and signed instructions from the parent/guardian. Each item of medication must be delivered by the parent/guardian to the school, in the original secure container and labelled as dispensed.

The school will not make changes to prescribed dosages on instructions from parents/guardians. Reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time). Medication will be kept in a secure place, out of the reach of children. Any medication which requires to be kept in a fridge will be stored appropriately. The school will keep records of the doses given, which they will make available for parents/guardians upon request. A member of staff will administer the dose and this will be recorded. In the case of certain medication, the dose will be checked and counter-signed by another member of staff. Where it is appropriate to do so, children will be encouraged to administer their own medication (e.g. asthma inhaler), under staff supervision.

School staff will not force children to take medication. If a child refuses to take his/her medication, the parent/carer will be informed immediately.

4.3 Long-Term Medicines

It is important that the school has sufficient information about the medical condition of any child with long-term medical needs. For each child with long-term or complex medication needs, the school will ensure that an individual care plan is drawn up in conjunction with the appropriate health professionals and with consultation with the parents. This will include:

- Details of the child's condition;
- Special requirement e.g. dietary needs, pre-activity precautions;
- What constitutes an emergency; what action to take, what not to do, who to contact – including when parents expect to be contacted;
- The role the staff can play.

All staff will be informed of any child with a long-term illness and a note will be placed in the class register and on the child's records. All staff will be made aware of the procedures to be followed in the event of an emergency when appropriate (Appendix G).

With some forms of medication, such as "EpiPens", it may be appropriate to keep this in a secure place in the child's classroom. Certain types of drugs, such as class A drugs will be kept in a locked safe in a secure area. Where

training is required, members of staff who volunteer to assist in the administration of particular medication will receive any necessary training/guidance through arrangements made with the School Health Service.

4.4 Children with Additional Care Needs
Most children do not have medical conditions that require specific care. However, there may be things that staff need to know about, for example a child may:

- Have an allergy to certain foods or other substances;
- Be taking medication that needs to be administered when they are in school/using services;
- Have a condition that means routine or urgent medical treatment by a doctor or nurse could possibly be required, for example epilepsy.

Staff will want to discuss what needs to happen in these circumstances and will ask for written consent to provide both planned and routine care and seek urgent medical treatment should the need arise. They will also ask parents to give consent for staff to have contact with health professionals and for those health professionals to share medical information with the staff as necessary. They will also ask for contact details in order that a parent – or someone named by a parent - can be contacted in an emergency.

4.5 Extra help for children with additional health care needs:
Children who have additional needs arising from a medical condition, disability or illness will be under the care of their GP and perhaps also a Paediatrician and/or other health professional (Appendix E). They will have an individual treatment plan which is regularly reviewed. Parents and staff alike need to understand what the plan entails and what is required to comply with it. This needs to be written down so that it can be shared with all who have the care of a child and to minimise the risk of error. Parents will need to supply staff with sufficient medication for the duration of the school day, or short break. **This should be in its original container with the original pharmacy label – this is the only way that staff can evidence that they are acting in accordance with a medical practitioner's instructions.** Staff will keep records to show that they have complied with these requirements and returned any unused medication.

4.6 Specialised help for children requiring medical interventions or procedures
Some children need their parents or staff to carry out medical interventions or procedures for which specific training is required. The expectations of staff are essentially the same as those made of the child's parents and therefore, staff will need the same training they have received from health professionals (Appendix H)

A service will only be provided where these conditions can be satisfied and where parental consent has been given for an essential procedure to be carried out by staff and they have been trained to provide it.

4.7 Educational Visits/Out Of School Activities
The school will make every effort to continue the administration of medication to a child during trips away from school premises (Appendix F). If a child has been prescribed an inhaler, this will be taken on all activities which do not take place in school.

4.8 Consent
What is "informed" consent?
It is really important that parents do not feel they are being asked to give their consent to something they do not understand or may not agree with. It is also important that they do not feel that once a parent has given consent, they cannot later change their mind. Consent cannot be generalised, it must be specific. A parent will be asked to give consent separately to each individual requirement of meeting a child's needs. Staff should also give parents the opportunity to ask for further information/clarification before they sign a consent form.

What consents are needed?
The level of consent will vary with a child's needs and staff may need a parent's agreement to some or all of the following to allow them:

- To approach the family GP (or other health professional) for further advice and information about a child's health care needs;
- To share this with those who are planning for a child's education or care needs;
- To administer a medicine should this be necessary;
- To seek routine advice or treatment from a medical practitioner should the need arise;

- To seek urgent medical treatment should this be necessary;
- To contact a named person if they are not available.

Consents to planned or urgent medical treatment

Staff will usually carry out routine procedures for which a parent has given consent without contacting them. They will always attempt to contact a parent to discuss any significant health concern that affects their child whilst s/he is attending school. What is *significant* will vary from child to child and with age but parental consent for any specialist assessment, operation or medical procedure will normally be sought. In urgent circumstances, it may not be possible to obtain consent but every effort will be made to contact a parent and the urgent consent that has been given will only be used where a medical assessment indicates the need for immediate action. A doctor will always act in the best interests of a child's health, including in emergency situations.

What if a parent/person with parental responsibility feels unable to give consent?

The aim is always to work in partnership and based on agreements. If the school feels it needs parental consent to a specific procedure and the parent/ person with parental responsibility is unable to give it, the school will take further advice and try to resolve the dilemma without, in its opinion, compromising a child's wellbeing. However, the consent of only one person with parental responsibility is required, even where it is known that the other parent may not give his or her consent.

Children under 16, competence and consent

Children under 16 are **not automatically** presumed to be legally competent to make decisions about their healthcare. However, the courts have stated that under 16's *will* be competent to give valid consent to a particular intervention if they have sufficient comprehension and intelligence to understand fully what is proposed.

The extent to which a child may be deemed competent in any given situation may depend to a great extent on the quality of relationships with adults and the extent to which they can help the child to give an informed opinion.
It would be *exceptional* for a child under the age of 14 to be judged to be competent to give his or her own consent.

5. RECORDING, MONITORING AND EVALUATION

Records must include:

- An up to date list of current medicines prescribed for each child that has been confirmed in writing;
- What needs to be carried out, for whom and when;
  - For children with ongoing or complex needs, a care plan that states whether the child needs support to look after and take some or all medicines or if care workers are responsible for giving them.

Staff must make a record straight after the medicine has been accepted and taken. The records must be complete, legible, up to date, written in ink, dated and signed to show who has made the record. From the records, anyone should be able to understand exactly what the staff member has done and be able to account for all of the medicines managed for an individual.

6. REVIEW

This policy will be reviewed every two years in line with the school's policy review schedule. This will be done by the SENDCO and link governor to ensure that all current guidelines are considered. The effectiveness of the policy and practice will also be reviewed on an annual basis and a report presented to the governing body.

APPENDICES

Appendix A Receipt, Storage and Disposal of Medicines
Appendix B General Considerations
Appendix C Administration by Staff
Appendix D Individual Treatment Plans
Appendix E Children with Complex Medical Needs
Appendix F Off-Site Activities
Appendix G Emergency Procedures
Appendix H Staff Training
Appendix I HPA Guidance

APPENDIX:

1. RECEIPT, STORAGE AND DISPOSAL OF MEDICINES

1.1 Prescription and non-prescription medicines
Prescription medicines
Medicines should only be taken to school when essential - that is where it would be detrimental to a child's health if the medicine were not administered during the school or setting 'day'. Schools should only accept medicines that have been prescribed by a doctor, dentist, or qualified non-medical prescriber (nurse, pharmacist**,** podiatrist, optometrist and physiotherapist).

The Medicines Standard of the National Service Framework (NSF) for Children recommends that a range of options are explored including:

- prescriber's consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside school hours;
- prescribers consider providing two prescriptions, where appropriate and practicable, for a child's medicine: one for home and one for use in the school or setting, avoiding the need for repackaging or re-labelling of medicines by parents.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions and patient information leaflet (PIL) for administration. They should also be accompanied by a fully completed parental consent form

Schools *should never* accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions. Any changes to dosages must be authorised by a medical practitioner or responsible prescriber.

1.2 Non-prescription medicines
Non-prescription medicines should be accompanied by a letter of parental consent. Only sufficient non-prescription medication for the duration of the school day should be allowed - this may need parents to remove some of the medication from the original container and keep it at home so that only one day's dose comes into school in its original container. Medication should only be allowed into school in original containers which clearly state what they are and maximum dose and dose frequency.

1.3 Receipt and Labelling of medicines

Staff must have a record of the medicines they have received and what they will be required to administer. On the few occasions when medicines have to be brought into a school, the original or duplicate container, complete with the original dispensing label should be used. The label should clearly state:

- Name of pupil;
- Date of dispensing;
- Dose and dose frequency (*This may read "as directed" or "as before" if this is what is on the prescription*;
- The maximum permissible daily dose;
- Cautionary advice/special storage instructions;
- Name of medicine;
- Expiry date – where applicable.

The information on the label should be checked to ensure it is the same as on the parental consent form. Where the information on the label is unclear, such as "*as directed*" or "*as before*" then it is vital that **clear instructions are given on the parental consent form**. If the matter is still not clear, then the medicine should not be administered and the parents should be asked for clarification.

All medicines that are to be administered by staff must be accompanied by written instructions from the parent and/or the GP/prescriber.

1.4 Safe storage of medicines

In schools' medicines must be stored in a cupboard that is well-constructed with a good quality lock that is big enough to safely store all the medicines that are required. In choosing a location for medicines storage, staff should be mindful of the fact that most medicines should be stored below 25° centigrade. The medicine cupboard is not to be used for the storage of non-prescription medicines (except where supplied for a specific child) nor first aid kits. It must not be used for any other purpose. Some medicines need to be readily available, for example, emergency medicine. Such medicines must be kept in a locked cabinet when not in use but, for example, be in a teacher's unlocked desk drawer when the child is in class. Some medicines must be stored in a refrigerator because at room temperature they break down or 'go off'. The Patient Information Leaflet that is supplied with a medicine will state whether the medicines need to be kept in a fridge.

1.5 Non-emergency Medicines

Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions and in the original container in which dispensed. Large volumes of medicines should not be stored.

1.6 Controlled Drugs

Staff need to be able to identify controlled drugs. Controlled drugs must be kept in a locked cabinet which can be a separate, marked container within a locked medicines cabinet. There are also higher standards in relation to administration and record-keeping.

1.7 Emergency Medicines

These are medicines which need to be readily available in an "emergency situation" and include medicines such as asthma inhalers and adrenaline pens - these should always be readily available to children as and when they need them. Many children will have the capacity to keep and administer their own medication of this type and should be enabled to do so. Where pupils are deemed not to have this capacity then the medicines should be stored in such a way that they are readily accessible i.e. not locked away in a central store cupboard. Schools, especially those that are large, operate on more than one site and/or include off-site activities - will need to decide how best to manage this. Examples may include a box on the teacher's desk or in an unlocked office drawer. It is, however, important that while these medicines must be readily available to the child if needed they should still only be available *to the child for whom they were prescribed* and not to any others. Schools should also have a system to ensure these emergency medications are readily available at times when the pupils may not be in the classroom (e.g. PE in the hall, lunch and break times and out of the classroom activities e.g. visits).

1.8 Disposal of Medicines

Creams and lotions will have both a manufacturer's expiry date which must be observed and should also be considered to have expired 28 days after having been opened. Pump dispensers have a longer life, usually about 3 months. **Medicines which have passed the expiry date must not be used.** Expired medicines need to be disposed of properly by arrangement with the child's parents, either by return to, or collection by, the parents or return to the pharmacy for safe disposal. Parents should be made aware of their responsibilities via the school prospectus/service brochure. Provision for safe disposal of used needles will require appropriate special measures, e.g. a "sharps box", to avoid the possibility of injury to others. This "sharps box" must be kept secure with no access for pupils or unauthorised persons. This should be disposed of in a safe way using a specialist licensed contractor.

1.9 Hygiene and Infection Control
All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

1.10 Employee Medicines
An employee may need to bring their medicine into school. All staff have a responsibility to ensure that their medicines are kept securely and that children will not have access to them. Adequate safeguards must be taken by employees, who are responsible for their own personal supplies, to ensure that such medicines are not issued to any other employee, individual or pupil. Staff medicines must not be stored in a cabinet intended for the use of children's medicines

2. ADMINISTRATION OF MEDICINES - GENERAL CONSIDERATIONS

There are three general situations which apply to the administration of medicines in schools. These are as follows.

2.1 The child self-administers their own medicine of which the school is aware
Many children will have the capability to keep and administer their own medicine themselves. It is good practice to support and encourage children who are able, to take responsibility to manage their own medicines from a relatively early age and schools should encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility. This should be borne in mind when making a decision about transferring responsibility to a child or young person.

There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals, in consultation with parents and children, need to assess the appropriate time to make this transition. In all instances where prescribed and non-prescribed medicines are brought into school, notification must be given on the parental consent form.

2.2 The child self-administers the medication under supervision
Where staff are willing to be involved voluntarily, the person in charge is responsible for ensuring that, as a minimum safeguard, self-administration of medicines that are safely stored is supervised by an adult. Where schools supervise self-administration, measures should be taken to ensure the medicine is appropriately stored to prevent any unsupervised self-administration of the medicine. A record of medicine administration is kept noting that the session was supervised. The child should sign the form, staff/carers should countersign and indicate that the medication was self-administered by the child under supervision.

2.3 A named and trained consenting staff member administers the medicine
The school will, in this circumstance, store the medicines and must comply with all requirements on the storage of medicines. In order to ensure that medicines are administered safely, the school must have a policy that clarifies who is responsible for administering medications. The names of the consenting staff willing voluntarily to administer medication must be kept up to date, provide cover during periods of absence and be readily available at the storage point in cases of emergency.

Schools will vary in relation to the level of demand for the administration of medicines, whether by staff or under their supervision. Some will have staff on site who are trained in the administration of medicines. Schools are advised to consider what the level of (future) demand is likely to be and whether or not voluntary arrangements will

be appropriate and adequate. For some it may be appropriate to have some staff job descriptions that include responsibilities for the administration of medicines.

3. ADMINISTRATION OF MEDICINES BY STAFF

All staff who participates in administering medication must receive appropriate information and training for specified treatments in accordance with this guidance and the Codes of Practice. In most instances, this will not involve more than would be expected of a parent or adult who gives medicine to a child.

Training can be accessed from different services, for example, specialist nurses, the School Health Service, Derbyshire Children's Community Nursing Training Team or the Children in Care Nurses, who will liaise as appropriate with those doctors responsible for the management and prescription of treatment, particularly in complex cases.

In schools, the Head teacher is responsible for knowing which children are taking medication and who is responsible for administering it. In schools, Headteachers must ensure that:

- All relevant staff are aware of pupils who are taking medication and who is responsible for administering the medication;
- This person should be routinely summoned in the event of a child on medication feeling unwell, as they should be aware of any symptoms, if any, associated with the child's illness which may require emergency action;
- Other trained staff who may be required, e.g. First Aider should be summoned as appropriate.

If staff are required, or have consented, to help supervise or administer non-prescription medication due to a child's age or ability to be responsible for their own storage and administration of the medicine, then these procedures for administering medicines must be followed.

In order to give a medicine safely, staff need to be able to:

- Identify the medicines correctly. To do so, the medicine pack must have a label attached by the pharmacist or dispensing GP;
- Identify the child/young person correctly – a physical description and or a photograph attached to the written instructions can provide additional safeguards;
- Know what the medicine is intended to do, for example, to help the person breathe more easily;
- Know whether there are any special precautions, for example, give the medicine with food.

There should be a simple easy-to-follow written procedure for giving medicines which staff must be familiar with and follow carefully. Headteachers should also monitor periodically how well staff follow this procedure. Staff should only give medicines that they are competent to administer. They can give or assist children to:

- Administer medication in tablet/liquid form;
- Apply creams and lotions;
- Administer eye drops, ear drops, nasal sprays;
- Support individuals with inhalers;
- Support individuals with 'when required' medications;
- Support individuals with non-prescribed medications from approved list;
- Support individuals who self-administer medicines.

Staff must always check:

- The child's name;
- The prescribed dose;
- The expiry date;
- The written instructions provided by the prescriber on the label or container;
- The individual treatment plan where one exists;
- Whether or not it is a controlled drug.
- Any requirements for refrigerated storage;
- Prior to administration, the medicine administration record (MAR) to ensure that a dosage is due and has not already been given by another person.

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school.

Schools **must** keep written records each time medicines are given by adding them onto CPOMS. The administration of **controlled drugs requires 2 people**. One should administer the drug, the other witness the administration.

Staff must never give:

- A non-prescribed medicine to a child unless there is specific written permission from the parents on the appropriate form, and it is the medicine supplied by the parent;
- Medicine to a child that does not belong to him or her - schools and services should not keep stocks of non-prescription medicines to give to children;
- Medicine that belongs to another child;
- A child under 16 Aspirin or medicines containing Ibuprofen unless prescribed by a doctor.

Staff should not undertake the following unless they have satisfactorily completed additional training:

- Rectal administration, e.g. suppositories, Diazepam (for epileptic seizure)
- Injectable drugs such as Insulin;
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG);
- Giving Oxygen.

The Head teacher must keep a record of all relevant and approved training received by staff.

Each person who administers medication must:

- Receive a copy of these guidelines and Code of Practice;
- Read the written instructions/parental consent form for each child prior to supervising or administering medicines, and check the details on the parental consent form against those on the label of the medication;
- Confirm the dosage/frequency on each occasion and consult the medicine record for to ensure there will be no double dosing.
- Be aware of symptoms which may require emergency action, e.g. those listed on an individual treatment plan where one exists;
- Know the emergency action plan and ways of summoning help/assistance from the emergency services;
- Check that the medication belongs to the named pupil and is within the expiry date;
- Record all administration of medicines as soon as they are given to each individual.
- Understand and take appropriate hygiene precautions to minimise the risk of cross-contamination.
- Ensure that all medicines are returned for safe storage;
- Ensure that they have received appropriate training/information. Where this training has not been given, the employee must not undertake administration of medicine and must ensure that the Head teacher is aware of this lack of training/information.

Refusal To Take Medicines

Staff can only administer medicines with the agreement of the child. Any specific instructions to assist the administration of a medicine should be recorded in the child's individual treatment plan as should any instructions in the event of refusal.

If a child refuses to take a medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. Where there is no instruction in the child's plan, staff should follow the school's general policy. The general policy should state that parents should be informed the same day. Also, that where refusal may result in an emergency, the school's emergency procedures should be followed.

4. THE INDIVIDUAL TREATMENT PLANs

The main purpose of an individual treatment plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. A short-written agreement with parents or a parental consent form may be all that is necessary. Individual treatment plans are generally required for children with specific medical needs requiring specialised or emergency medication.

An individual treatment plan clarifies for staff, parents and the child, the help that can be provided. It is important for staff to be guided by the child's GP or Paediatrician. Staff should agree with the lead health professional and the child's parents how often they should jointly review the individual treatment 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.

Staff should judge each child's needs individually as children vary in their ability to cope with poor health or a particular medical condition. The plan should include action to be taken in an emergency. Developing an individual treatment plan should not be onerous, although each plan will contain different levels of detail according to the need of the individual child. The lead health professional will determine who needs to contribute to an individual treatment plan – they may include:

Early years settings should be aware that parents may provide them with a copy of their Family Service Plan, a feature of the Early Support Family Pack promoted through the government's Early Support Programme. Whilst the plan will be extremely helpful in terms of understanding the wider picture of the child's needs and services provided, it should not take the place of an individual treatment plan devised by a health professional, or indeed the record of a child's medicines.

Co-ordinating information

Co-ordinating and sharing information about the special needs and requirements of an individual child's medical needs can represent a significant challenge. The Head teacher should decide which member of staff has specific responsibility for this role. This person can be a first contact for parents and staff, and liaise with external agencies. The child's lead professional, together with the parents, should take responsibility for the co-ordination and communication of information and instructions across the wider plan for the child.

Additional information and training

An individual treatment plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies. Staff should not give medicines without appropriate training from health professionals. When staff agree to assist a child with medical needs, the school or service should arrange appropriate training in collaboration with the school health services.

Confidentiality

Medical information should always be regarded as confidential by services and staff and personal data properly safeguarded.

- Records relating to the administration of medicines are health records and should be stored confidentially.
- Instructions should be shared on a "need to know" basis in order that a child's well-being is safeguarded and any individual treatment plan is implemented.
- Parents and older children should be engaged in "need to know" decisions which should be recorded

5. CHILDREN WITH COMPLEX HEALTH NEEDS

As technology develops, growing numbers of children with complex health needs will receive their education in mainstream schools. This group of children and young people may require additional support in order to maintain optimal health during the day and access the curriculum to the maximum extent.

Some examples of care of health needs for which children might require additional support in schools are:

- restricted mobility *e.g. a child with physical impairments who uses a wheelchair;*
- difficulty in breathing *e.g. a child with a tracheostomy who requires regular airway suctioning during the day;*
- problems with eating and drinking *e.g. a child who requires a gastrostomy feed at lunch time.*
- continence problems *e.g. a child who requires assistance with bladder emptying and needs catheterisation at each break time or to follow a toileting plan to aid continence of bladder and bowels*
- Susceptibility to infection *e.g. a child who is receiving steroid therapy.*

In supporting children with complex needs in schools and early years settings there are a growing number of clinical procedures which staff may be trained to undertake. In the main such training is undertaken by Children's Community Nurses, Specialist Nurses or School Community Nurses. A detailed Individual Health Plan should be completed as above

Some children with complex physical needs will require a range of specialist equipment to enable them to sit, stand and walk. This equipment should be assessed for by a trained health professional; (Children's Occupational Therapist, Local Authority Moving and Handling Adviser, Physiotherapist or Community Nurse) and the appropriate Local Authority Moving and Handling Advisor or School Link Worker in accordance with the Derbyshire Inter Agency Group (DIAG) guidance document. The equipment should be adjusted to suit an individual child. On the rare occasion when one piece of equipment is used for more than one child, the health professional should supply written instructions, (or manufacturer's instructions), on altering the equipment.

Children may also require a Moving and Handling Plan, completed by school staff or a moving and handling advisor and a Therapeutic Variance Form attached to a Moving and Handling Plan, (completed by the therapist). In order to promote physical well-being and optimise a child's learning and integration opportunities, specialised equipment should be an integral part of a child's day rather than seen as 'therapy'.

Some children with complex communication needs may require assessment for a communication aid or other relevant specialist equipment. The Speech and Language Therapy Service should be involved in assessment procedures for communications aids. Advice is available from the Speech and Language Therapist when a child is a communication aid user.

Children with Epilepsy

The school will ensure at least one member of staff has training in epilepsy and supporting children who have epilepsy in school medically, socially and academically. That person will lead on ensuring that the epilepsy policy is followed. The school will ensure that all pupils who have epilepsy achieve to their full potential by:

- Keeping careful and appropriate records of students who have epilepsy
- Recording any changes in behaviour or levels / rates of achievement, as these could be due to the pupil's epilepsy or medication
- Closely monitoring whether the pupil is achieving to their full potential
- Tackling any problems early

The school will ensure that all pupils with epilepsy are fully included in school life, and are not isolated or stigmatised. We will do this by supporting pupils to

- Take a full part in all activities and outings (day and residential)
- Making necessary adjustments e.g. timetables
- Giving voice to the views of pupils with epilepsy, for example regarding feeling safe, respect from other pupils, teasing and bullying, what should happen during and following a seizure, adjustments to support

them in learning, adjustments to enable full participation in school life and raising epilepsy awareness in school.

- Raising awareness of epilepsy across the whole school community, including pupils, staff and parents.

The school will liaise fully with parents and health professionals by:

- Letting parents know what is going on in school
- Asking for information about a pupil's healthcare, so that we can fully meet their medical needs
- Asking for information about if or how the pupil's epilepsy and medication affect their concentration and ability to learn
- Informing parents and health professionals (with the parent's permission) of changes to the pupil's achievement, concentration, behaviour and seizure patterns.

What to do in an asthma attack

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an attack. Where possible a spacer is the best form of delivery.

Step 1 What to do

- Encourage the child or young person to sit and slightly bend forward – do not lie them down.
- Make sure the child or young person takes 2 puffs of reliever inhaler (blue) (1 puff per minute) immediately – preferably through a spacer
- Ensure tight clothing is loosened
- Reassure the child
- If symptoms do not improve in 5 – 10 minutes go to step 2

Step 2 If there is no immediate improvement in symptoms:

- Continue to make sure the child or young person takes one puff of reliever inhaler (blue) every minute for four minutes (4 puffs). Children under the age of 2 years 2 puffs. If symptoms do not improve in 5 – 10 minutes go to step 3.
- Continue to reassure the child

Step 3 Call 999:

- Continue to make sure the child or young person takes one puff every minute of reliever inhaler (blue) until the ambulance arrives.
- Call parents/carer
- Keep child or the young person as calm as possible.

If the child/young person has any symptoms of being too breathless or exhausted to talk, lips are blue, being unusually quiet or reliever inhaler not helping you may need to go straight to step 3. If you are ever in doubt at any step call 999.

Important things to remember in asthma attack

- **Never leave a pupil having asthma attack**.
- If the pupil does not have their inhaler and / or spacer with them send another teacher or pupil to their classroom or assigned room to get their spare inhaler and / or spacer.
- In an emergency situation school staff is required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. **During an asthma attack do not worry about a pupil overdosing**.

- Contact the pupil's parents or carers at step 1 if a pupil does not have their reliever inhaler at school.
- Send another pupil to get another teacher / adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance / doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.
- Staff should not take pupils to hospital in their own car.

6. OFF-SITE ACTIVITIES

Schools have a primary duty of care for pupils and have a responsibility to assess the general suitability of all off-site provision. This includes responsibility for an overall risk assessment of the activity. Where students have special medical needs, the school will need to ensure that such risk assessments take into account those needs. Parents and pupils must give their permission before relevant medical information is shared on a confidential basis.

Educational visits/outings
Schools should actively promote the participation of children with medical needs in educational visits, outings, and community activities which may need to be safely managed. Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. The national standards for under 8's day care and childminding mean that the registered person must take positive steps to promote safety on outings. This will include reviewing and revising existing information, policies and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children.

Sometimes additional safety measures may need to be put in place. An additional member of staff or a parent or another consenting staff member might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any individual treatment plans should be taken on visits in the event of the information being needed in an emergency.

Sporting and leisure activities
Most children with medical conditions can participate in physical activities and extra-curricular sport and leisure. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual treatment plan. All staff should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

If 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 most appropriate person identified by the child's individual treatment plan. **Children may not be able to participate in off-site activities where their parents do not share relevant information or decline to give their appropriate consents**. Concerned staff should contact the Health & Safety section for advice

Transporting children
Children who have additional needs and who receive services may have transport needs, including Home to School Transport, Community Transport and taxis to and from services. The Local Authority and services **must** make sure that children are safe during the journey. Most pupils with medical needs do not require supervision on school transport, but the Local Authorities will provide appropriate trained escorts for home to school transport if they consider them necessary.

Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines but where it is agreed that a driver or escort will administer medicines (i.e. in an emergency)

they **must** receive training and support and fully understand what procedures and protocols to follow. They should be clear about roles, responsibilities and liabilities.

7. EMERGENCY PROCEDURES

Where children have conditions which may require rapid intervention, parents must notify the Head teacher of the condition, symptoms and appropriate action following onset – advice may need to be sought on an appropriate response. They should also share any individual treatment plan. All schools should have a risk management plan for such situations that covers all possible circumstances when the child is attending the school, including off-site activities. Planning should take into account access to a telephone in an emergency in order to summon medical assistance or an ambulance. The Headteacher must make all staff aware of any child whose medical condition may require emergency aid and staff should know:

- Which children have individual treatment plans;
- Possible emergency conditions that might arise, how to recognise the onset of the condition and take appropriate action ie. summon the trained person, call for ambulance if necessary etc. and the emergency instructions contained within them;
- Who is responsible for carrying out emergency procedures in the event of need;
- How to call the emergency services;
- What information from the individual treatment plan needs to be disclosed.

Other children should also know what to do in the event of an emergency, such as telling a member of staff. When a child needs to go to hospital staff should not take children to hospital in their own car - it is safer to call an ambulance. Where an activity is planned where there is a known risk – however unlikely – that a child might need emergency health care, the risk assessment/individual treatment plan should address what should happen – exceptionally this may include a staff member using his or her own vehicle. 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. All such arrangements must be agreed and recorded in the child's individual treatment plan and be referred to Risk and Insurance for approval before they are carried out.

Unusual Occurrences, Serious Illness or Injury
All parents should be informed of the school's policy concerning children who become unwell whilst in the care of the school. This should be contained within the school's prospectus or service brochure. This will include home/mobile/work telephone numbers and other instructions e.g. relatives who can be contacted. If parents and relatives are not available when a pupil becomes seriously unwell or injured, the Head teacher should, if necessary call an ambulance to transport the child to hospital.

These guidelines do not cover First Aid or the role of trained First Aiders or appointed persons. Guidance is available in the County's Code of Practice for Health and Safety (First Aid) Regulations 1981 or the Education Department Health and Safety Handbook.

8. STAFF TRAINING

All staff must be appropriately trained in the handling and use of medication, and have their competence assessed. The school's policy on the administration of medicines should state how frequently this should happen and when it will be reviewed and updated. All staff training should be documented for each staff member.

The minimum training requirements are:

- The supply, storage and disposal of medicines;
- Safe administration of medicines;
- Quality assurance and record-keeping;
- Accountability, responsibility and confidentiality.

Three levels of training need to be delivered:

- Induction training;
- Basic training in safe handling of medicines;
- Specialised training to give medicines (where appropriate).

Induction Training
The school must identify what previous training and experience a new member of staff has had of giving medicines to people in order to ascertain whether they are competent to give medicines when they get to know the children in their care and their needs. Staff who have never worked with children should not administer any medicines until the headteacher or manager is satisfied that they are competent to do so.

Induction training should therefore focus upon medicines awareness - new staff members should understand the limitations of their knowledge and experience and know when and how to enlist the assistance of colleagues trained to administer medicines

Basic Training In Safe Use And Handling Of Medicines
Basic training is intended to ensure that staff are competent to undertake the following:

Administration
Staff will be able to:

- Administer medication in tablet/liquid form;
- Apply creams and lotions;
- Administer eye drops, ear drops, nasal sprays;
- Support individuals with inhalers;
- Support individuals with 'when required' medications;
- Support individuals with non-prescribed medications from approved list;
- Support individuals who self-administer medicines.

Recording
Staff will also understand:

- The need for clear instructions and accurate record keeping;
- How to receive medicines and record instructions;
- The requirements for safe storage of medicines;
- How to record medicines administered;
- The arrangements for safe disposal/return of unused medicines;
- Identify medicines and associated procedures for which specific training is required;
- Understand when to seek advice.

It should be noted that on occasions there may be additional requirements in respect of individuals. In such circumstances additional advice may need to be sought from staff such as district nurse/asthma nurse etc. regarding the administration of eye drops, ear drops, nasal sprays and inhalers with regards to person specific directions

Specialised Training To Give Medicines

There may be rare occasions when staff have volunteered to give medicines that registered nurses normally administer. Such training is always both person-specific and staff member specific. This only happens where:

- It is part of a child/young persons' care plan;
- A risk assessment has been carried out;
- Clear roles and responsibilities are agreed by the agencies and the people involved in providing care;
- Appropriate consents have been obtained from the person with parental responsibility;
- Appropriate training has been provided and the staff member's competence to carry out the procedure established – this will need to be refreshed at intervals determined by the training provider;
- Their agreement to do so has been recorded