



Meeting the Needs of Pupils/Young People with Medical Needs

October 2017

The Responsibility of Headteacher/Head of Centre

The Headteacher/Head of Centre is responsible for implementing the governing body's/LEAs policy in practice and for developing detailed local procedures, for the administration, handling and storage of medicines and other associated arrangements specifically in relation to health and safety.

The Headteacher/Head of Centre must ensure that there is a designated member of staff responsible for maintaining records relating to pupils' health needs and known medical conditions including emergency contact numbers and procedures.

The designated member of staff should have appropriate information and training to undertake these duties, and the Headteacher/Head of Centre must continue to exercise the ultimate responsibility for the administration of medicines within the school/centre. In schools, this responsibility rests with Welfare Assistants or Welfare Officers and other duties concerned with the administration of medicine may best be undertaken by a Welfare Assistant, within the terms of the job description. In the case of centres and services, the Head of Centre should ensure that this responsibility is allocated to an appropriate person and, where necessary, amend job descriptions to include this duty.

When staff (teachers or support staff) volunteer to give pupils help with their medical needs, the Head of the School/Centre should agree to their doing this, and must ensure that staff receive proper support and training where necessary.

The Headteacher/Head of Centre should ensure all staff are aware of the school's policy and practice with respect to supporting pupils with special medical needs.

Categories of Medical Needs

In general, there are three main sets of circumstances where school/centre staff may be required to support pupils with medical needs or conditions. These are:

- a) Cases where pupils recovering from a short-term illness are well enough to return to school, but are receiving a course of **prescribed medication** such as antibiotics;
- b) Cases of **chronic illness** or long-term complaints, such as asthma, diabetes, or epilepsy, which may require an individual health care plan;
- c) Children with a **specific special medical need** who require an individual or emergency health care plan.

Children taking a Course of Prescribed Medication

Very few medicines need to be taken during normal school/centre hours and in most cases the appropriate dosage of medicine when prescribed to be taken “three times a day” can be given “before school/centre after school/centre and at night”. The same principle can also be applied to medication such as creams/drops for conjunctivitis etc. However, the school/centre should not assume that this will always be the case as some prescribed medication will have times or conditions stipulated by the doctor.

Where pupils are recovering from a short term illness which requires medication (such as tablets, creams, eye drops, mixtures), any request for school/centre staff to administer this medicine by a parent/carer, must be in writing and include evidence that the child’s doctor considers it is necessary for the child to take medicine during school/centre opening hours. Standard forms have been drawn up to assist in this process (FORM AOM1 (parental consent form) and FORM AOM1A (doctor’s confirmation)).

The medicine, together with the completed and signed consent form, should be delivered to school/centre, wherever possible by a parent, and should be handed personally to the headteacher or a designated member of staff. The school/centres policy should make it clear that in no circumstances should staff administer prescribed medication on their own initiative or without the written consent of parents/carers.

A written record should be kept of the administration of all prescribed medication to pupils (**Forms AOM2 and AOM2A**). Such a record should be kept together with the instructions, checked on every occasion and completed by the designated member of staff. The record should give the date and time of administration, the name of the medicine, the dose given the name of the child and the name of the staff member administering the medication. Form AOM2 and AOM2A should be retained on the school/centre premises with the schools and child’s records respectively.

Medicines must be stored safely in the container supplied (the pharmacist’s original container) and be clearly labelled with the contents, the child’s name, and the dosage and/or other instructions. The receiving member of staff should check the accuracy (name/date). Some medication such as liquid antibiotics or insulin may need to be kept in a refrigerator but must not be frozen. These medicines must be placed in suitable additional sealed

container e.g. Tupperware box and clearly marked “medicines”. **Under no circumstances should medicines be kept in first aid boxes.**

Any medication which has passed its expiry date should be collected from school/centre by parents within 5 days of the expiry date or it should be disposed of safely (e.g. by returning it to the local pharmacist). Medicines should not be disposed of in the sink or toilet.

Longer Term/Chronic Conditions

Headteachers/Heads of Centre need to familiarise themselves with the specific symptoms, conditions that are associated with such illnesses as asthma, epilepsy, diabetes, cystic fibrosis, sickle cell anaemia disorders and thalassaemia. Further information and guidance on these medical conditions can be found in Annex 7.

Pupils with such conditions should be encouraged to look after their own medical needs.

Guidance on procedures in relation to commonly occurring conditions is summarised below:

Asthma relievers/inhalers

It is generally appropriate for asthmatic pupils of secondary school age to take responsibility for the administration of their own inhalers. Except in exceptional circumstances, they should be allowed to keep their inhalers with them and be encouraged to use them as necessary. Where pupils of primary school age might need to use an inhaler, it is advisable to have a flexible approach. After discussion with the parent, the child and the doctor, some primary age children will be considered sufficiently responsible to have charge of their own inhalers at all times. In other cases, the inhaler should be kept in a secure place, preferably in the classroom with the teacher, or in a central secure place such as an office or staff-room. It is essential, however, that wherever it is stored, the teacher or other member of staff has immediate access to the inhaler whenever the child requires it. Staff should be aware of the need for asthmatics to carry medication with them (or for staff to take appropriate action) when, for example, participating in outdoor physical education or in the event of an evacuation or fire drill.

Diabetes

Children with diabetes should be allowed to have snacks during the day as necessary and to carry food or have access to food, e.g. sweet drink/sugar lumps/glucose tablets, in the event of a “hypo”. Staff should ensure that children with diabetes do not miss lunch or a meal provided whilst at the school/centre and that meals are taken promptly and at regular intervals. All staff should be aware of the possible effects on a child’s behaviour of a

hypoglycaemic attack and ensure that diabetic children who are unwell are not left alone.

Despite good health care at home and at school, many conditions, such as asthma, diabetes, epilepsy, sickle cell anaemia, can from time to time result in an emergency situation requiring immediate medical attention. Where a school/centre is aware of a pupil with such a condition, an emergency health care plan must be drawn up and retained on the pupil's medical records so that staff are aware of the action to be taken in response to the emergency situation.

Care should be taken to handle and store medicines and medical aids for use by pupils in the school/centre. Some medication such as liquid antibiotics or insulin may need to be kept in a refrigerator but must not be frozen. These medicines must be placed in suitable additional e.g. Tupperware box and clearly marked "medicines". Under no circumstances should medicines be kept in first aid boxes. The pupil/child's name must be clearly marked on each item.

Children with Specific Medical Needs

Some pupils/children have unusual or special specific medical needs which may require treatment in an emergency, e.g. extreme allergic reaction (anaphylactic shock) to wasp stings or food such as peanuts; epileptic seizure, which may involve invasive medical procedures such as giving an injection or inserting rectal diazepam. Other instances where children require special personal care involving intimate or invasive treatment include assistance with catheters or the use of equipment for children with tracheotomies.

The number of such cases will be very small and early identification and careful planning by the relevant Health Authority should result in detailed discussion with a receiving school/centre and the formulation of a carefully designed **individual health care plan (see Form AOM3)** to meet the needs and circumstances of a particular child.

As these cases are not routine, staff in schools/centres cannot be expected to assume responsibility for support that may be required during an emergency for administering medical treatment. Headteachers/Heads of Centre should therefore seek volunteers who are willing to undertake the necessary training to enable them to act in emergencies or administer treatment in potentially life threatening situations where there is no alternative, e.g. calling for an ambulance. In many cases, the treatment will involve a simple procedure, such as using an "Epi-pen" to administer emergency intravenous medication, or inserting a suppository.

For the protection of both staff and children, a second member of staff should be present while the more intimate procedures are being followed, and appropriate personal protection must be worn (Infection Control procedures). Staff should protect the dignity of the child as far as possible, even in emergencies.

For those children who require treatment including invasive medical procedure, only those who are both willing and appropriately trained should administer such treatment. Training in invasive procedures should be conducted by qualified medical personnel. The school nurse may provide advice on nursing matters. Under no circumstances should an untrained person attempt to administer an injection.

All staff should be made aware of the pupil's condition and where to locate the trained volunteer(s) in the case of an emergency. There should be sufficient volunteers to cover for any absences.

It may be appropriate for pupils to keep items such as an Epi-pen with them in the school/centre. Where this is not appropriate, sufficient care should be taken to handle and store medicines and medical aids for use in emergencies at the school/centre. Items such as syringes, Epi-pen, suppositories, must be placed in suitable additional sealed container e.g. Tupperware box, and clearly marked "Emergency Medication" and the pupil's name. Under no circumstances should medicines be kept in first aid boxes. It is essential, that wherever items are stored, the volunteer (teacher or other member of staff) has immediate access to it.

Drawing up an Individual Health Care Plan for a Pupil with a Long Term or Special Medical Need

The main purpose of an individual health care plan for a pupil with special medical needs is to identify the level of support that is needed at the school/centre. A written agreement with parents clarifies for staff, parents/carers and the pupil the help that the school/centre can provide. The health care plan should be reviewed jointly at least once a year. A standard proforma is provided for this purpose (**Form AOM3**).

Drawing up a health care plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual pupil. Those who may need to contribute to the health care plan are:

- the Headteacher/Head of Centre;
- the parent or carer;
- the child (if sufficiently mature);
- the class teacher (primary schools and centres);
- school/centre staff who have agreed to administer medication or be trained in emergency procedures;
- the school health service or the child's GP (depending on the level of support the child needs).

Staff Indemnity

Haringey Council fully indemnifies its staff against claims for alleged negligence providing they are acting within the scope of their employment. For the purposes of indemnity, the administration of medicines falls within this

definition and hence staff can be reassured about the protection their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or administration is overlooked. In practical terms this would mean that any successful claim for alleged negligence would be met by the Council and not the employee. This indemnity extends to staff working in Voluntary Aided schools throughout the Borough of Haringey.

Payments to Staff Volunteering to Undertake Training and Administer Invasive Medical Procedures

Where support staff volunteer to undertake training to support a child with specific special medical needs (as described in section 4(c)), an annual payment may be claimed in appropriate cases.

The annual Special Medical Needs Allowance will only be payable to support staff who volunteer to undertake training and to administer the requisite procedures.

Teachers' pay and conditions of service are prescribed by statute and therefore no additional payments may be made which are not in accordance with the TPAC document. It must be clear that any teacher who volunteers to undertake training to administer medical procedures is doing so out of goodwill.

Sources of Advice or Expertise

Within the Council's organisation, advice on policy in respect of the administration of medicines in schools/centres should be sought, in the first instance, from the Health and Safety Adviser in the Education Services.

Where any doubt exists about whether or not to administer a particular course of medication in school/centre, Headteachers/Head of Centre should seek advice from the School Nurse or Designated Medical Officer or the Consultant Community Paediatrician.

In the event of queries arising in relation to staff responsibilities, remuneration for undertaking training or difficulties in obtaining volunteers to undertake training to enable a child to attend school. Headteachers/Head of Centre should seek advice from the Head of Services to Pupils, Parents and Students or Education Personnel.



EDUCATION SERVICES

5.8.1.1 Annex 1: PARENTAL CONSENT FOR SCHOOL/CENTRE TO ADMINISTER MEDICATION (FORM AOM1)

THE SCHOOL WILL NOT GIVE YOUR CHILD MEDICINE UNLESS YOU COMPLETE AND SIGN THIS FORM, AND WHERE APPROPRIATE FORM AOM 1A WHICH SHOULD BE COMPLETED BY THE GP

Details of Pupil

Surname..... Forename(s)
Address M/F.....
..... Date of Birth
..... Date of Birth

Condition or illness

Name/Type of Medication (as described on container)

For how long will your child take this medication

Date dispensed

Full Directions of use

Dosage:

Timing:

Special Precautions:

Side Effects:

Self Administration:

Procedures to take in an Emergency:

Contact details:

Name: Daytime
Relationship to Pupil: Telephone No.....
Address:
.....

I understand that I must deliver the medicine personally to [agreed member of staff] and accept that this is a service which the school is not obliged to undertake

Date:..... **Signature**.....

Relationship to pupil.....



EDUCATION SERVICES

5.8.1.2 Annex 2: MEDICAL PRACTITIONER'S OF PRESCRIBED MEDICATION
(FORM AOM1A)

TO: _____ **SCHOOL/CENTRE:** _____

To be completed by a Doctor (Family Doctor, School Medical Officer, Consultant, etc)

Name of child: _____	DOB: _____
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Address:

I **CONFIRM** that I have prescribed medication, which will need to be taken during school hours, for the above named child.

TYPE OF MEDICATION:

LENGTH OF TIME MEDICATION IS REQUIRED (GIVE DATES)

DOSAGE:

ANY SPECIAL REQUIREMENTS: (e.g. timing, taken with meals etc)

GP/Official Stamp

Signed:.....

Date:.....

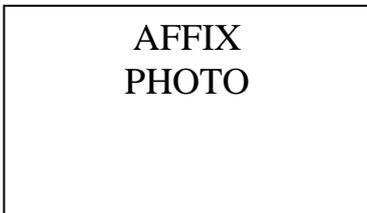


EDUCATION SERVICES

5.8.1.5 Annex 5: HEALTH CARE PLAN FOR A CHILD/PUPIL WITH SPECIAL MEDICAL NEEDS (FORM AOM3)

Date: _____

Name: _____



Date of birth: _____

Condition: _____

Class/form _____

CONTACT INFORMATION

Family contact 1

Family contact 2

Name: _____

Name: _____

Phone no. (home) _____

Phone no. (home) _____

(work): _____

(work): _____

Relationship: _____

Relationship: _____

Clinic/hospital contact

Name: _____

Phone no: _____

G.P.

Name: _____

Phone no: _____

PUPIL NAME

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

Daily care requirements: e.g.(before sports/at lunch time)

Action to be taken in an emergency:

Follow up care:

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

FORM AOM 3



EDUCATION SERVICES

5.8.1.6 Annex 6: EMERGENCY PLANNING

EMERGENCY PLANNING

Requests for an Ambulance to:

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

- 1. Your telephone number**

- 2. Give your location as follows:
(insert school address an postcode)**

- 3. State that A-Z reference is**

- 4. Give exact location in the school
(insert brief description)**

- 5. Give your name**

- 6. Inform Ambulance Control of the best entrance and state that
the crew will be met and taken to**

**SPEAK CLEARLY AND SLOWLY AND BE READY TO REPEAT INFORMATION
IF ASKED**