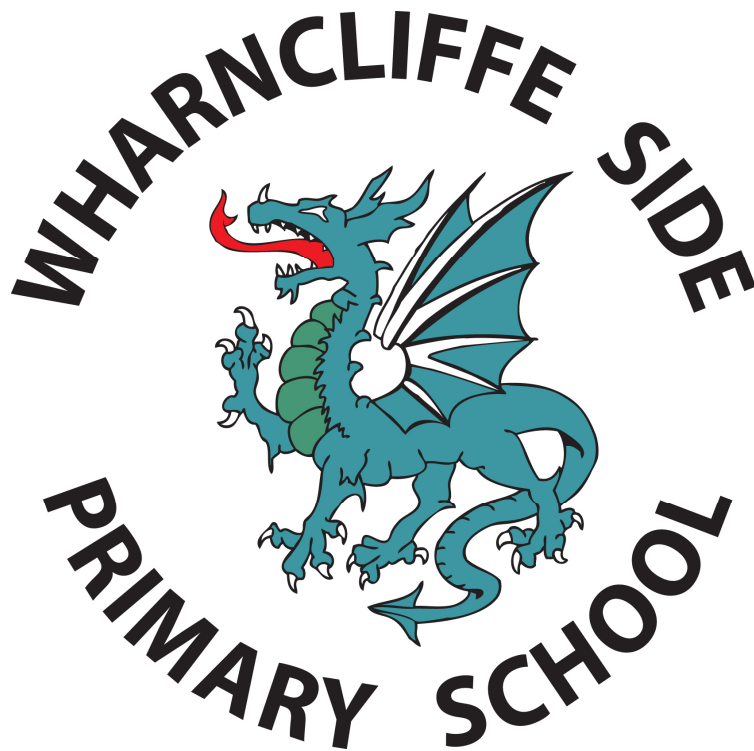


MANAGING CHILDREN AND YOUNG PEOPLE'S IDENTIFIED HEALTH NEEDS POLICY



September 2012

Managing Children and Young People's Identified Health Needs Policy

Date Policy Approved:2012

School/setting name:

Wharnccliffe Side School is committed to reducing the barriers to participating in school/nursery life and learning for all its children and young people. This policy sets out the steps which *Wharnccliffe Side School* will take to ensure full access to learning for all its children and young people who have medical/health needs and are able to attend. Medicines should only be brought in to school or the setting when essential; that is where it would be detrimental to a child/young person's health if the medicine were not administered during the school/setting day and where approval to do so has been sought and given. The school will inform parents/carers of this policy.

1. Managing medicines which need to be taken during the day.

- 1.2 Parents/carers must provide full *written* information about their child's medical needs to the school/setting where their child attends.
- 1.3 Short-term prescription requirements should only be brought to the school/setting if it is detrimental to the child or young person's health not to have the medicine during the day. If the period of administering medicine is prolonged for any reason (more than 8 days including weekends) an individual health care plan is required.
- 1.4 The school/setting will not accept medicines that have been taken out of the container as originally dispensed, which aren't labelled with the child's details or make changes to prescribed dosages on parental or child instructions.

Medicines should always be provided in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. In all cases this should include:

- Name of child
 - Name of medicine
 - Dose
 - Method of administration
 - Time/frequency of administration
 - Any side effects that the school/setting needs to know about
 - Expiry date
- 1.5 In some cases the school/setting may administer a non-prescribed medicine/common remedy if parent/carer consent is gained or in exceptional circumstances where parental consent is unobtainable and a member of staff is acting in loco parentis, for a period not exceeding eight days (including weekends)
 - 1.6 The school/setting will not regularly administer medicines that have not been prescribed by a Doctor, Dentist, Nurse Prescriber or Pharmacist Prescriber, unless it is done as part of an individual health care plan. Should a school/setting receive regular/repeated parental consent to administer non-prescribed medicines this will be referred to the school nurse for advice.

- 1.7 Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff are authorised to administer a controlled drug, in accordance with the prescriber's instructions. A child may legally have a prescribed controlled drug in their possession, however to minimise risks to all pupils this school/setting will keep all controlled drugs on behalf of pupils. The school/setting will keep controlled drugs in safe custody in a locked non-portable container, to which only named staff will have access. A record of access to the container will be kept. Misuse of a controlled drug is an offence, (i.e. the use of medicines for purposes other than their prescribed intended purpose) and will be dealt with under the school's behaviour or code of conduct policy.
- 1.8 Young people who are competent to manage their own medication/care will be supported to do so, where parent consent is given or young people are judged to be Gillick competent.
- 1.9 The school/setting will refer to the current DfE guidance document when dealing with any other particular issues relating to managing medicines.

2. Procedures for managing medicines on trips and outings and during sporting activities

- 2.1 The school/setting will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. This may extend to reviewing and revising the visits policy and procedures so that planning arrangements incorporate the necessary steps to include children/young people with medical needs. It might also incorporate risk assessments for such children and information from their individual health care plan.
- 2.2 If staff are concerned about how they can best provide for a child's safety, or the safety of other children on a visit, they should seek parental views and advice from a health professional or the child's GP.
- 2.3 The school/setting will support children/young people wherever possible in participating in physical activities and extra-curricular sport. There should be sufficient flexibility for all children and young people to follow in ways appropriate to their own abilities. Any restriction on a child's ability to participate in PE should be recorded on their health care plan. All adults should be aware of issues of privacy and dignity for children and young people with particular needs.
- 2.4 Some children/young people may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities should be aware of relevant medical/health conditions, and will consider the need for any specific risk assessment to be undertaken.
- 2.5 The school/setting must fully cooperate with Sheffield City Council in fulfilling its responsibilities regarding home to school transport. This may include giving advice and/or suitable training regarding a child/young person's medical needs, emergency procedures and sharing of health care plans.

3. The roles and responsibilities of staff managing administration of medicines

- 3.1 Close co-operation, and use of a standard process between schools, settings, parents/carers, health professionals and other agencies will provide a suitably supportive environment for children/young people with medical needs.
- 3.2 It is important that responsibility for child safety is clearly defined within each school/setting and that each person responsible for a child with medical needs is aware of and competent to undertake what is expected of them.
- 3.3 The school/setting will always take full account of authorised volunteers, temporary, supply and peripatetic staff when informing staff of arrangements in place for the administration of medicines and care.
- 3.4 The school/setting will always designate a minimum of two people it considers suitable and competent to be responsible for the administering of medicine to a child to ensure back up arrangements are in place for when the principal member of staff with responsibility is absent or unavailable. All such staff will undertake a competence assessment (example provided in annex E) prior to undertaking the administration of medicines.

Administration of Rectal Diazepam requires 2 adults and where possible at least one of the same gender as the child to be present because it is invasive.

- 3.5 Parent/carer consent will be sought before medication/care is given to a child/young person and medicine/care required for a short-term condition (under 8 days including weekends) should be logged on Form 3.

Occasionally the school may be required to administer a non-prescribed medicine or common remedy such as paracetamol or anti-histamines to a child or young person. The consent form (Form 3) is required each time a non-prescribed medicine/common remedy is given, except for exceptional circumstances where a member of staff acts in loco parentis and this is recorded (Form 5). Parents/carers will be informed that all non-prescribed medication should be retained in the original packaging including the information leaflet supplied.

Staff should consider any potential reactions between medications (especially where a child is taking) a prescribed and a non-prescribed medication at the same time as there could be potential side effects. Where staff administering medicines are unsure they should consult a health care professional or pharmacist for advice.

Where the head teacher or staff member agrees to administer medicine to a child for which parental consent has been recorded, it must be in accordance with this policy and agreement to do so should be recorded on Form 4. The school/setting will inform parents/carers of this policy.

Where medicine/care is administered to a child it should be recorded on a form such as Form 5 or 6. If a child suffers from frequent or acute pain the parents/carers should be encouraged to refer the matter to the child's GP.

A health care plan is only required for the administration of medicines/care if the child/young person's condition is considered long term (over 8 days including the weekend). Parent/carer consent will be sought before the medicine is given to the child/young person and any prescribed medicine to be given and parental consent should be additionally logged on Form 3.

- 3.6 National Guidance states: '**A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor**'. The school/setting will inform parents/carers of this policy.
- 3.7 Any controlled drugs which have been prescribed for a child/young person will be kept in safe and secure custody by a nominated person within the school/setting.
- 3.8 If a child/young person refuses to take medicine, staff will not force them to do so. Staff will record the incident and follow agreed procedures set out in this policy, such as recording 'refused to take' on Form 5 or 6 or as stated in the child's health care plan. The head teacher/setting manager and parents/carers will be informed of the refusal on the same day. If refusal results in an emergency, the school/setting's normal emergency procedures will be followed.
- 3.9 If in doubt about a procedure, staff will not administer the medicine or care procedure, but will check with the parents/carers or a health professional before taking further action.

4. Parent/carer responsibilities in respect of their child's medical needs

- 4.1 It is the parents/carers' responsibility to provide the head teacher/setting manager with sufficient written information about their child's medical/health needs if treatment or special care is required.
- 4.2 Parents/carers are expected to work with the head teacher/setting manager to reach an agreement on the school/setting's role in supporting their child's medical needs, in accordance with the schools/setting's policy.

Responsibility for administering non-prescribed medicines or common remedies to a child or young person in a school or other setting lies with the child/young person's parent/carer. It is the child/young person's parent/carer who is responsible for providing permission for the issuing of non-prescribed medicines in the first instance. It requires only one parent/carer to agree to or request that medicines are administered to a child. It is likely that this will be the parent/carer with whom the school or setting has day-to-day contact. Parent/carers will be advised that the school will not administer non prescribed medications for a period exceeding 8 days (including weekends) without a written care plan.

- 4.3 The head teacher/setting manager should have written parental agreement before passing on information about their child's health to other staff including transport staff. Sharing information is important if staff and parents/carers are to ensure the best care for a child. Where a care plan is appropriate, parent/carers should have input into such a plan and must be prepared for all to share.

- 4.4 In some cases parents/carers may have difficulty understanding or supporting their child's medical condition themselves and in these cases they should be encouraged to contact a health professional or key health worker from the setting to advocate for them, either the school nurse or the health visitor, as appropriate.
- 4.5 It is the parents/carers' responsibility to keep their child/ren at home when they are acutely unwell.
- 4.6 Prior written agreement should be obtained from parents/carers for any medicines to be given to a child/young person, except where a member of staff acts in loco parentis and gives non-prescribed medication in exceptional circumstances. (See specimen forms in Annex C.)

5. Supporting children with long-term or complex medical needs

- 5.1 Where there are long-term medical needs for a child, including administration of medicine for a period of 8 days (including weekends) or more, a health care plan must be completed, such as using Form 2, involving both parents/carers and relevant health professionals.

A health care plan clarifies for staff, parents/carers and the child the help that can be provided. It is important for staff to be guided by a health professional the school nurse or the child's GP or paediatrician.

5.2 Developing children and young people's health care plans

The school/setting will work in partnership with parents/carers, the School Nurse and/or specialist teams as appropriate, including Sheffield Children's Hospital NHS Foundation Trust, to develop in-school/setting care plans to ensure high quality, evidence-based care within a school/setting for pupils with long-term conditions and complex health needs. Specifically the School Nurse or Health Care Professional will support the development of healthcare assessments and plans, facilitate training in the delivery of individual healthcare plans and monitor the delivery of healthcare plans within school.

The school/setting will agree with parents/carers how often they should jointly review the health care 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, e.g. if there was a change in the child's health needs.

- 5.3 The school/setting will assess each child/young person's needs individually as children and young people vary in their ability to cope with health needs or a particular medical condition. Plans will also take into account a child/young person's age and ability to take personal responsibility.
- 5.4 Developing a health care plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual child.

Brief health care plans may be all that is required for the notification of mild or less complex conditions, or where medical care would only be required in an emergency. For example, repeat courses of antibiotics which take medication over 8 days, well-controlled mild asthma, and peanut allergy. Asthma health

care plans could be supported by annual personal plans (e.g. My Asthma Plan by Asthma UK) routinely provided as best practice care through GP care.

5.5 In addition to input from the school, parents/carers and the school health service, the child's GP or other health care professionals depending on the level of support the child needs, those who may need to contribute to a health care pro forma include the:

- Head teacher or head of setting
- Child/young person (if appropriate)
- Early years practitioner/class teacher - primary schools
Form tutor/head of year - secondary schools
- Care assistant or support staff
- Staff who are trained to administer medicines or undertake identified health needs
- Staff who are trained in emergency or first aid procedures

5.6 When dealing with the needs of children with the following common conditions schools/settings should refer to Section A which provides further guidance on managing the needs of children with these long term conditions:

- Asthma
- Epilepsy
- Diabetes
- Anaphylaxis
- Continence

6. Staff support and training in dealing with medical/health needs

6.1 The school/setting will ensure that there are sufficient members of support staff who manage medicines. This will involve participation in appropriate training.

6.2 Any member of staff who has responsibility for administering prescribed medicines to a child will receive appropriate training, instruction and guidance. They will also be made aware of possible side effects of the medicines, and what to do if they occur. The type of training necessary will depend on the individual cases. All such training should be relevant to the individual child's needs and documented (Form 8).

6.3 For staff where the conditions of their employment do not include giving or supervising a pupil taking medicines, agreement to do so must be voluntary. However within schools head teachers have a legal duty of care to their pupils that includes meeting their health needs to enable them to participate in education. It is therefore the head teachers responsibility to ensure systems are put in place within their school to ensure that the health needs of their pupils are met. The same approach should apply to whoever has the legal duty of care within a given setting.

6.4 In line with the contractual duty on head teachers/setting managers, the school/setting will ensure that staff receive appropriate support, information and training where necessary. The head teacher or member of staff in charge of a setting will agree when and how such training takes place, in partnership

with the health professional and parents/carers involved. The head teacher of the school / setting manager will make sure that all staff and parents/carers are aware of the Sheffield guidance and procedures for dealing with medical and health care needs.

- 6.5 Staff who have a child/young person with medical/health needs in their class or group will be informed about the nature of the condition, and when and where the child may need extra attention.
- 6.6 The child/young person's parents/carers, health professionals, and school/setting staff must work in full partnership to provide the information specified above.
- 6.7 All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.
- 6.8 Back up arrangements must be in place in advance and any relevant training provided for when the member of staff with principle responsibility is absent or unavailable.

7. Off-site education or work experience for children and young people

- 7.1 The school/setting has responsibility for an overall risk assessment of any off-site activity, including issues such as travel to and from the placement and supervision during non-teaching time or breaks and lunch hours. This does not conflict with the responsibility of the college or employer to undertake a risk assessment to identify significant risks and necessary control measures when pupils below the minimum school leaving age are on site.
- 7.2 The school will refer to the DfE guidance Work Related Learning and the Law DfES/0475/2004, the Health and Safety Executive and the Learning and Skills Council for programmes that they are funding e.g. Increased Flexibility Programme.
- 7.3 The school is also responsible for pupils with medical needs who, as part of Key Stage 4 provision, are educated off-site through another provider such as the voluntary sector, E2E training provider or further education college. The school will comply with LA policy on the conduct of risk assessments before a young person is educated off-site or has work experience.
- 7.4 The school is responsible for ensuring that a work place provider has a health and safety policy which covers each individual student's needs.
- 7.5 Parents/carers and pupils must give their permission before relevant medical information is shared on a confidential basis with employers.

8. Record keeping

- 8.1 Parents/carers must tell the school/setting about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by either new directions on the packaging of medication or by a

supporting letter from a medical professional. Schools/settings should not accept medicines if the label and/or packaging instructions have been altered or tampered with.

- 8.2 The school/setting will use Form 3 to record parental permission for the short-term administration of medication (not more than 8 days including weekends). Consent forms must be delivered personally by the consenting parent/carer. Staff must check that any details provided by parents, or in particular cases a health professional, are consistent with the instructions on the container.
- 8.3 The school/setting will use Form 3 to record parental consent for the administration of long-term medication (more than 8 days including weekends) in conjunction with Form 2, a health care plan. Consent forms must be delivered personally by the consenting parent/carer. Staff must check that any details provided by parents, or in particular cases a health professional, are consistent with the instructions on the container.
- 8.4 It is the parent/carer's responsibility to monitor when further supplies of medication are needed in the school/setting. It is not the school's /setting's responsibility. This will be highlighted in the school/setting prospectus.

The school/setting will use Form 4 to confirm with the parents/carers that a member of staff will administer medicine to their child.

- 8.5 (For Early Years Settings) This setting will keep written records of all medicines administered to children, and make sure that parents/carers sign the record book to acknowledge the entry. (All Early Years settings must do this as a legal requirement). Other settings covered by Local Authority insurance must do this as a requirement of insurance cover. These records safeguard staff and provide proof that they have followed agreed procedures.
- 8.6 Although there is no similar legal requirement for schools to keep records of medicines given to pupils, and the staff involved, it is good practice to do so. Records safeguard staff and provide proof that they have followed agreed procedures. For this purpose it is the Council and this school's/setting's policy and our insurer's expectation that Sheffield schools/settings will keep a log of medicines administered. Some schools keep a logbook for this. However, Forms 5 and 6 also provide suitable example record sheets.

9. Safe storage of medicines

- 9.1 The school/setting will only store supervise and administer medicine that has been prescribed for an individual child unless written consent to administer a non-prescribed medicine has been given by the parent/carer or by the individual acting in loco parentis.
- 9.2 Medicines will be stored securely and strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.
- 9.3 Staff will check that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, and the expiry date. School/setting

staff must not alter or add to the label. Medicines that do not comply with these requirements will be returned to the parent/carer.

- 9.4 Where a child needs two or more prescribed medicines, each will require a written consent and be provided in a separate container.
- 9.5 Non-healthcare staff will never transfer medicines from their original containers.
- 9.6 Children/young people will be informed where their own medicines are stored and how to access them.
- 9.7 All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children/young people and will not be locked away.
- 9.8 Schools will allow children/young people to carry their own inhalers. If the child is too young or immature to take personal responsibility for their inhaler, staff will make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name.
- 9.9 Other non-emergency medicines will be kept in a secure place not accessible to children/young people, unless Form 7 has been completed by the parent/carer providing permission for the child / young person to carry their own medication.
- 9.10 Some medicines need to be refrigerated. They *can* be kept in a refrigerator containing food but *must* be in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines

10. Disposal of medicines

- 10.1 Staff must not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. Return of such medicines to parents/carers will be documented.
- 10.2 Parents/carers should also collect medicines held at the end of each term. If parents/carers do not collect all medicines, they will be taken to a local pharmacy for safe disposal. This process will be documented.
- 10.3 Sharps boxes will always be used for the disposal of needles. Collection and disposal of the boxes will be arranged with Sheffield City Council.

11. Hygiene and infection control

- 11.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.
- 11.2 Staff will have access to protective disposable gloves to avoid infection or risks of cross contamination when administering medicines/lotions, in addition staff will take care when dealing with spillages of blood or other body fluids, and disposing of dressings or equipment. (Guidance on the disposal of clinical and sanitary waste is available in Code of Practice COP31 on SchoolPoint)

- 11.3 OfSTED guidance provides an extensive list of issues that early years providers should consider in making sure settings are hygienic.
- 11.4 The Education (School Premises) Regulations 1999 require every school to have a room appropriate and readily available for use for medical or dental examination and treatment and for the caring of sick or injured pupils. It **must** contain a washbasin and be reasonably near a water closet. It **must not** be teaching accommodation. If this room is used for other purposes as well as for medical accommodation, the body responsible **must** consider whether dual use is satisfactory or has unreasonable implications for its main purpose. The responsibility for providing these facilities in all maintained schools rests with the Local Authority.

12. Access to the school/setting's emergency procedures

- 12.1 As part of general risk management processes the school/setting *must* have arrangements in place for dealing with emergency situations. Where medical needs are known the care plan will document all emergency information. [This could be part of the school's first aid policy and provision. See DfE Guidance on First Aid for Schools: a good practice guide, 1998]
- 12.2 Other children/young people should know what to do in the event of an emergency, such as telling a member of staff.
- 12.3 All staff should know how to call the emergency services. Guidance on calling an ambulance is provided in Form 1. This information must be displayed in a prominent location within the school/setting.
- 12.4 All staff should also know who is responsible for carrying out emergency procedures in the event of need.
- 12.5 A member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives.
- 12.6 Health professionals are responsible for any decisions on medical treatment when parents/carers are not available.
- 12.7 Staff should never take children to hospital in their own car; it is safer to call an ambulance.
- 12.8 In remote areas a school might wish to make arrangements with a local health professional for emergency cover.
- 12.9 The national standards require early years settings to ensure that contingency arrangements are in place to cover such emergencies.
- 12.10 Individual health care plans will include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency. Those with responsibility at different times of day (e.g. lunchtime supervisor) will need to be very clear of their role.

13. Risk assessment and management procedures

- 13.1 This policy will operate within the context of the school/setting's Health and Safety Policy.
- 13.2 The school/setting will ensure that risks to the health of others are properly controlled.
- 13.3 The school/setting will provide, where necessary, individual risk assessments for pupils or groups with medical needs.
- 13.4 The school/setting will be aware of the health and safety issues relating to dangerous substances and infection.

14. Home to school travel and transport

- 14.1 The school will ensure that there is timely effective liaison with drivers and escorts providing home to school transport.
- 14.2 Prior to transport commencing, transport staff must be fully briefed about the health needs of pupils being transported. A care plan will be carried with the children and young people. Briefings to drivers and escorts will be given by a health professional, or by another appropriately informed member of staff within the school/setting.
- 14.3 There should be regular reviews of the needs of the child undertaken between the school/setting and drivers/escorts, so that everyone has up-to-date information, support and training.
- 14.4 Where pupils have complex health needs, individual health care plans (or specific essential information from the plan) should be carried on vehicles. The care plans should specify the steps to be taken to support the normal care of the children and young people, as well as the appropriate responses to emergency situations.
- 14.5 Training will be given to all relevant travel and transport staff, as per standard agreed health care protocols provided by health care professionals and Sheffield City Council standard practice. Drivers or escorts who have any concerns should raise these in the first instance with their line manager.
- 14.6 Where incidents occur these should be reported to Children Young People and Families (CYPF) Travel and Transport Service. The school/setting and NHS will share critical information with drivers/escorts and CYPF Travel and Transport Services and vice versa to ensure minimisation of risk during the journey, and develop incident management strategies as necessary.

