



Medication Policy

2021/ 22

School Vision

Laneshaw Bridge School aspires to develop ambitious, confident children with unrivalled knowledge and skills to achieve their dreams. A place where lasting memories are created; friendships are fostered and a life-long love of learning is ignited.

Introduction

Definition

Pupils' medical needs may be broadly summarised as being of two types:

- (a) Short-term, affecting their participation in school activities which they are on a course of medication.
- (b) Long-term, potentially limiting their access to education and requiring extra care and support

Context

Schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils so that they can access their full and equal entitlement to all aspects of the curriculum. In this case, individual procedures may be required.

Laneshaw Bridge Primary School is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support that pupils with medical conditions (long or short term) may need. The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. Pupils with medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act 'in loco parentis' and must ensure the safety of all pupils in their care. To this end, we reserve the right to refuse admittance to a child with an infectious disease, where there may be a risk posed to others or to the health of the child involved. This duty also extends to teachers leading activities taking place off the school site.

The prime responsibility for a child's health lies with the parent, who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child.

The school takes advice and guidance from a range of sources, including the School Nurse, based at Yarnspinners Primary Health Care, Nelson, health professionals and the child's GP in addition to the information provided by parents in the first instance. This enables us to ensure we assess and manage risk and minimise disruption to the learning of the child and others who may be affected (for example, class mates).

Our Aims

- To support pupils with medical conditions, so that they have full access to education, including physical education and educational visits
- To ensure that school staff involved in the care of children with medical needs are fully informed and adequately trained by a professional in order to administer support or prescribed medication
- To comply fully with the Equality Act 2010 for pupils who may have disabilities or special educational needs.
- To write, in association with healthcare professionals, Individual Healthcare Plans where necessary
- To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support
- To keep, monitor and review appropriate records

Unacceptable Practice

While school staff will use their professional discretion in supporting individual pupils, it is unacceptable to:

- Prevent children from accessing their medication
- Assume every child with the same condition requires the same treatment
- Ignore the views of the child or their parents / carers; ignore medical advice
- Prevent children with medical conditions accessing the full curriculum, unless specified in their Individual Healthcare plan
- Penalise children for their attendance record where this is related to a medical condition
- Prevent children from eating, drinking or taking toilet breaks where this is part of effective management of their condition
- Require parents to administer medicine where this interrupts their working day
- Require parents to accompany their child with a medical condition on a school trip as a condition of that child taking part.

Entitlement

Laneshaw Bridge Primary School provides full access to the curriculum for every child wherever possible. We believe that pupils with medical needs have equal entitlement and must receive necessary care and support so that they can take advantage of this. However, we also recognise that employees have rights in relation to supporting pupils with medical needs, as follows:

Employees may:

- Choose whether or not they wish to be involved
- Receive appropriate training
- Work to clear guidelines
- Bring to the attention of Senior Leadership any concern or matter relating to the support of pupils with a medical condition

Expectations

It is expected that:

- Parents will inform school of any medical condition which affects their child.
- Parents will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container
- Parents will ensure that medicines to be given in school are in date and clearly labelled
- Parents will co-operate in training their children to self-administer medicine if this is appropriate, and that staff members will only be involved if this is not possible
- Medical professionals involved in the care of children with medical needs will fully inform staff beforehand of the child's condition, its management and implications for the school life of that individual
- Laneshaw Bridge Primary School will ensure that, where appropriate, children are involved in discussing the management and administration of their medicines and are able to access and administer their medicine if this is part of their Individual Healthcare plan (for example, an inhaler)
- School staff will liaise as necessary with Healthcare professionals and services in order to access the most up-to-date advice about a pupil's medical needs and will seek support and training in the interests of the pupil
- Transitional arrangements both between classes and then schools as children leave will be completed in such a way that Laneshaw Bridge Primary School will ensure full disclosure of relevant medical information, Healthcare plans and support needed in good time for the child's receiving school to adequately prepare
- Individual Healthcare plans will be written, monitored and reviewed regularly and will include the views and wishes of the child and parent in addition to the advice of relevant medical professionals

Procedure

The Governing Body of Laneshaw Bridge Primary School ensures that an appropriate level of insurance is in place and reflects the level of risk presented by children with medical conditions. See Health and Safety and Employment Policies. (policy held by School Head Teacher,)

Types of Medicines

Prescribed Medicines

Parents are responsible for supplying the setting with adequate information regarding their child's condition and medication. This information must be in writing, signed and current so that procedures for each individual child or young person's medication are known. The information should be updated annually at an agreed time, or earlier, if medication is altered by the child's GP or Consultant.

All items of medication should be delivered directly to the setting by parents/carers or escorts employed by the Authority. It is the parent's responsibility to inform the school in writing when the medication or the dosage is changed or no longer required. After the first receipt of medication at school, additional medication of the same may continue to be accepted without further notice, but any changes to the prescribed medication or a change in medication, must be notified in writing to the school. 'As required' medication, for example, inhalers, will only be accepted if the above procedures have been followed. A record will be maintained by school of all medication administered to a child or young person.

Each item of medication must be delivered to the school office in a secure and labelled container as originally dispensed. It may be appropriate for the GP to prescribe a separate amount of medication for the settings use, for instance – inhalers or epi-pens. Items of medication in unlabelled containers will not be accepted by the school and returned to the parent. Laneshaw Bridge Primary School will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

Medicines should only be taken to school when essential; that is where it would be detrimental to a child or young person's health if the medicine were not administered during the settings 'day'.

Whilst at Laneshaw Bridge Primary School we are open to always supporting parents with the administration of medicines during school hours, it is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside the setting's hours. Parents are able to ask the prescriber about

this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after attending the setting and at bedtime.

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

Prescribers 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 the setting's hours. Prescribers consider providing two prescriptions, where appropriate and practicable, for a child or young person's medicine: one for home and one for use in the setting, avoiding the need for repackaging or re-labelling of medicines by parents. Medication should never be accepted if it has been repackaged or relabelled by parents.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations (see Legal Framework). Some may be prescribed as medication for use by children and young people.

Once appropriate information and training has been received, any member of staff may administer a controlled drug to the child or young person for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions and maintain records in line with Laneshaw Bridge Primary School's record keeping procedures (detailed within this policy).

If a child or young person has been prescribed a controlled drug, they may legally have it in their possession when agreed by both school and parents in written consent. In all other circumstances any prescribed controlled drugs will be stored in safe custody. Children and young people can access them for self-medication if it is agreed that it is appropriate via written consent. Staff at Laneshaw Bridge Primary School will keep controlled drugs in a locked non-portable container and only named staff should have access. Records of all permission forms are kept for audit and safety purposes. A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, Laneshaw Bridge Primary School will ensure that it is returned to the dispensing pharmacist (details should be on the label).

Misuse of a controlled drug, such as passing it to another child or young person for use, is an offence. For this purpose, all administration of controlled drugs is recorded in the same procedures for the administration of all medicines, as detailed within this policy.

Non-Prescription Medicines

At Laneshaw Bridge Primary School we agree to administer non-prescribed medication under the following conditions:

- The child is fit to be at school
- All feasible effort has been made by the parent to obtain the medicine via prescription first;
- All feasible effort has been made by the parent to manage administration times around school times, ie, if the dose is to be given three times per day these could be given before school, after school and before bedtime.
- Written consent is given by the child or young person's parent/carer;
- The child or young person's name is on the medicine container;
- Prescribed dose is clearly stated on the permission form;
- Expiry date is checked;
- Written instructions provided by the parent on the label or container and within the permission form.

Staff at Laneshaw Bridge Primary School will never administer non-prescribed medication to a child unless specific prior written permission is given from the parents. If regular occurrence appears from the administration of non-prescribed medication, Laneshaw Bridge Primary School reserve the right to deny administration until a medical professional's opinion is sought. Staff will then meet with parents to advise referring the matter to the child's GP or seek advice from our school nurse based at Yarnspencers Primary Health Care, Nelson.

All administration of medication will be recorded as detailed within this policy, see appendix 4, and records held until the child's 25th birthday, at which point they will be destroyed.

Long-Term Medical Needs

The parent is responsible for supplying Laneshaw Bridge Primary School with adequate information regarding their child's condition and medication. This information must be in writing, signed and current so that procedures for each individual child and young person's condition and medication are known. The information is updated annually at the end of the school year or earlier if medication is altered by the GP or Consultant. Parents are asked to provide updated medical needs forms for our records, where necessary.

At Laneshaw Bridge Primary School we value that it is important to have sufficient information about the medical condition of any child or young person with long-term medical needs. As a school we recognise that if a child or young person's medical

needs are inadequately supported, this may have a significant impact on their experiences and the way they function in a setting.

This can include:

- A direct impact: the condition may affect cognitive or physical abilities, behaviour or emotional state.
- Some medicines may also affect learning, leading to poor concentration or difficulties in remembering.
- An indirect impact: perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs (SEN) Code of Practice 0-25 September 2014 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child or young person's educational needs, rather than a medical diagnosis, which must be considered. Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN code of practice.

At Laneshaw Bridge Primary School, we would need to know about any particular needs before a child or young person is admitted, or when they first develop a medical need. For children and young people who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children and young people, involving the parents and relevant health professionals. (Please see details on Health Care Plans within this policy.)

A Child's Health Care Plan (HCP) can include: details of a child or young person's condition, special requirement eg dietary needs, pre-activity precautions and any side effects of the medicines, what constitutes an emergency, what action to take in an emergency, what not to do in the event of an emergency, who to contact in an emergency, the role the staff can play.

Appendix 6 shows Laneshaw Bridge Primary School's blank health care plan.

Administering Medicines

Staff Administration

At Laneshaw Bridge Primary School we understand and our accepted practice is that, no child or young person under should be given medicines without their parent's written consent. Medicines to be given during the school day must be in their original container. Controlled drugs can also be administered, subject to all other conditions as described in the Policy. Any member of staff giving medicines to a child or young person should check:

- The child or young person's name on the medicine container;
- Prescribed dose;
- Expiry date
- Written instructions provided by the prescriber on the label or container and within the medication packaging.

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 or young person, the issue should be discussed with the parent, if appropriate, or with the appropriate health professional / school nurse.

At Laneshaw Bridge Primary School all staff complete and sign a record each time they give medicine to a child or young person.

Essential medicines will be administered on Educational Visits, subject to the conditions above. A risk assessment may be needed before the visit takes place. Staff supervising the visit will be responsible for safe storage and administration of the medicine during the visit.

Self-Management

At Laneshaw Bridge Primary School we identify that it is good practice to support and encourage children and young people, who are able, to take responsibility to manage their own medicines from a relatively early age. The age at which they are ready to take care of, and be responsible for their own medicines would vary. As children grow and develop they should be encouraged to participate in decisions about their medicines. These medicines could include – inhalers.

It is advised that older children with a long-term illness should, whenever possible, assume complete

responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. 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 or young person of any age to self-manage. Health professionals need to assess, with parents and children and young people, the appropriate time to make this transition. If a child or young person can take their medicines themselves, staff may only need to supervise. This must be reported to the school by parents in written consent on their 'Administration of Prescribed Medication Form'. The decision for a child or young person to carry and administer (where appropriate) their own medicines, will be a joint discussion between the parents and school. This discussion will bear in mind the safety of other children and young people and medical advice from the prescriber, in respect of the individual child or young person. Where children and young people have been prescribed controlled drugs, all staff are aware that these should be kept in safe custody – each class has an agreed area and storage box for this purpose. However, children and young people could access them for self-medication if it is agreed that it is appropriate.

Refusing Medicines

At Laneshaw Bridge Primary School, if a child or young person refuses to take medicine, all staff will not force them to do so, but note this in the records and follow agreed procedures;

- Consult the child's individual health care plan.
- Inform the class teacher
- Record on medical administration record form
- Inform parents immediately
- Inform health care professionals, where appropriate.

If a refusal to take medicines results in an emergency, the setting's emergency procedures should be followed as written down in the child or young person's care plan.

Record Keeping

Parents should tell the Laneshaw Bridge Primary School about the medicines that their child needs to take in writing on the school's 'Administration of Prescribed Medicines Form' (Appendix 3) and provide details of any changes to the prescription or the support required. However, at Laneshaw Bridge, staff then make sure that this information is the same as that provided by the prescriber.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- Name of child or young person;
- Name of medicine;
- Dose;
- Method of administration;
- Time/frequency of administration;
- Expiry date;
- Date of dispensing.

Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container. At Laneshaw Bridge staff must always complete and maintain records of any medicine administered to children. This includes self-administration. These records are kept within the child's individual class or in the school office for medicines which need to be stored in a fridge. These records are then stored centrally by the school until the child's 25th birthday. Please see Appendix 4 for our Internal Record of Administration of Medicines.

Educational Visits

At Laneshaw Bridge Primary School we value that it is essential when planning an educational visit, that we demonstrate we have taken all reasonable steps and undertaken reasonable adjustments to try and ensure that the visit is accessible to children and young people with disabilities and/or medical needs.

The school also ensures that when included in an outdoor visit, a child or young person is not put at a substantial disadvantage. These factors may include: the time and effort that might need to be expended by a disabled/medical needs child; the inconvenience, indignity or discomfort a disabled/medical needs child might suffer; the loss of opportunity or the diminished progress that a disabled/medical needs child may make in comparison with his or her peers who are not disabled or have medical needs.

Lancashire County Council has in place an Educational Visits Policy and Guidelines which was written to comply with Health and Safety at Work law. The document, the accompanying Forms and Appendices, sets out the safety policy for off-site

Educational Visits, participation in adventurous outdoor activities, and the arrangements for the implementation of the Policy.

All schools/services have received hard copies of the Policy and Guidelines but the most up to date version is available on the website:

<https://lccsecure.lancashire.gov.uk/education/data/edintact/>

The legal responsibilities of Governing Bodies for Voluntary Aided and Foundation Schools are set out in the DfES document 'Health and Safety: Responsibilities and Powers'

In respect of individual cases where there are concerns, Laneshaw Bridge Primary School seeks advice from the technical advisers (details below). However:

- Laneshaw Bridge will discuss the proposed visit and planning process with the parents and (wherever possible) the child or young person as early as possible;
- The risk assessment will cover the specific issues of the child or young person. Reasonable adjustments should be made and alternative activities may need to be considered. If it is a Type B visit, the Form 1B
- (Application to the Authority for Approval) and Form 5 (Risk Assessment) should clearly show that the child(ren) have been fully considered in the planning process and that any necessary reasonable adjustments have been made;
- The staff and volunteers on the visit must be fully briefed and particularly if there are any adjustments to the programme for the child(ren) that have any SEN or medical needs. Staff at Laneshaw Bridge use the relevant planning forms (Form 2A for Type A visits and Form 2B for Type B visits);
- Advice about activities or venues can be obtained from the appropriate technical adviser (Nursery, Primary and Special Schools - 01772 532805)
- Any disputes with parents should be referred to the Legal Adviser for Schools in the County Secretary and Solicitor's Group (01772 533321).
- Lancashire Outdoor Education.

If staff are concerned whether they can provide for a child or young person's safety, or the safety of other children and young people on a visit, they should seek parent views and medical advice from the School Health Service or the child or young person's GP. See DfES guidance on planning educational visits.

The National standards for under 8s day care and childminding mean that the registered person must take positive steps to promote safety on outings.

Sporting Activities

At Laneshaw Bridge Primary School we appreciate that most children and young people with medical conditions can participate in physical activities and extra-curricular sport. There is sufficient flexibility for all children and young people to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and wellbeing. Any restrictions on a child or young person's ability to participate in PE will be recorded in their individual Health Care plan. All adults are made aware of issues of privacy and dignity for children and young people with particular needs.

As a school we recognise that some children and young people 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 will consider whether risk assessments are necessary for some children and young people, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Home to School Transport

Lancashire County Council arranges home to school transport where legally required to do so. It must make sure that children and young people are safe during the journey. Most children and young people with medical needs do not require supervision on school transport, but should provide appropriate trained escorts should they consider it necessary. Guidance should be sought from the child or young person's GP or paediatrician. Drivers and escorts should know what to do in the case of a medical emergency. They should never administer medication; however, some passenger assistants may have been specially trained to clear tracheotomy tubes.

Drivers and passenger assistants should fully understand what procedures and protocols to follow and they should be clear about their roles, responsibilities and liabilities.

Where children and young people have life threatening conditions, specific Health Care Plans should be carried on vehicles. Laneshaw Bridge Primary School will advise the County Council and its transport contractors of particular issues for individual children. Individual transport Health Care Plans will need input from parents and the responsible medical practitioner for the child concerned. The Care Plans should specify the steps to be taken to support the normal care of the child as well as the appropriate responses to emergency situations. All drivers and escorts should have basic first aid training. Additionally, trained escorts may be required to support some

children and young people with complex medical needs. These can be healthcare professionals or escorts trained by them.

Some children and young people are at risk of severe allergic reactions. Risks can be minimised by not allowing anyone to eat on vehicles. As noted above, all escorts should have basic first aid training and should be trained in the use of an adrenaline pen for emergencies where appropriate.

Sharing Information with Staff

Children with serious medical conditions will have their photo and brief description of condition, along with any other necessary information, in the staffroom, cupboard and in the school kitchen. Children with medical conditions which may require emergency attention, e.g. epilepsy, diabetes, will have their names and an Individual Healthcare Plan clearly accessible in their classroom, and all adults dealing with the child will have their attention drawn to this information. All other medical conditions will be noted from children's BROMCOM records and this information will be provided to class teachers annually.

In An Emergency

As part of general risk management processes Laneshaw Bridge Primary School has procedures when in case of an emergency and these can be found within the First Aid Policy which is available on request from the school office.

All children and young people are made aware of what to do in the event of an emergency, such as telling a member of staff. All staff are aware of how to call the emergency services. Guidance on calling an ambulance is provided. All staff who have the responsibility for carrying out emergency procedures in the event of need but only a trained first aider can administer emergency care where needed. A member of staff will always accompany a child or young person taken to hospital by ambulance, and will stay until the parent arrives. At hospital it is the health professionals who are responsible for any decisions on medical treatment when parents are not available.

Staff are aware that they should never take children to hospital in their own car; it is safer to call an ambulance. In line with the National standards which require early years settings to ensure that contingency arrangements are in place to cover such emergencies, a child may be taken to the hospital in a member of staff's car provided all means of acquiring emergency service help has been required or it is

deemed that awaiting emergency care could delay treatment ie, when the child is close to the hospital location.

At Laneshaw Bridge Primary School, all 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, for example if there is an incident in the playground a lunchtime supervisor would need to be very clear of their role. In a medical emergency, teachers have been appropriately trained to administer emergency paediatric first aid if necessary. If possible, the school's Paediatric First Aiders will be asked to attend, see appendix 6

If an ambulance needs to be called, staff will:

- Outline the full condition and how it occurred
- Give details regarding the child's date of birth, address, parents' names and any known medical conditions.
- Inform parents at the earliest convenience without endangering the care to the child.
- Request support from another member of staff.

Children will be accompanied to hospital by a member of staff if this is deemed appropriate. Staff cars should not be used for this purpose. Parents must always be called in a medical emergency, but do not need to be present for a child to be taken to hospital.

Safety Management

At Laneshaw Bridge Primary School we recognise that all medicines may be harmful to anyone for whom they are not appropriate. Where the school agrees to administer any medicines the school must ensure that the risks to the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH). Staff are advised to seek advice from the headteacher, health professionals and refer to COSHH when they are unsure.

Storing Medicines

Criteria under the 'National standards for under 8s day care' require medicines to be stored in their original containers, clearly labelled and inaccessible to children.

All medicines will be stored safely in a secure location in the office.

Medicines needing refrigeration will be stored in the medicine fridge and records of these are kept in the school office. Some medicines, when agreed by school and parents via written consent, (inhalers, etc) will be kept in the child's classroom and carried with the children, for ease of access during outside activities. All medicines must be clearly labelled.

Controlled drugs or prescribed medicines will be kept in the locked cabinet in the office. Access to these medicines is restricted to the named persons on the permission form. Epi-pens are kept in the office. In the case of epi-pens all staff have access and are aware of where they are stored.

Staff will record any doses of medicines given in the Medicine Administration Record. Children self-administering asthma inhalers do not need to be recorded.

Inhalers are kept in the child's classroom. Children have access to these inhalers at all times, though must inform a member of staff that they are taking a dose. All inhalers are marked with the child's name. All children with an inhaler must take them on educational visits, however short in duration.

Epi-pen – Any trained member of staff can administer an epi-pen in an emergency. If any staff training is required this can be arranged relatively quickly via the school nurse. All inhalers are marked with the child's name. All children with an epi-pen must take them on educational visits, however short in duration.

Some medicines need to be refrigerated and these will be stored in the fridge located in the office.. There should be restricted access to a refrigerator holding medicines.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal. Sharps boxes should always be used for the disposal of needles where necessary. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with either Lancashire County Council's Environmental Services or the PCT; alternative arrangements can also be made with private contractors if necessary. Where parents do not collect medicines and it is not feasible to give them back staff will ensure that they are taken to the dispensing pharmacy.

Hygiene and Infection Control

All staff at Laneshaw Bridge Primary School should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff 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. At Laneshaw Bridge Primary School protective disposable gloves must be worn at all times when dealing with any blood, bodily fluids or spillages.

Ofsted guidance provides an extensive list of issues that early years providers should consider in making sure settings are hygienic.

Any bodily fluids must be disposed of in a sealed yellow biohazard disposal bag and then placed in the bodily fluids biohazard bin located in the disabled toilets.

Developing a Health Care Plan

Purpose of a Health Care Plan

For ease of reading throughout the document the generic term "setting(s)" will be used to describe any of the above provision for Children and Young People. The lead adult with overall responsibility in such a setting will be referred to the 'Lead Adult'. Where the term 'Parents' is used it should be taken as defined in Section 576 of the Education Act 1996, to include any person who is not a parent of a child but has parental responsibility for or care of a child.

The main purpose of an individual Health Care Plan for a child or young person with medical needs is to identify the level of support that is needed. Not all children and young people who have medical needs will require an individual plan; a written agreement with parents may be all that is necessary.

An individual Health Care Plan clarifies for staff, parents and the child or young person the help that can be provided. It is important for staff to be guided by the child or young person's GP, paediatrician, or other appropriate health professional. Staff will agree with parents and the appropriate health professional, 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 or young person's particular needs; some would need reviewing more frequently.

Staff will judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition.

Developing a Health Care Plan should not be onerous, although each plan will contain different levels of detail according to the need of the individual child or young person.

In addition to input from 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 plan include:

- The Lead Adult;
- The parent;
- The child or young person (if appropriate);
- Early Years Practitioner, class teacher (primary schools), form tutor, head of year, learning mentors;
- Care assistant or support staff;
- Staff who are trained to administer medicines;
- Staff who are trained in emergency procedures.

Co-ordinating Information When Children Move Settings

Laneshaw Bridge Primary School will ensure the co-ordinating and sharing of information on an individual child or young person with medical needs. Mark Harrison and Kate Richards will decide which member of staff has specific responsibility for this role in each case. This person can be a first contact for parents and staff, and liaise with external agencies. Staff who may need to deal with an emergency will need to know about a child or young person's medical needs. The Lead Adult should make sure that supply staff know about any medical needs. When transferring information to a new setting Laneshaw Bridge Primary School will retain a copy on record until the child's 25th birthday, at which point the record will be destroyed. Any transfer of information will be handled confidentially and signature of receipt will be obtained and kept on record until the child's 25th birthday, at which point the record will be destroyed.

Staff Training

A Health Care 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 or young person with medical needs, Laneshaw Bridge Primary School will arrange appropriate training in collaboration with the appropriate health service such as the community paediatrician, school nurse, health visitor, or other appropriately trained

health professional. They will also be able to advise on further training needs. In every area there will be access to training, in accordance with the provisions of the National Service Framework for Children, Young People and Maternity Services, by health professionals for all conditions and to all settings.

Confidentiality

Staff always treat medical information confidentially. All records kept are kept individually within each child's individual file within the Headteacher's office which only staff and individual parents have access to. Medicine administration records are kept in a secure location within the office for medicines needed to be kept in a fridge. All records are also kept centrally by the school up until the child's 25th birthday at which time they are destroyed.

Complaints

Should parents be unhappy with any aspect of their child's care at Laneshaw Bridge Primary School, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be managed. If this does not resolve the problem or allay concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parents must make a formal complaint using the Laneshaw Bridge Primary School Complaints Procedure.

The Governing Body

Governing Bodies are responsible for setting the strategic direction of the school. This includes the establishment, monitoring and evaluation of policies. All schools should have a policy for medicines.

The Governing Body is responsible for ensuring that the school is meeting statutory requirements. The Governors and Headteacher are responsible for the school's policy and approach to meeting students' medical needs and administration of medicines.