



Little Disciples Out of School Club

Managing Medical Conditions or Needs and Medication

1. **Aims of guidance**

- To promote the inclusion and participation of all children
- To help all children to achieve and to make progress, whatever their medical condition or need

-To safeguard children's health and safety by ensuring that prescribed medicines are handled responsibly and safely.

2. **Purpose of guidance**

- To provide settings*, with advice on managing medication and children with medical conditions or needs that is consistent with national guidance (DfES/DoH 2005), other relevant national guidance and legislation, and with local policy
- To assist settings on the development of procedures for managing medicines
- To provide information on common medical conditions and their effect and how they can be managed and
- To provide information regarding food management for children with food allergies/intolerances.

3. **Who the guidance is for:**

- Child care providers
- Early years settings
- Young People's Service
- Residential care homes
- Schools.

4. **Who is affected by the guidance?**

- Children with medical conditions or needs and their parents or carers
- All staff and volunteers working with children with medical needs.

5. **Why guidance is needed:**

Almost all children at some time will have a medical condition or need that affects their attendance or ability to take part in play, attend childcare, school or take part in extra curricular activities.

*The term settings used in this document refers to registered settings, young people's services (e.g. youth clubs and play schemes) residential settings and schools.

A medical condition or need may be

- short term (such as finishing a course of medication)
- acute (such as an allergic reaction)
- recurrent (such as recurrent asthma or epilepsy)
- long term and persistent (such as conditions experienced by children with complex medical needs).

Any of these instances must be managed so that each child's access to a learning, social and caring environment is safeguarded, no child is discriminated against on the basis of disability caused by a medical condition or need and medicines are managed and administered safely.

Most children with a long term medical condition or need can, with support, take part in many activities.

6. Minimum requirements for managing medicines

Each setting must have its own policies and procedures which cover and include the following:

- Health and Safety
- Medical needs.

7. Rights and Responsibilities

7.1 Children

- Children with medical needs have the same right of admission to a setting as other children
- Children with medical needs have the same rights as other children to join in the activities and routines of the setting, which should make reasonable adjustments (where possible) that allow them to do so
- Children have the right for their medical details to be kept confidential and information should be shared only on a need to know basis. For children with life-threatening medical conditions or needs, this information will need to be shared with all staff. Care should be taken to ensure information is not displayed on notice boards in common areas such as reception
- Where children and young people are able to take responsibility for administering their medication themselves, they should be encouraged and trained to do so.

7.2 Parents/Carers

- Parents/carers have prime responsibility for their children's health and for providing information about any medical condition or need
- Children should be kept at home if they are unwell
- Parents or carers should administer medicines wherever possible, e.g. by arranging for medicines or dosages that can be given outside attendance at the setting
- Where information about a medical condition is shared, it should be with the recorded consent of the parents/carers and if possible the child (where appropriate)
- Parental consent for the administration of prescribed medicines by the setting should be given in writing
- Parents or carers should deliver prescribed medicines personally in the original container with clear written dosage instructions. If a child brings in medication, the parent should be contacted and the appropriate arrangements put in place
- Parents/carers are responsible for restocking and disposing of medicines

- Parents or carers should not expect the setting to administer non prescribed medicines, although many will assist where they can.

An information leaflet for parents is available from school (Supporting Children with Medical Conditions or Needs - Information for Parents).

1.3 Childcare settings

- Settings should have a clear policy on managing medication and acute long term medical conditions or needs together with clear procedures understood and accepted by staff, parents and children. It must be drawn to the attention of staff and parents
- Policy and procedures should cover all aspects which may include offsite visits, social sporting and educational/ learning activities as well as the physical environmental, transport and catering
- The law does not specifically require staff to administer medicines but anyone caring for children such as teachers, youth workers and childminders have a common law duty of care to act like any reasonable parent which in exceptional circumstances could extend to administering medicine and or taking emergency action, within the context of the settings written policy. (It may be appropriate to include this responsibility in the job description when staff are specifically employed to support children with complex medical conditions or needs)
- Any member of staff administering medicine where appropriate should be trained to administer that medicine and should be supported by health professionals where needed
- Settings should seek and receive advice and training from health professionals where children have long term or complex needs
- A healthcare plan, to which parents, health professionals and setting staff have contributed is available for each child with medical needs.

1.4 Access to education and associated services

- The Special Educational Needs (SEN) and Disability Act 2001 (SEND), by amending the Education Act 1996, reinforced the right of pupils with SEN to be educated in mainstream schools unless it is incompatible with the wishes of the pupil's parent, or with the provision of efficient education for other children. The expectation is that all pupils with SEN but without a Statement of SEN will be educated in mainstream schools, as will many pupils with Statements. Therefore, the implication is that mainstream schools will be making provision for pupils with a wide variety of needs, which might include pupils requiring medication on a long or short term basis
- The SEN and Disability Act 2001 also amended the Disability Discrimination Act (DDA) 1995 to make sure that pupils and students who are disabled can access school and further and higher education. Disabled pupils cannot be treated less favourably, without justification, for a reason relating to their disability. The expectation is that schools will make reasonable adjustments to ensure access and this should include arrangements about the administration of medication. The LA has also put in place a capital programme of physical building adjustments
- Early years settings not constituted as schools, including childminders and other private, voluntary and statutory provision are covered by part 3 of the DDA. Like schools, early years settings should be making reasonable adjustments for disabled children including those with medical needs. However, unlike schools, reasonable adjustments will include alterations to the physical environment as they are not covered by the Part 4 planning duties.

8. Managing Risk

- Risk assessment and management procedures must be clearly understood by all

- The Headteacher/Manager or Registered Person of the setting is responsible for decisions regarding the administration of medicines and for assessing and managing risk
- Staff should be appropriately trained and should follow the directions of health practitioners
- All medicines should be stored in the containers in which they were dispensed
- Staff should never force children to take medicines. If children refuse to take medicines this should be recorded and parents informed and action taken as agreed in the healthcare plan
- Medication should only be administered in accordance with the settings written policies and procedures.
- The Headteacher/Manager or registered person of the setting should make sure all members of staff are aware of the policy for managing medicines.

For Settings* Covered by Council Insurance

If liability (loss, claims, civil action) arise as a result of the administration of medicines by a member of staff the Council as employer/responsiblebody will indemnify the member of staff providing the following conditions apply:

- The member of staff is an employee of the Council/Aided School
- The medication is administered during the course of employment with the Council/Aided School
- The member of staff has followed the childcare settings policy and procedure, the child's health care plan, and directions received in training.

9. Checklist for Settings policy for managing medicines

The Settings written policy should:

- Support the ChYPS medical conditions policy statement and policy framework
- Set out roles and responsibilities so that all are clear of what is expected of them
- Clarify who has overall responsibility (Head/Manager or registered person) and who has delegated responsibility in their absence
- Appoint a named person(s) who is responsible for supporting children with medical needs and managing any stored medication on site
- State who is authorised, contracted, named and trained within the child-care provider to administer medicines
- Clarify arrangements for off site visits and journeys
- Clarify training available and how health professionals will support this
- State how information will be provided for and to parents
- State how parental consent will be recorded
- State arrangements for safe storage of medicines, including controlled substances and emergency access arrangements
- If controlled drugs are to be administered, the setting manager should make provision for controlled drug registers, in accordance with advice from health professionals
- Include records of drug administration
- State arrangements for children's health care plan
- State where records and plans are kept
- Read the LA guidance on dealing with medication safely
- Review the policy and arrangements regularly.

10. Healthcare Plans

- If children have on-going medical needs they should have a healthcare plan
- Parents, health professionals and the setting staff should contribute to the plan

- Children should be encouraged to take as much responsibility as they can. If they can carry or administer their own medication, the healthcare plan should set out the circumstances in which they may do so and how this will be monitored or supervised
- The plan should include arrangements for all activities where arrangements need to be put in place to ensure the well-being of the child e.g. Transport arranged by the setting or the Council, off site visits, provision of meals, curricular activities etc
- More information on healthcare plans and a template healthcare plan is available in later in the document (Information on Completing a Healthcare Plan and Healthcare Plan Template).
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11. **Emergencies**

- For children who may need emergency medication or treatment (e.g. for a severe allergy) the arrangements for dealing with this should be set out in their Health Care Plan and communicated to all relevant staff
- The setting should have clear written procedures understood by all for dealing with other medical emergencies e.g. those caused by accident or injury.

12. **Other sources of Information**

- Each setting policy contains information where further information and support can be obtained.

This policy was adopted by: Little Disciples OSC	Date: April 2016
To be reviewed: January 2017	Signed: <i>(Club Manager)</i>