

# St Monica's Catholic Primary School

## **Policy For Supporting Pupils At School With Medical Conditions**

(this incorporates our former policy on the administration of medication and medical care)

Status	Statutory
Policy Written by	A Norman
Date reviewed by Safeguarding Governor and HT:	July 18
Review cycle	3 years
Date of next review	Summer 21

This policy should be read in conjunction with DFE Statutory Guidance Supporting Pupils At School With Medical Conditions Dec 15

This guidance supersedes other guidance produced to date.

The policy is in line with the Education Act 1993, Special Needs Code of Practice 0-25 (2014) and the Equality Act (2010).

This policy does not cover the needs of those children with a short term illness.

### **Introduction**

The school staff and Governors recognise their statutory responsibility to promote good attendance and ensure that all children with a medical condition have full access to education, including school trips and physical education. We recognise our responsibility to support these children through consultation with the children, their parents and health and social care professionals.

This policy should be read alongside the the Equality Policy and the Special Educational Needs and Disability Policy and sets out how the school will plan to ensure that all children who require the administration of medication or medical care, will be supported. This may include monitoring, emergency interventions, delivering programmes agreed with relevant health professionals and the parents, and re-integrating children following a long term illness or hospitalisation.

Some of these children may have an Education Health Care (EHC) Plan which brings together health and social care needs as well as their special educational provision.

We are aware that there may be social and emotional implications (e.g. anxiety, depression) associated with medical conditions and we will seek to mitigate against these and support the child's emotional well being.

### **Children with Short Term Illness**

This policy does not relate to those children who have a short term illness. Those children who are ill should be at home until they are well enough to attend school. If a health care professional considers that they are well enough to attend school but require prescribed medication, parents should ascertain whether dosages could be prescribed outside the school day. Where this is not possible then they should designate someone to come to school to administer the prescribed medicine or request that the school undertakes this. Parents should not send children to school with medication for self-administration.

### **Children with Medical Conditions** **Responsibilities**

School will work with parents, children and health care professionals so that everyone is clear about their responsibilities in order to support the child.

*Staff have a common law duty of care to children in the school. They are in 'loco-parentis' and should therefore take the steps that a reasonable parent*

*would take to promote or maintain the health of a child in their care and this might, in exceptional circumstances, extend to administering medicine and/or taking action in an emergency.*

**Governors will:**

- Ensure that arrangements are in place to support children with medical conditions.
- Ensure that such children can access and enjoy the same opportunities at school as any other child.
- Ensure that no child is denied admission to the school on the grounds of their medical condition.
- Ensure this policy is up to date and compliant with relevant legislation and guidance.
- Ensure that staff training needs are identified and appropriate training sourced.
- Be aware that giving medication does **not** form part of the contractual duties of school staff.

**Head Teacher and SENDCo will:**

**The named person with responsibility for implementing this policy is Miss Clare Williams, the SENDCo**

- Consider the needs of each individual child (including those with mental health issues as well as medical conditions) and consider how their medical condition impacts on their school life – on both their ability to learn as well as their self-confidence and self-care.
- Ensure that risk assessments are carried out where necessary.
- Ensure staff administering medication are subject to an enhanced Disclosure and Barring Service (DBS) check.
- Ensure that medical needs of children are correctly planned and policy and procedures followed.
- Consult fully with parents and, if appropriate, the child, about any plans for the child.
- Agree with the parents/carers, exactly how the school will support the child. (Use pro- forma 3).
- Ensure that the relevant plans are completed (EHC Plan or Individual Health Care Plan) and regularly reviewed - **at least annually**.
- Seek further advice when required from the professionals involved in the child's care.
- Identify at least two members of staff (one for actual, one for back up) who will be responsible for administering medication and ensure they are supported and provided with training. (Use pro-forma 6). These persons should be named in an Individual Health Care Plan **or EHC Plan**. (Use pro-forma 3).
- Ensure they carry out their safeguarding duty towards other children and staff by not putting them at risk from infectious diseases. This may include not

accepting a child in school at times when it would be detrimental to the health of others.

- Ensure that in times of staff absence the needs of the pupil are still met.
- Ensure that supply teachers and after school club providers are aware of the child's needs.
- Ensure that children transported to school by taxi, mini-bus or bus, have a statement in their Individual Health Care Plan or EHC Plan which details how medication will be delivered to school.
- Complete risk assessments for school visits.
- Ensure that parents are aware of this policy and put it on the school website.
- Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.
- Ensure that children are not penalised for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs

#### **School Staff will:**

- Seek information to understand the nature of the condition and where the child may need extra attention and support.
- Establish and agree their role in the child's care especially where this requires them to administer medication.
- Be aware of the likelihood of an emergency arising and know what action to take should one occur (this applies to all staff - including temporary staff).
- Ensure that each and every intermittent or regular medication given is in accordance with the policy and procedures set out.
- Attend appropriate training.
- Staff involved in sporting activities will be made aware of any relevant medical conditions and appropriate medical procedures. Any restrictions on a child's ability to participate will be recorded on their Individual Health Care Plan.
- Contribute to the writing of any EHC Plans or Individual Health Care Plans.
- Contribute to any review meetings in relation to the child.
- Liaise with parents to ensure that the views of the parent and child are taken into account when deciding actions.
- Ensure that a child who is ill is always accompanied when being sent to the school office.

#### **Parents will:**

- Take responsibility for making sure that whenever possible the child will attend school and take part in all learning activities. This includes group, class-based activities, organised trips and visits.

- Ensure school has contact numbers and arrangements are in place should their child become unwell.
- Meet with school staff to ensure the correct procedures are followed.
- Request, in writing, that medicines be administered.
- Provide the Special Educational Needs and Disability Co-ordinator (SENDCo) or the Head Teacher with sufficient information about their child's medical condition and the medication and treatment or special care needed. (Use pro-forma 1).
- Reach an agreement with the SENDCo or the Head Teacher and, if necessary, health professionals on the school's role in helping with their child's medical needs. (Use pro-forma 2).
- Ascertain whether prescribed medication can be taken outside the school day. Parents should ask the health care professional about this.
- Confirm their agreement to the sharing of information with other staff to ensure the best care for their child.
- Be aware of those infectious diseases which should result in not sending their child to school.
- Be aware that there is no contractual obligation for school staff to administer medication.
- **Be aware that if they are dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.**

### **Induction and Transition**

On receiving notification that a child with a medical condition is joining the school, the school staff will meet with parents and any other previous settings to establish the child's needs and begin to plan for their induction. This will include working with health care professionals and establishing with Governors any resource implications (both human and material) for the child's successful integration.

Where a child is arriving mid academic year then the school will make the best endeavours to try to complete this within two weeks.

On transition to another setting the school will liaise closely with parents and that setting to ensure the smooth transition of the child.

### **Non-prescribed medication**

- Staff will **never** give a non-prescribed medicine to a child unless there is specific, prior written permission from the parents. Where the head agrees to the administration of a non-prescribed medicine, it must be in accordance with procedures outlined in this policy.
- No child under 16 will be given medication without his or her parents/carers written consent. A pupil under 16 will never be given aspirin or medicines containing ibuprofen, unless prescribed by a doctor.

- If a child suffers intermittently from acute pain, such as migraine or period pain, the parents/carers with **school consent**, may authorise the supply of appropriate painkillers for their child's use with written, signed instructions about when the child should take the medicine. A similar arrangement can be made for children with hayfever. A member of staff **must** be aware that the child has taken medication, record it and must inform the parents/carers, in writing, on the day painkillers are taken.
- If a child suffers regularly from frequent or acute pain, the parents will be encouraged to refer the matter to the child's GP.

### **Self management**

- It is good practice to enable children to manage their own medication. If a child can take medication him or herself, staff will supervise this. The medication will be stored in a safe place.
- Children with asthma will be encouraged to self-medicate and inhalers will be kept in the class medical box.

### **Intimate or Invasive Treatment**

- Some staff are understandably reluctant to administer intimate or invasive treatment because of the nature of the treatment or fears about accusations of abuse.
- Parents and head teachers will respect such concerns and should not put any pressure on staff to assist treatment, unless they are entirely willing.
- Each school has a school health adviser and other health professionals who can be approached for advice.
- The head teacher and Governing Body will arrange for appropriate training for staff with the appropriate health professional.
- The school should arrange for two adults, preferably one of the same gender as the child, to be present for the administration of intimate or invasive treatment. Two adults will also often ease practical administration of treatment. (Use proforma 7).
- Staff should protect the dignity of the child as far as possible, even in emergencies.

### **Hygiene and Infection Control**

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

### **Residential and Day Visits**

- All children should participate on trips and managed outings, wherever safety permits.
- Additional staff arrangements may need to be made and, if necessary, a risk assessment carried out by school and parents.

- Staff and parents may need to make a pre-visit and discuss the child's needs with the venue.
- When getting Local Authority permission for a residential visit (using EVOLVE) the needs of the child will be recorded and the appropriate risk assessments sent as attachments.
- Arrangements for taking medication on outside trips may involve additional staff and volunteers being advised of any medical needs and relevant emergency procedures (see school trip information). The need for confidentiality will be made clear.
- A copy of the Individual Health Care Plan or EHC should be taken on visits.
- Medication will be handed to the group leader prior to departure.
- If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit, they should seek parental views, Local Authority advice and medical advice from the schools health service or the child's GP. See DFE guidance on planning educational visits.

### **Record Keeping**

Records set out how medicines are managed, recorded and administered. This establishes a clear audit trail. (Use proforma 4).

- Parents must supply information about medication that needs to be administered in the school.
- Parents should let the school know of any changes to the prescription.
- School should ensure pro-formas are used to provide clarity and consistency.
- Medical information will be recorded in SIMs (the school's data base). This is only updated for long-term illnesses or conditions.

### **Storing Medication, including Controlled Drugs**

- School will not store large volumes of medication.
- When the school stores medicines, staff will ensure that the supplied medication is labelled with:
  - ❖ the name of the child;
  - ❖ the name and dose of the medication;
  - ❖ the frequency of administration;
  - ❖ the date of issue.
- A measuring spoon or dropper must be supplied if appropriate.
- Where the child requires more than one medication, each should be separately labelled, but should be stored together in one labelled container. (Use proforma 2).
- Infrequently required medication will be kept in a locker in the accessible toilet and the key is stored nearby (except inhalers).
- Frequently required medication may be stored in the administrative office.
- Some medications need to be refrigerated. Medication can be kept in a refrigerator containing food, but should be kept in an airtight container, clearly labelled and stored in the staffroom fridge.
- The child should know where their own medication is located.

### **Controlled Drugs**

- The use of controlled drugs in school is sometimes essential. School should will controlled drugs in a locked, non-portable container, and only named staff will have access. A record will be kept for audit and safety purposes.
- Any named member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescribers instructions.
- A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.
- A controlled drug, as with all medicines, should be returned to the parent when no longer required, to arrange for safe disposal.
- Misuse of a controlled drug, such as passing it to another child for use, is a serious offence.

### **Disposal of medicines**

- Parents will collect medicines at the end of the dosage period.
- Parents/carers are responsible for the safe disposal of date expired medication (by returning to the local pharmacy or dispensing pharmacist). Expiry dates on medicines will be checked on a six weekly basis by a named member of staff.

### **Refusing Medicines**

- If a child refuses to take medicine, staff will not force them to do so, but should note this in the records and follow agreed procedures.
- Parents should be informed of the refusal on the same day.
- If a refusal to take medicine results in an emergency, the school's emergency procedures should be followed.

### **Safety Management**

- All medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer medication, the employer has a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the control of Substances Hazardous To Health Regulations. (COSHH - 2002).

### **Emergency Procedures**

- All staff must know emergency procedures, including how to call an ambulance. (see Health & Safety Policy). Instructions are next to the office telephones. There are outside lines.
- All staff must also know who is responsible for carrying out emergency procedures.
- Staff will not take children to hospitals in their own car **unless advised to by the ambulance service in which case two members of staff will attend and a vehicle covered by business use insurance should be used.** An ambulance will be called.



- Parents will be informed as quickly as possible if a child has to be transported to hospital.
- If the parent has not arrived before an ambulance leaves then a member of staff will accompany the child to hospital and stay with the child until a parent or their nominated representative arrives.
- Health professionals are responsible for any decisions on medical treatment when parents are not available. The appropriate personal information should be taken to the hospital.
- Individual Health Care Plans and EHC Plans should include instructions as to how to manage a child in an emergency and identify who has the responsibility in an emergency. (Use proforma 1).

### **Defibrilators**

- Sudden Cardiac Arrest (when the heart stops beating) can happen to anyone at any age without warning.
- Quick action through CPR and defibrillation can help save lives.
- At St. Monica's we have a defibrillator stored outside the staff room
- Use of the defibrillator is included in the 3 yearly staff basic first aid training and in the 5 day training for nominated paediatric first aiders.

### **Keeping Salbutamol Inhalers (Asthma Attack) for use in Emergencies**

- Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK. Children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them.
- From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies. The emergency salbutamol inhaler should only be used by children:
  - for whom written parental consent for use of the emergency inhaler has been given,
  - who have either been diagnosed with asthma and prescribed an inhaler,
  - or who have been prescribed an inhaler as reliever medication.
  - The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).
- Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.
- The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential therefore that schools ensure that the

inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

- Keeping an inhaler for emergency use is a discretionary power enabling schools to do this if they wish. In order to use schools should:
  - Have a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler
  - Have written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan
  - Ensure that the emergency inhaler is only used by children with asthma with written parental consent for its use
  - Ensure that appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions
  - Maintain records of use of the emergency inhaler and inform parents or carers that their child has used the emergency inhaler
  - Have at least two volunteers responsible for ensuring the protocol is followed
- Schools can buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier, provided the general advice relating to these transactions is observed. Schools can buy inhalers in small quantities provided it is done on an occasional basis and is not for profit. The supplier will need a request signed by the principal or head teacher (ideally on appropriately headed paper) stating the name of the school for which the product is required; the purpose for which that product is required, and the total quantity required.
- With regard to care of the inhaler, the two named volunteers amongst school staff should have responsibility for ensuring that:
  - On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
  - That replacement inhalers are obtained when expiry dates approach;
  - During an incident, spacers should be available for use for an individual child and must be replaced following use;
  - The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

### **Confidentiality**

- All medical information held is confidential. It should be agreed between the headteacher, child (if appropriate) and parent, who else should have access to records and information about a child.



FORM 1

Individual Health Care Plan for a child with medical needs

<b><u>Name</u></b>	<b><u>Photograph</u></b>
Date of Birth	
Condition	
Class/Form	
Name of School	Date
	Review Date
<b><u>CONTACT INFORMATION</u></b>	
<b><u>Family contact 1</u></b>	<b><u>Family contact 2</u></b>
Name	Name
Phone No. (work)	Phone No. (work)
Phone no. (home)	Phone no. (home)
Relationship	Relationship
<b><u>Clinic/hospital contact</u></b>	<b><u>G.P.</u></b>
Name	Name
Phone No.	Phone No.
Describe the condition and give details of child's individual symptoms:	



<b>Daily care requirements</b> (e.g. before sport/at lunchtime)
<b><u>Named member of staff administering medication</u></b>
1
2
<b><u>Describe what constitutes an emergency for the child, and the action to take if this occurs</u></b>
<b><u>Follow up care</u></b>
<b>Who is responsible in an Emergency</b> (state if different on off-site activities)

<b><u>Form copied to</u></b>

## FORM 2

### Request for school to administer medication

<b><u>Form for parents to complete if they wish the school to administer medication</u></b>	
The school will not give your child medicine unless you complete and sign this form, and the headteacher has agreed that staff can administer the medication.	
<b><u>CHILD DETAILS</u></b>	
Surname	Male/Female
Forename (s)	Date of Birth
Address	Class/Form/Group
	Condition or Illness
<b><u>Medication</u></b>	
Name/Type of Medication (as described on the container)	
<b><u>For how long will your child take this medication?</u></b>	
<b><u>Date dispensed</u></b>	
Full directions for use	
<b><u>Dosage and method</u></b>	
Timing	
<b><u>Special Precautions</u></b>	
Side effects	
Self Administration	
Procedures to take in an Emergency	
<b><u>Contact Details</u></b>	
Name	Address
Daytime telephone number	



Relationship to child	
<b>I understand that I must deliver the medicine personally to: .....</b>	
Date	Signature(s)
Relationship to child	



**FORM 3**

Confirmation of the headteacher agreement to administer medication

**Example form for school to complete and send to parent if they agree to administer medication to a named child**

I agree that *(name of child)* will receive *(quantity and name of medicine)* every day at *(time of medicine)* to be administered, e.g. lunch time or afternoon break. *(Name of child)* will be given/supervised whilst he/she takes their medication by *(name of member of staff)*. This arrangement will continue until *(either end date of course of medicine or until instructed by parents)*

Date

Signed (the headteacher/named member of staff)





WARRINGTON  
BOROUGH  
COUNCIL

	<u>Time</u>	Name of Medication	Dose Given	Any Reaction	Signature of staff	<u>Print Name</u>
					<b>FORM 4</b> <b>Record</b> <b>of</b> <b>medication</b> <b>adminis</b> <b>tered in</b> <b>school</b>	



## **FORM 5**

### **Request for child to carry his/her medication**

**Example form for parents to complete if they wish their child to carry his/her own medication**

**This form must be completed by parents/carer**

Child's name

Class/Form/Group

Address

Condition or illness

Name of medicine

**Procedures to be taken in an emergency**

Contact Information

Name

Daytime telephone number

Relationship to child

**I would like my son/daughter to keep his/her medication on him/her for use as necessary**

Signed

Date

Relationship to Child



## **FORM 6**

### **Staff training record – administration of medical treatment**

<b>Example of form for recording medical training for staff</b>
<b><u>Name</u></b>
Type of training received
Date training completed
Training provided by
I confirm that..... has received the training detailed above and is competent to carry out any necessary treatment
Trainer's signature
Date
I confirm that I have received the training detailed above
Staff signature
Date
Suggested Review Date



FORM 7

Guidelines for administration of Rectal Diazepam

<b><u>Joint Epilepsy Council</u></b>	
<b><u>Individual care plan to be completed by or in consultation with the medical practitioner</u></b>	
(Please use language appropriate to the lay person)	
<b>Name of child</b>	<b>Age</b>
<b><u>Seizure classification and/or description of seizures which may require rectal diazepam</u></b> (Record of all details of seizures eg. goes stiff, falls, convulses down both sides of body, convulsions last 3 minutes etc. Include information re: triggers, recovery time etc. If status epilepticus (describes epileptic attacks following each other almost continuously), note whether it is convulsive, partial or absence)	
i.	
<b><u>Usual duration of seizure</u></b>	
ii.	
<b><u>Other useful information</u></b>	
<b><u>Diazepam Treatment Plan</u></b>	
1. <b>When should rectal diazepam be administered?</b> (note here should include whether it is after a certain length of time or number of seizures)	
2. <b>Initial dosage: how much rectal diazepam is given initially?</b> (note recommended number of milligrams for this child)	
3. <b>What is the usual reaction (s) to rectal diazepam?</b>	
4. <b>If there are difficulties in the administration of rectal diazepam e.g. constipation/diarrhoea, what action should be taken?</b>	





5. Can a second dose of rectal diazepam be given?	YES/NO
After how long can a second dose of rectal diazepam be given? (State the time to have elapsed before re-administration takes place)	
How much rectal diazepam is given as a second dose? (State the number of milligrams to be given and how many times this can be done after how long)	
6. When should the child's usual doctor be consulted?	
7. When should 999 be dialled for emergency help?	
e.g. i.	If the full prescribed dose of rectal diazepam fails to control the seizure
ii.	Other (Please give details)
8. Who should (a) Administer the rectal diazepam?	
(b) Witness the administration of rectal diazepam?	
e.g. another member of staff of same sex	
9. Who/where needs to be informed?	
<u>Parent/Carer</u>	
a)	Tel:
<b>Prescribing Doctor</b>	
b)	Tel:
<u>Other</u>	
c)	Tel:
10. Insurance cover in place?	<u>YES/NO</u>

**11. Precautions under what circumstances should rectal diazepam not be used**  
 e.g. Oral Diazepam already administered within the last ..... minutes

**All occasions when rectal diazepam is administered must be recorded** (see overleaf)

**This plan has been agreed by the following:**

**Prescribing Doctor** (Block capitals)

**Signature**

**Date**

**Authorised person/s trained to administer rectal diazepam**

Name(block capitals)	Signature	Date
Name(block capitals)	Signature	Date
Name(block capitals)	Signature	Date
Child's name (if sufficiently mature) (Block capitals)	Signature	Date
<b><u>Parent/Carer</u></b> (Block capitals)	Signature	Date

**EMPLOYER OF THE PERSON(S) AUTHORISED TO ADMINISTER RECTAL DIAZEPAM**

(Block capitals)	Signature	Date
Head of School/Setting (Block capitals)	Signature	Date

**This form should be available for review at every medical review of the child**

Copies to be held by

Expiry date of this form

Copy holders to be notified of any changes by

Useful telephone numbers: Members of the Joint Epilepsy Council: British Epilepsy Association 0800 309 030; Epilepsy Association of Scotland 0141 427 4911; Irish Epilepsy Association, Dublin 557 500; Mersey Region Epilepsy Association 0151 298 2666; The David Lewis Centre 01565 872613; The National Society for Epilepsy 01494 873991

Date				
<b><u>Recorded by</u></b>				
Type of seizure				
Length/ no. of seizures				
Initial Dosage				
Outcome				
Second Dosage (if any)				
Outcome				
Observations				
Parent/Carer Informed				
Prescribing Doctor Informed				
Other Information				
Witness				
Parent/Carer supplying Dosage				
Date Delivered to school				



## **FORM 8**

### **Emergency Planning**

#### **Request for an ambulance to**

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

1. Your telephone number

2. Give your location as follows: (insert school/setting address and postcode)

3. State that the A-Z reference is

4. Give exact location in the school/setting (insert brief description)

5. Give your name

6. Give brief description of child's symptoms

7. 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**

