

Policy and Guidance for Supporting Pupils with Medical Needs

This document was written in line with recommendations made in the DfE's information pack "Supporting Pupils at school with Medical Conditions" (2015)

Managing Medicines in School Premises

In order to have safe practice the following procedures will be followed:

Prescription medicines should only be given when parents/carers have requested their use and signed the "**Parental Agreement for School to Administer Medicine**" (Appendix B) form. These medicines should be in date and clearly labelled with the student's name, the recommended dosage and how they should be administered. The exception to this is insulin which must be in date but will generally be available to schools inside an insulin pen or a pump rather than in its original container. These medicines will be stored in separate containers in a lockable cupboard in the medical room when not in use in accordance with product instructions. (This may mean they are stored in the fridge). When no longer required medicines should be returned to parents to arrange for a safe disposal.

Students will not be allowed to keep possession of their medication; all medication will be stored in the medical cabinet. The only exception to this are asthma inhalers. These should be carried by students where the student is able to use the inhaler themselves. In the case of students who do not have the capacity to take personal responsibility for their inhale, this will be stored in a safe but readily accessible place and clearly marked with the student's name. Inhalers should always be available during physical education, sports activities and educational visits.

Where clinically possible medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

Medicines will be administered by two members of staff nominated by the Headteacher after consultation and agreement with the relevant staff. Training will be given when necessary. **Staff Training Record – administration of medicines** (Appendix E).

Records should be kept of medicines administered: **Record of medicine administered to all students** (Appendix D).

Requests for paracetamol in the case of student's headaches or other pains will be politely refused and the problem referred to the Parents/Carers.

Emergency medicines such as asthma inhalers and adrenaline pens will not be locked away and will be readily available to students requiring them.

When adrenaline pens are prescribed (normally by the student's paediatrician) the school should be informed and may request training for the relevant staff who have agreed to help in their administration. With the support of the School Nursing Service, a health care plan will be drawn up (**Individual Healthcare Plan** Appendix A) and opportunities provided for annual training updates (Appendix E). The Headteacher will have full responsibility for the Individual Healthcare Plan and all relevant staff will be made aware of them.

Individual Healthcare Plans

Individual Healthcare Plans should be drawn up for students with long-term or complex medical needs; for students whose conditions fluctuate or where there is a high risk that emergency intervention will be needed. Not all students require an Individual Healthcare Plan.

Individual Healthcare Plans will be drawn up by members of the school's Senior Leadership Team and will be reviewed annually by that team. Where possible completion of these will be linked to the student's review of their Education, Health and Care Plan (EHCP).

Sharps boxes must always be used for the disposal of needles or other sharps. We should be aware of the need to maintain security of sharps boxes, which are potential targets for theft. It is also important to remember that any individual suffering a needle-stick injury should go straight to Accident and Emergency. Any other disposable items arising from treatment will be collected using the yellow bag system.

Parents/carers have the prime responsibility for their child's health and should provide school with the necessary information about their child's medical condition. For example, parents/carers should ensure that a copy of the health care plan (Appendix A) provided by the child's GP or relevant professional is made available to the school and must ensure that the school is informed of any change in condition, prescription or staff training need.

Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child. It only requires one parent to agree or to request that medicines are administered. Where parents disagree over medical support, the disagreement must be resolved by the courts: the school should continue to administer the medicine in line with the consent given and in accordance with the prescription, unless and until a court decided otherwise.

If a student is on regular medication it may be necessary for two sets of similar medicines to be kept; one at home and one at school. The student's GP or paediatrician should be willing to prescribe this, at parental request.

The practice of parents/carers giving student small quantities of proprietary medicines to cope with minor ailments when away from home, as well as occasions when parents are convinced that homeopathic remedies are helpful to their children, may require further discussion with parents/carers. Although these situations are unlikely to be potentially life-threatening or harmful, where proprietary medicines or homeopathic remedies are taken, it is still essential that parents/carers sign the parental agreement for setting to administer medicine (Appendix B) and provide all the necessary information.

Students with serious or long term medical conditions will be educated in the school and their conditions managed by staff in conjunction with support advice and training from the parents/carers and health services.

Asthma

The school keeps a register of students with asthma. This register will include parental consent for the use of an emergency inhaler (see Annex A).

From 1st October 2014 the Human Medicines (Amendment) (no.2) regulations 2014 has allowed schools to obtain, without prescription, Salbutamol inhalers, for use in

emergencies. This will be for any student with asthma, or who has been prescribed an inhaler as reliever medication. This inhaler can be used if the student's prescribed inhaler is not available (e.g. is broken or empty).

An emergency asthma inhaler kit is to be kept in the school office. It is not to be locked away.

Two named volunteers are to be responsible for the upkeep of the emergency kit.

Four designated members of staff are to be trained to help a student to use the emergency inhaler.

Use of the emergency inhaler should be recorded. This should include when the attack took place, how much medication was given and by whom.

The student's parents must be informed in writing so that this information can also be passed to the student's GP. (Please see draft letter, Annex B, to be used in this situation).

Emergency Procedures

In the case of an emergency, if the student has an individual health care plan it should clearly define what constitutes an emergency and explain what to do including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in the school should know what to do in general term, such as informing a teacher immediately if they think help is needed.

If a student needs to be taken to hospital staff should stay with the student until parent/carers arrive or accompany the student to hospital by ambulance.

Trips, Visits and Sporting Activities

Students with medical conditions will be actively supported in order for them to participate in school trips and visits or in sporting activities. Teachers should be aware of how a student's medical condition will impact on their participation but there should be enough flexibility for all students to participate according to their own abilities and with any reasonable adjustments.

Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to the student's individual healthcare plan, it is not generally acceptable practice to:

- prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every student with the same condition requires the same treatment;
- ignore the views of the student or their parents/carers; or ignore medical evidence or opinion, (although this may be challenged);
- send students with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;

- penalise students for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- 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; or
- prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

Liability and Indemnity

The school has a certificate for Liability Insurance through the Local Authority which may cover liability but this is dependent on the contents of the individual health care plan which needs to be submitted to the insurer via the Local Authority to gain approval of the level of cover required.

Incidents and Accidents

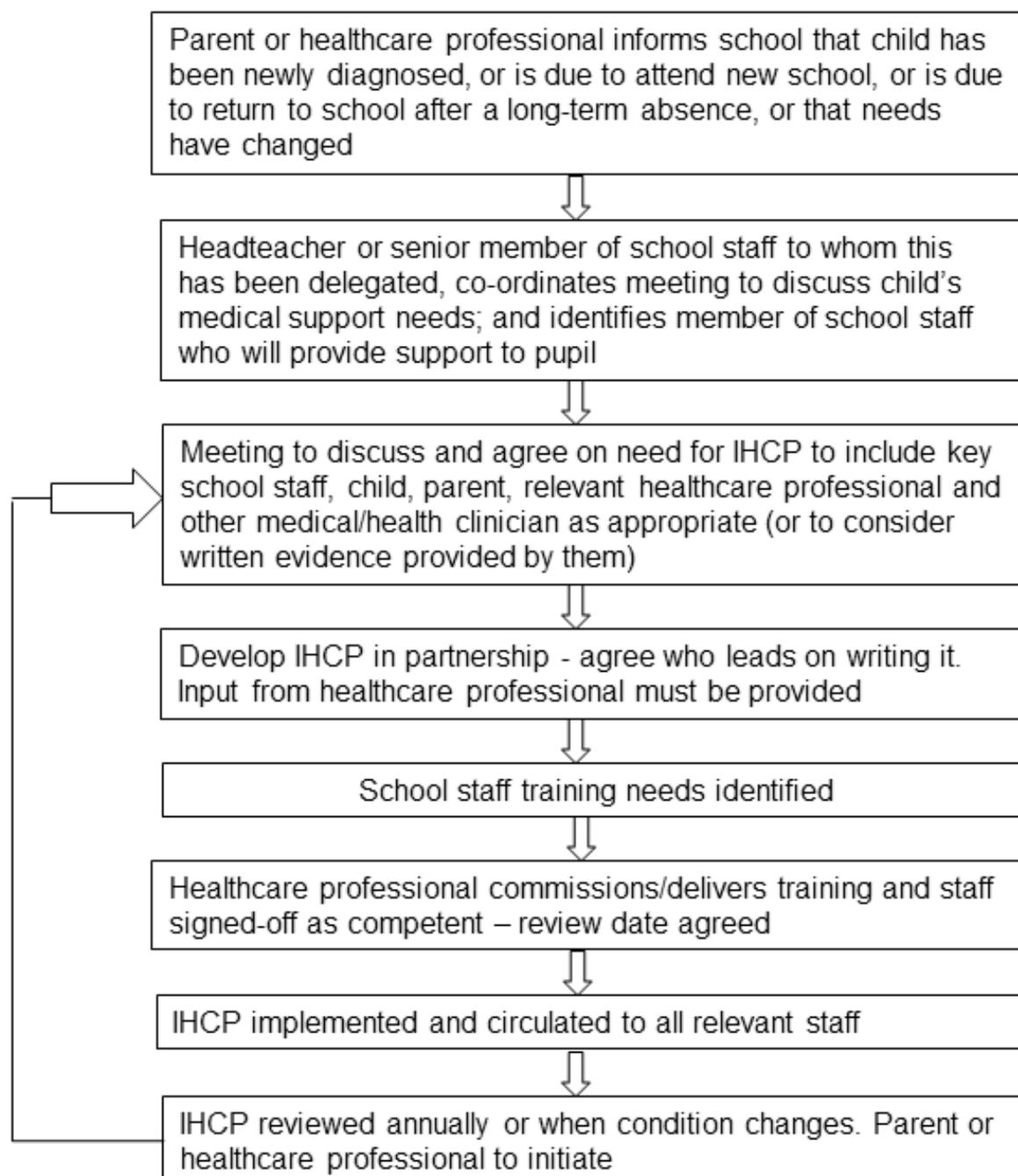
All incidents and accidents will be recorded on the Student Accident Record Form (Appendix F) with First Aid requirements being recorded on the appropriate form to be sent home with the student for parental information (Appendix G).

Signed:.....Chair 28th September 2017

Signed:..... Headteacher 28th September 2017

Review date: Autumn 2019

Process for developing individual healthcare plans





CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL
INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:

Date:

Name (print)

Child's name:

Class:

Parent/ carer address and contact details:

Telephone:

E-mail:



SPECIMEN LETTER TO INFORM PARENTS
OF EMERGENCY SALBUTAMOL
INHALER USE

Child's name:

Class:

Date:

Dear

[Delete as appropriate]

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs. .

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,



Individual Healthcare Plan

Appendix A

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Parental Agreement for Setting to Administer Medicine

Appendix B

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Record of Medicine Administered to an Individual Child

Appendix C



Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Staff Training Record – Administration of Medicines



Appendix E

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

**Brook Green Centre for Learning
Record of accident/incident to all students**

Log Nos:	Date	Time	Students Name	Details of Incident and action Taken	Outcome	Signature of Staff	Print Name



NAME

NAME

DATE CLASS.....

DATE CLASS.....

FIRST AID REQUIRED:

FIRST AID REQUIRED:

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.....

PLEASE SEEK ADVICE FROM G.P:

PLEASE SEEK ADVICE FROM G.P:

.....

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TREATED BYFIRST AIDER

TREATED BYFIRST AIDER

LOG NO.

LOG NO.