



Medical policy

Circulated for Consultation:		
Policy Written on: February 2018	Approved and Signed by Simon Garrill, Chief Executive Officer	Approved and Signed by Judith Gainsborough, Chair of Governors
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Aim

To ensure that all children with medical conditions in terms of both physical and mental health are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

The school policy, responsibilities and procedures have been drawn up in consultation with a wide range of local stakeholders within both the school and health settings.

This policy is modelled on and follows the guidelines outlined within Whittington Medical Policy as adopted through the Local borough of Haringey.

Responsibilities

Governing Body

- Ensure that the school develops a policy for supporting students with medical conditions and that this is reviewed regularly and is readily accessible to parents and school staff.
- Ensure that the policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support students at school with medical conditions
- Ensure that arrangements are in place to support students with medical conditions so that they enjoy the same opportunities at school as other children
- Ensure that arrangements give parents and students confidence in the schools ability to provide effective support for medical conditions in school.
- Ensure that staff receive adequate training to provide the support that students need.
- Ensure that written records are kept of all medicines administered to students
- Ensure that insurance and support mechanisms are in place to support staff.

Head of school

- Overall responsibility for ensuring that the policy is developed, implemented and reviewed effectively
- Ensure that staff are aware of the policy and understand their role in its implementation
- Ensure that all staff who need to know are aware of the child's condition
- Ensure that sufficient staff are trained and available to implement the policy and deliver against individual healthcare plans, including contingency and emergency situations.
- Ensure school staff are insured and that they are aware of this insurance to support students with medical conditions.
- Ensure that the school nursing services are contacted for all new medical conditions that might require the support of external services.

School Staff

- Ensure that they have read and understood the schools policy, guidance and medical list

- Ensure that they know what to do and how to respond when they become aware that a student with a medical condition needs help
- Attend training that is provided to ensure that they can be aware of a medical or emergency situation and know what action to take if one occurs
- Administer medication and treatment only if they have been trained to do so

Health Care Professionals (which include)

1. School Nurse
 2. Local Health Authority
 3. School Health Service
 4. General Practitioners
 5. Community Paediatricians
- To notify the school when a child has been identified as having a medical condition or a medical condition has changed.
 - To play an extensive role in the design, implementation and review of a child's healthcare plan.
 - Provide support, information, advice, guidance and training to schools and their staff to support students with medical conditions at school.

Students

- Where possible, be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with their individual healthcare plan.
- Where appropriate, to be aware that if they are legally carrying a controlled drug it is an offense to pass it to another child

Parents/Carers

- Ensure that the school has up to date information on the medical needs of the child in their care.
- Be fully involved in the development, implementation and review of the healthcare plan. (e.g. provide medicines, ensure that they or another nominated adult are contactable at all times).
- Ensure that their child is well enough to attend school. Where the child is not well it is the duty of the parent/ carer to contact the school and inform them of this and the child's subsequent absence.
- Ensure that the school are aware of any religious or cultural views related to any medical conditions

Specific Responsibilities

Responsibility	Who?
Ensuring that sufficient staff are suitably trained	Head of School
Communication of the medical policy and needs of students at the school	Deputy
Cover is in place to ensure that trained staff are always in place to deal with medical situations	Deputy
New Staff are briefed regarding the medical condition of students Supply staff – brief procedures	Deputy
Risk Assessments for School Visits, and other school activities outside of the normal timetable are completed	Pastoral Manager
Design, Implementation and Monitoring of Individual Healthcare plans	School Nurse
Ensure that prescribed medicines are stored safely and made accessible to students	Deputy
Ensure that Emergency Inhaler Kits are adequately stored and maintained	Deputy

Managing Medicines

The following procedures must be followed when managing medication on the school premises;

- Medicines should only be administered at The Grove when it would be detrimental to a child's health or school attendance not to do so
- No child under the age of 16 should be given prescription or non-prescription medicines without their parents written consent. Please see appendix A for a copy of the parental consent letter.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- Medication administered for pain relief should only be administered after checking maximum dosages and when the previous dosage was taken. Parents should be informed as soon as is reasonably possible of the administration and it should be recorded.
- Where possible The Grove will encourage medicines to be prescribed in frequencies that allow them to be taken out of school hours.
- The Grove will only accept medicines that are in date, labelled, provided in the original container, dispensed by a pharmacist and include instructions for administration, dosage and storage. (The exception to this is insulin which must still be in date but will often be supplied as an insulin pump or pen rather than in its original container).
- All medicines will be stored safely at The Grove. Staff and students (where deemed appropriate) will be informed where their medication is and be able to access it immediately (if necessary they should know who holds the key for stored medicines).

- Medicines such as inhalers, blood glucose testing kits and adrenaline pens should always be readily available to students and should never be locked away.
- Where a child who has been prescribed a controlled drug; this must be kept securely stored in school where it would only be accessible by named staff.
- When administering any form of medication the Nurse will follow the guidelines as outlined within the Whittington Medical Policy.
- School staff who are trained can administer a controlled drug to a child for whom it has been prescribed. They should ensure that:
 1. Only the prescribed dosage is administered
 2. A record is kept stating what medication was administered, how it was administered, how much, when and by whom.
 3. Note / record any side effects of the administered medication.
- Parents/carers must collect medicines held at school at the end of each term. When medication is no longer required it should be returned to the parent/carer for safe disposal.
- Sharps boxes will be used for the disposal of needles and any other sharp objects.
- In order to avoid infection staff should use protective disposable gloves and take care when dealing with blood or other body fluids. They should dispose of dressing or equipment in the appropriate containers.
- If a child refuses to take their medication, the school will not force them to do so. The school will inform the child's parent/carer as a matter of urgency. If necessary, the school will call the emergency services.

Protocol for Emergency Medical [Conditions] Situations

- If a child needs to be taken to hospital, staff should stay with the child until the parent/carer arrives.
- Where a child has an individual healthcare plan this should clearly define what an emergency situation is and what to do in such circumstances.

In any emergency situation, please refer to the school's Health and Safety Policy, Critical Incident Plan and Risk Management procedures.

Trips and Residential Visits and Sporting Activities

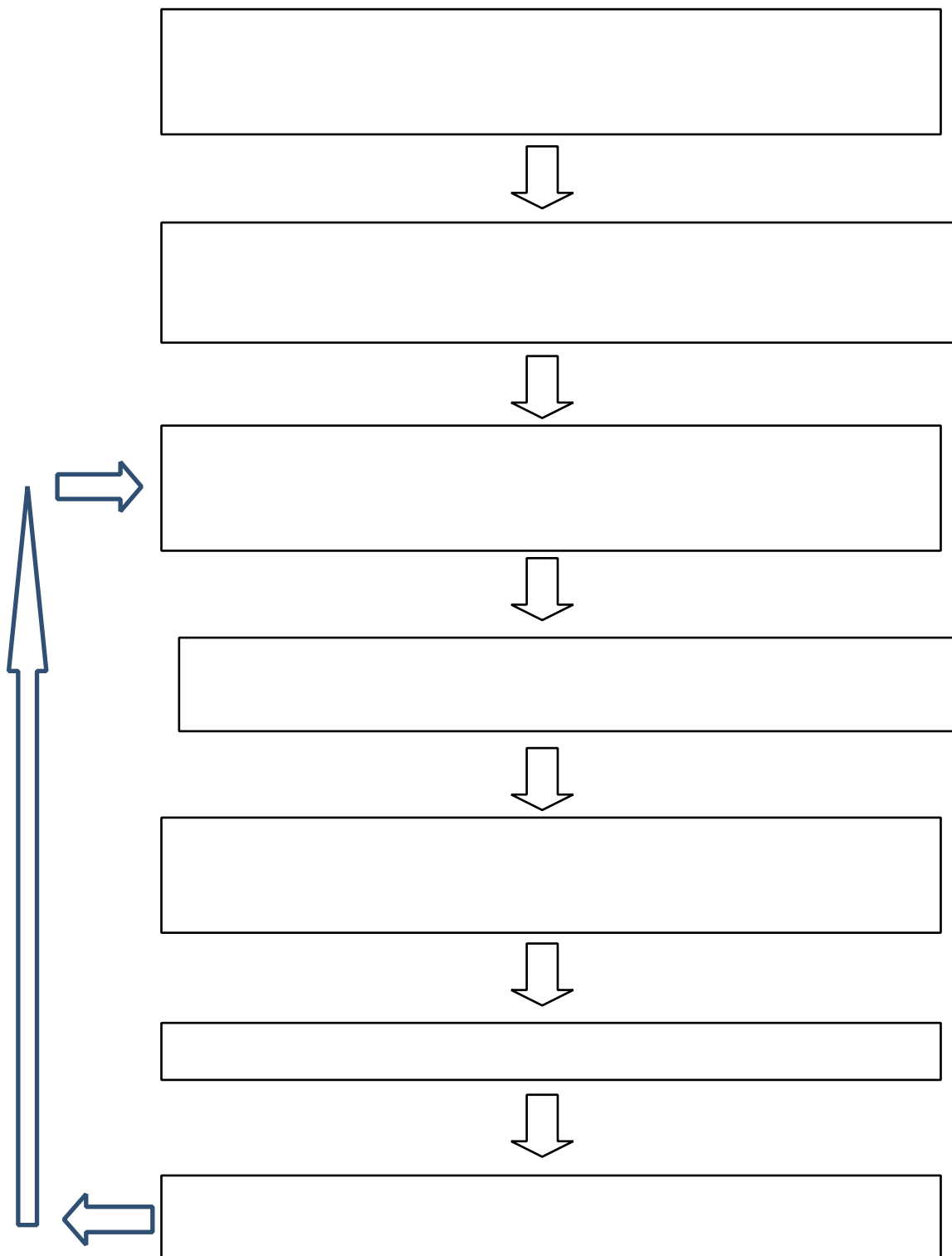
The Grove will actively support students with medical conditions to participate in school trips, visits and sporting activities. Adjustments will be made as required and where possible to facilitate this. In all cases where a child with a medical condition is attending, a full risk assessment should be completed in line with the "Health and Safety Executive (HSE) guidance" on offsite visits and educational visits.

Individual Health Care Plans

These help ensure that the school effectively support students with medical conditions. The school, healthcare professional and parents will agree based upon evidence when a healthcare plan will be

required or would be inappropriate and disproportionate. If a consensus cannot be reached, the head of school will then make a final decision.

The model for developing a healthcare plan is as follows:



The Individual Health Care Plan will contain the following information:

1. The medical condition, its triggers, signs, symptoms and treatments
2. The student's resulting needs, including:
 - Medication - dose, side effects, storage

- Equipment and Facilities required
 - Testing Arrangements
 - Access to Food and Drink – where this is used to manage their condition
 - Dietary Requirements
3. Environmental Issues – i.e. crowded corridors, travel time between lessons etc.
 4. Specific Support for the students educational, social and emotional needs – i.e. how absences will be managed, requirements for extra time to complete exams, counselling etc.
 5. The Level of Support needed – i.e. are students self-managing their medication? If so how is this monitored?
 6. Who will provide the support, what are their training needs, expectations of their role, cover arrangements for when they are not available.
 7. Communication of the IHCP – who needs to be aware and how will this be shared?
 8. Arrangements for written permission from parents and the head of school for medication to be administered by a member of staff, or self-administered by the student during school hours.
 9. Separate Arrangements or procedures for school trips or visits e.g. risk assessments
 10. Confidentiality – designated individuals to be entrusted with information regarding the child's condition.
 11. Emergency Plan – what to do, who to contact, contingency arrangements.

An example of the Individual Healthcare plan can be found in *Appendix B*.

Defibrillators

The Grove understands the benefit of defibrillators in saving a person's life following a cardiac arrest. A modern defibrillator is easy to use, inexpensive and safe.

If the school purchases a defibrillator it will notify the local NHS Ambulance Service of its location and ensure that staff are qualified and trained in its use.

Asthma Inhalers

The Grove will hold asthma inhalers for emergency use following the new guidance from the Department for Health (2014) in order to:

- Prevent unnecessary and traumatic trips to a hospital
- Save the student's life
- Give parents and students greater peace of mind

Protocol for Emergency Inhaler Usage at The Grove

1. Supply – all emergency salbutamol inhalers will be bought from a recognised pharmaceutical supplier occasionally, in small quantities and not for profit. Staff will ensure that 5 emergency kits are available for use at all times.
2. Storage – two members of staff will be responsible for maintaining the emergency inhaler kits. They will:
 - On a monthly basis check the inhaler and spacers are in working order and have a sufficient number of doses available
 - Obtain replacement inhalers when the expiry dates approach
 - Replace spacers following their use
 - Ensure the plastic inhaler canister has been cleaned, dried and return to storage following its use.

The emergency kits will be stored in the first aid room in a safe and accessible storage unit which is out of the reach and sight of students.

The emergency kits shall be clearly labelled to avoid confusion with a student's inhaler.

3. Disposal – spent inhalers will be returned to the pharmacy to be recycled.
4. Usage – the emergency inhaler should only be used by students who:
 - Have been diagnosed with asthma, and prescribed a reliever inhaler
 - Have been prescribed a reliever inhaler
 - The emergency salbutamol inhaler shall still be used if the student has been prescribed with an alternative reliever / medication as it will help to relieve their asthma and save their life.
5. Register – an asthma register shall exist, be shared with staff and be displayed in the storage area where the emergency kits are kept.
6. Consent – a student can only use the emergency kit if parental permission has been received by the school (please see appendix C for an example of this permission letter)
7. Administration – only students suffering from an asthma attack should receive the emergency inhaler. There is guidance on how to recognise and information on what to do in the event of an asthma attack in appendix D of this policy. This will be available with each emergency kit.
8. Recording – Use of the emergency inhaler must be recorded. This should include:
 - Who (student and first aiders names)
 - Where – the attack took place
 - When – time / date
 - How much medication was administered
 - The student's parents will be informed in writing so that this information can also be passed onto the child's GP. A copy of this letter can be found in appendix E.
9. Staff – any member of staff may volunteer to take on these responsibilities, but they cannot be required to do so. It would be reasonable to expect for **all** staff to be:
 - Trained to recognise the symptoms of an asthma attack and ideally how to distinguish them from other conditions with similar symptoms
 - Aware of the Medical Policy (with particular reference to the Protocol of Emergency Inhaler Usage)
 - Aware of how to check if a child is on the register
 - Aware of how to access the inhalers
 - Aware of whom the designated trained staff are.
 - Designated Members of staff should be trained in all of the above plus:
 - Recognising when emergency action for an asthma attack is necessary
 - Administering – how to administer the inhaler through a spacer
 - Recording – how to keep appropriate records

Unacceptable Practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's needs, condition and possible 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 child with the same condition requires the same treatment
- Ignore the views of the child or their parents, or ignore medical evidence or opinion (although this can 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 plan.
- If the child becomes ill, send them to the designated first aid area unaccompanied or with someone unsuitable
- Penalise children 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 make them feel obliged to attend school to administer or provide medical support to their child (including toileting issues).
- Prevent a student from participating in any aspects of school life (including trips) e.g. requesting parents to accompany the student.

Confidentiality

The school will treat medical information confidentially. The head of school will agree with the parent/carer who will have access to records and information about a student. If information is withheld from staff they cannot be held responsible if they act incorrectly in giving medical assistance but otherwise act in good faith.

Insurance

The school's insurance arrangements which cover staff providing support to students with medical conditions are: held with the Trust's finance department.

Communication of the Policy

The policy is supported by a clear communication plan to ensure its full implementation through:

- School Website
- School Newsletter
- Through PSHE Education
- Training Opportunities for Staff

Linked Policies / Guidance Documents

- Heartlands High School and St Mary's Primary School Health and Safety Policies
- HCT Use of Inhalers in School Protocol
- HCT Complaints Policy
- The Grove Safeguarding Policy
- HCT Inclusion Policy
- Education Act 1989

- Education Act 1996
- Education Act 2002
- NHS Act 2006
- Equality Act 2010
- Misuse of Drugs Act 1971
- Medicines Act 1968
- School Premises Regulations 2012
- SEN COP 2015
- Supporting Pupils at school with medical conditions – DOE 2014
- Asthma UK Website

Appendix A

Parental Agreement for Administration of Medicine in School

The Grove School has a policy that staff can administer prescribed medicine HOWEVER we will not give your child medicine unless you complete and sign this form.

Name of Child:

Date:

Date of birth:

Year Group:

Medical condition or illness:

Medicine (as described on container):

Expiry date:

Dosage and method:

Timing:

Special precautions / other:

Are there any side effects we need to know about?

Self-administration: Yes / No (circle as appropriate)

Procedures to take in an emergency:

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

Emergency Contact Details:

Name:

Daytime telephone number:

Relationship to child:

Address:

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

Signature _____ Date _____

Appendix B

Individual Health Care Plan

Date:

Name:

Date of birth:

Condition:

Class/form

CONTACT INFORMATION

Family contact 1

Family contact 2

Name:

Phone no. (home)

(work):

Relationship:

Name:

Phone no. (home)

(work):

Relationship:

Clinic/hospital contact

Name:

Phone no:

G.P.

Name:

Phone no:

STUDENT NAME

Describe condition and give details of student's individual symptoms:

Daily care requirements: e.g. (before sports/at lunch time):

Action to be taken in an emergency:

Follow up care:

Who is responsible in an emergency: (state if different with off-site activities)

Appendix C

Parental Agreement for the Use of an 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:

Parent/Carer address and contact details:

.....
.....
.....

Telephone:

E-mail:

Asthma Attack – Guidance Sheet

How to recognise an asthma attack?

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the person could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some people will go very quiet
- May try to tell you that their chest “feels tight”

Call an ambulance immediately if the person:

- Appears exhausted
- Has blue/ white tinge around the lips
- Is going blue
- Has collapsed

What to do in the event of an asthma attack?

- Keep calm and reassure the person
- Encourage the person to sit up and slightly forward
- Use the person’s own inhaler – if not available use the emergency inhaler (if permission has been given)
- Immediately help the person to take two puffs of the salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of ten puffs
- Stay calm and reassure the person. Stay with the person until they feel better.
- If the child does not feel better or you are worried at any time before you have reached ten puffs call 999.
- If an ambulance does not arrive in 10 minutes give another ten puffs in the same way.

Child's name:

Date:

Dear Parent/Carer

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

.....
.....
.....
.....

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

OR

- 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.

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

Yours faithfully

Student Support Services