

The Heath Family Multi Academy Trust
Supporting Students/Children at School with Medical Conditions

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Supporting documents, procedures & forms of this policy	- See below appendices	
References & Legislation	<ul style="list-style-type: none"> - Health and Safety at Work Act 1972 - Management of Health and Safety at Work Regulations 1999 - Disability Discrimination Act 1995 - Special Educational Needs and Disability Act 2001 - Sec 100 Childrens & Families Act 2014 - Supporting Students/Children at School with Medical Conditions - Control of Substances Hazardous to Health Regulations 2002 - Misuse of Drugs Act 1971 and associated regulations - Medicines Act 1968 - Education (School Premises) Regulations 2012 - Education Act 1996 & 2002 - Children Act 1989 - Equality Act 2010 - The Education (Independent Schools Standards)(England) Regulations 2003 - National Standards for under 8s day care and childminding – Premises - Managing Medicines in Schools and Early Years Settings - Guidance on the use of Emergency Salbutamol Inhalers in Schools - 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 	
Consultation Audience	<ul style="list-style-type: none"> - Medicines Management in Schools Consultation Group - Chantelle Whitehead (Legal Services – Halton Borough Council) 	
Head teachers checklist	<ol style="list-style-type: none"> 1. Nominate Responsible person 2. Detail the training required to carry out risk assessments 3. Adhere to the policies and procedures outlined to undertake and complete risk assessments 4. Agree on arrangements to monitor and review risk assessments on a regular basis 5. The governing bodies of Trust schools are directed to adopt the policy, as from time to time revised, and implement its procedures 	

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1. Information

Students/children at school with medical conditions, including both physical and mental health conditions, should be properly supported so that they have full access to education, including school trips and physical education.

Some students/children with medical conditions may be disabled. Where this is the case schools must comply with their duties under the Equality Act 2010. For students/children with SEND, this guidance should be read in conjunction with the SEND code of practice.

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting students/children at their school with medical conditions.

No student/child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. These arrangements must give parents and students/children confidence in the school's ability to provide effective support for medical conditions in schools

Individual Health Care plans can help staff identify the necessary safety measures to support students/children and ensure that they and others are not put at risk.

Definition

Students'/children's 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

2. Scope

This Policy is designed to ensure that:

1. Students/Children at school with medical conditions are properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential;
2. To support Governing bodies in their duty to ensure that arrangements are in place in schools to support students/children at school with medical conditions; and
3. To support Governing bodies in their duty to ensure that school leaders consult health and social care professionals, students/children and parents to ensure that the needs of students/children with medical conditions are effectively supported.

3. Responsibilities

Governing Bodies

It is the responsibility of Governing Bodies to ensure that arrangements are in place to support students/children with medical conditions. In doing so they should ensure that such students/children can access and enjoy the same opportunities at school as any other student/child. In order to do so they should ensure that,

- 1) Make available adequate resources in the implementation of the Policy;
- 2) There are suitable arrangements at school to work in partnerships and to generally adopt acceptable practices in accordance with the Policy;
- 3) They take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening;
- 4) The focus is on the needs of each individual student/child and how their medical condition impacts on their school life;
- 5) In making their arrangements they give parents and students/children confidence in the school's ability to provide effective support for medical conditions in school;
- 6) The school demonstrates an understanding of how medical conditions impact on a student's/child's ability to learn, as well as increase their confidence and promote self-care;
- 7) That staff are properly trained to provide the support that students/children need; and
- 8) That written records are kept of all medicines administered to students/children

Governing bodies include proprietors in academies and management committees of Pupil Referral Units.

Principals

They are responsible for implementing this policy and the developing Individual Healthcare plans and are to ensure that relevant staff have sufficient resources, including training and personal protective equipment, to support students/children with medical conditions. In order to do so they should identify a named person who has overall responsibility for:

- a) ensuring that sufficient staff are suitably trained;
- b) that all relevant staff will be made aware of the student's/child's condition including any requirement for the student/child to participate in outside the classroom activities where appropriate;
- c) cover arrangements are in place at all times in case of staff absence or staff turnover to ensure someone is always available;

- d) supply teachers are briefed;
- e) risk assessments have been carried out for school visits, holidays, and other school activities outside of the normal timetable;
- f) procedures are in place to cover any transitional arrangements between schools for any medical issues;
- g) for students/children starting at the school, necessary arrangements are in place in time for the start of the relevant school term so that they start at the same time as their peers;
- h) Individual Healthcare plans (see appendix 'I') are monitored including identifying students/children who are competent to take their own medication;
- i) the management of accepting, storing and administering any medication (see appendix 'B'). Note: if the school chooses to hold an emergency Salbutamol Inhaler it should be cross referenced in the Asthma policy; and
- j) that appropriate protective equipment is made available to staff supporting students/children at school with medical conditions.

Further to this Principals will need to ensure that there is effective coordination and communications with relevant partners, professionals, parents and the student/child.

In order to ensure that students/children's' health is not put at unnecessary risk from infectious diseases, in line with safeguarding duties, Principals must inform parents that they should keep children at home when they are acutely unwell. **They should not accept a student/child in school at times where it would be detrimental to the health of that student/child or others to do so.** Also school staff should also not attend school if acutely unwell and must be clear of any vomiting and diarrhoea for 48 hours prior to returning to work.

In the event of an outbreak situation, the school must follow any guidance issued by Public Health England. For further information on infection control, please see the Communicable Diseases guidance.

Administration of Medication

The administration of medication at school will minimise the time that students/children will need to be absent.

Some students/children may need to take medicines during the school day at some time during their time in a school or setting. Schools will need to be flexible in their approach and examples of circumstances under which schools may be requested to administer medicines:

1. Cases of chronic conditions e.g. diabetes, asthma, epilepsy or anaphylactic shock;
2. Cases where students/children recovering from short term illnesses may be well enough to attend school but need to finish a course of antibiotics, cough medicine etc.

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However, medicines should only be taken to school where it would be detrimental to a student's/child's health if it were not administered during the day. It should be noted that wherever feasible parents should administer medication outside of school hours.

In terms of the administration of medication, Principals are also responsible for:

the management of accepting, storing and administering any medication can be completed by ensuring that:

1. Monitoring arrangements are in place for the administration of medication to ensure:
 - a) Consent must be obtained from parents (see appendix 'A');
 - b) As agreed with parents, any administration of medication must be recorded (see appendix 'D'); and
 - c) Medication should always be stored appropriately, but must be easily accessible to the student/child in case of an emergency (see appendix 'D')
2. The instructions below are followed:
 - a) As part of the signed agreement with parents, taking action to ensure that medication is administered;
 - b) Ensuring that all parents and all staff are aware of the policy and procedures for dealing with medical needs;
 - c) Ensuring that the appropriate systems for information sharing are followed;
 - d) Staff managing the administration of medicines and those who administer medicines should receive training and support from health professionals, to achieve the necessary level of competency before they take on responsibility to support students/children with medical conditions (see appendix 'E'). This training includes induction arrangements for new staff and must be refreshed at suitable intervals as advised and a minimum requirement is every 3 years;
 - e) Medicines should only be taken to school when essential; that is where it would be detrimental to a student's/child's health if the medicine were not administered during the school 'day';
 - f) Schools should only accept medicines that are in date, labelled and have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber (see Non Prescribed Medication below);
 - g) Medicines should always be provided in the original container as dispensed by a pharmacist or in a container as dispensed and labelled again by a pharmacist. It must include the prescriber's instructions for administration, student's/child's name and dosage and storage;

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- h) Schools should never accept medicines that have been taken out of the original container unless this has been done by a pharmacist and the medication is in packaging/container supplied and labelled by the pharmacist. Another exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container;
- i) Schools should never make changes to dosages on parental instructions;
- j) The school will not be responsible for administering medicines without having had written notification from the parents (see appendix 'A');
- k) Ensuring that medicines are stored securely and with restricted access, although all medication should be easily accessible in an emergency; and
- l) Taking account of circumstances requiring extra caution as per Individual Health Care Plans
 - Where the timing of administration is crucial;
 - Where serious consequences may occur through failure to administer;
 - Where technical or medical knowledge is needed;
 - Where intimate contact is necessary.

In these circumstances Principals should consider carefully what they are being asked to do. Even if it is within the interest of the student/child to receive the medication in school, staff cannot be instructed to administer, however the school still has a duty to ensure that arrangements are in place to support such students/children. In these cases it would be useful to speak to the school health nurse.

School Staff

School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support students/children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a student/child with a medical condition needs help.

However, school staff may be asked to provide support to students/children with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of students/children with medical conditions that they teach.

Their responsibilities include:

- a) All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures, as advised by health professionals. Staff should have access to and must use protective disposable aprons and gloves (not latex) and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment;
- b) The school shall have a request from the parent for the school to administer medicine to their child (see appendix 'A'). The administration of medication should only be conducted in accordance with parental agreement and as set out in the Individual Health Care Plan;

- c) Long term conditions such as epilepsy, diabetes or asthma should be recorded in the student's/child's file along with instructions issued by the doctor as set out in the Individual Health Care Plan (see appendix 'I' & 'F');
- d) The school should check that the medicine has been administered without adverse effect to the student/child in the past and that parents have certified this is the case in writing;
- e) Medicines should personally be handed over to the school by a responsible adult and not by a student/child;
- f) Medicines must be in date and in the original container marked with a pharmacy label stating the student's/child's name, the type of medicine, in date and the required dosage and storage instructions;
- g) Medicines must be kept within a secured area, out of the reach of students/children and visitors. This is except in emergency situations, where students/children are competent to self-administer. For medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens, these should not be locked away and should always be readily available to students/children;
- h) Receipt of medicines must be logged and an entry made when returned to parents (see appendix 'D');
- i) An entry should be made of the student's/pupil's name, drug administered, dosage, date and time (see appendix 'D');
- j) The directions of the pharmacy label must be strictly followed;
- k) Where possible another member of staff should act as witness to the administration;
- l) Parents should be informed of a refusal to take medication on the same day. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed; and
- m) If the school becomes aware that a student/child has vomited or has had diarrhoea after taking the medication they should notify the parents.

School Nurses

Every school has access to school nursing services. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support students/children with medical conditions, but can be responsible for:

- a) notifying the school when a student/child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the student/child starts at the school;
- b) liaising with lead clinicians locally on appropriate support for the student/child and associated staff training needs;

- c) supporting staff on implementing a student's/child's individual healthcare plan; and
- d) advise and liaison on training to local school staff

Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to students/children with a medical condition.

Other Healthcare Professionals

This includes GPs, specialist healthcare teams and paediatricians and should:

- a) notify the school nurse when a student/child has been identified as having a medical condition that will require support at school;
- b) provide advice on developing healthcare plans; and
- c) provide support in schools for students/children with particular conditions (eg asthma, diabetes).

Parents

Parents should:

- a) provide the school with sufficient and up-to-date information about their child's medical needs;
- b) be involved in the development and review of their child's Individual Healthcare Plan, and may be involved in its drafting; and
- c) carry out any action they have agreed to as part of the implementation of their child's Healthcare Plan, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times. If they fail to provide sufficient medication, they should be contacted immediately and necessary arrangements made, e.g. provision of medication, returning the student/child to the parent awaiting provision of the medication, etc.

Students/Children

With medical conditions will often be best placed to provide information about how their condition affects them. They should 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. Other students/children will often be sensitive to the needs of those with medical conditions.

After agreement with parents it is good practice to support and encourage students/children, who are able, to take responsibility to manage their own medicines from a relatively early age (see appendix 'C'). Students/Children develop at different rates and so the ability to take

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responsibility for their own medicines varies. If students/children can take their medicines themselves, staff may only need to supervise.

Inhalers for students/children with asthma need to be readily available. Students/Children who are mature enough can look after their own inhalers. They should always be available during physical education classes and outdoor learning experiences.

Local Authorities

Local Authorities are responsible for;

- a) commissioning school nurses;
- b) promoting cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, Clinical Commissioning Groups and NHS England, with a view to improving the well-being of students/children, so far as relating to their physical and mental health, and their education, training and recreation (Section 10 of the Children Act 2004);
- c) providing support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively;
- d) working with schools to support students/children with medical conditions to attend full time;
- e) where students/children would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements; and
- f) statutory guidance sets out that they should be ready to make arrangements under this duty when it is clear that a student/child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Providers of Health Services

Should co-operate with schools that are supporting students/children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training.

Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support students/children with medical conditions at school.

Clinical Commissioning Groups (CCGs)

Commission other healthcare professionals such as specialist nurses and have a reciprocal duty to cooperate under Section 10 of the Children Act 2004. They should ensure that:

- a) commissioning is responsive to students'/children's needs, and that health services are able to co-operate with schools supporting students/children with medical conditions; and

- b) are responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this).

4. Individual Health Care Plans

It is not appropriate to send students/children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless specified in their Individual Health Care plans (see appendix 'I'). This will include requiring parents to provide up to date information about their child's medical needs, provide their child's medication to the school in the original container and also carry out any action they have agreed as part of their child's healthcare plan, where one is in place.

The aim of Individual Healthcare Plans should be to capture the steps which a school should take to help the student/child manage their condition and overcome any potential barriers to getting the most from their education.

Schools have responsibility for ensuring Individual Healthcare Plans are finalised and implemented. They should agree with partners who will take the lead in writing the plan. They need to be reviewed at least annually or earlier if evidence is presented that the student's/child's needs have changed. Plans should be developed with the student's/child's best interests in mind and ensure that the school assesses and manages risks to the student's/child's education, health and social well-being and minimises disruption

Individual Healthcare Plans, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the student/child. Students/Children should be involved whenever appropriate.

In deciding what information should be recorded on Individual Healthcare Plans the following should be considered:

- the medical condition, its triggers, signs, symptoms and treatments;
- the student's/child's resulting needs, including medication and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues;
- specific support for the student's/child's educational, social and emotional needs;
- the level of support needed including in emergencies;
- whether a student/child can self-manage their medication and the monitoring arrangements;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support;
- who in the school needs to be aware of the student's/child's condition and the support required;

- arrangements for written permission from parents and the Principal for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student/child can participate, e.g./ risk assessments;
- where confidentiality issues are raised by the parent/student/child, the designated individuals to be entrusted with information about the student's/child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some students/children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare; and
- Schools do not have to wait for a formal diagnosis before providing support to students/children. In cases where a student's/child's medical condition is unclear, or where there is a difference of opinion, judgments will be needed about what support to provide based on the available evidence. If consensus cannot be reached, the Principal is best placed to take a final view.

5. Administration of Medication

Non Prescribed Medication

- a) Only after parental advice should schools administer Paracetamol or other pain relief. For students/children under 16, parental consent must be obtained beforehand and a record of that consent and administration should be made.
- b) The school **must not** keep its' own stock of medication; the parent must provide the school with a supply of appropriate pain relief tablets for use solely by their child.
- c) A dose of Paracetamol or pain relief should only be given after effort has been made to ease the student's/child's pain. Before each dose of the medication is given, the school should obtain parental consent. The school must ask the parent how many doses of the pain relief have been administered in the previous 24 hours, and only administer pain relief if in line with the recommended dose. A record of that consent and any administration of medication should be made.
- d) Staff should check that the medicine has been administered without adverse effect to the student/child in the past and that parents have certified this is the case – a note to this effect should be recorded in the written parental agreement for the school/setting to administer medicine.
- e) If a student/child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the student's/child's GP. **A student/child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.**

Storing Medicines

The following must be followed in the storage of medication:

1. Medicines should be kept in a secure place with restricted access (see 11 below);
2. Controlled drugs should be stored securely with limited access, but should be easily accessible in an emergency. A record should be kept for audit and safety purposes (see appendix 'D');
3. Some medication, subject to the Individual Healthcare plan (see appendix 'I'), can be kept in a refrigerator alongside food but should be in an airtight container and clearly labeled ;
4. Large volumes of medicines should not be stored;
5. Students/Children should know where their own medicines are stored, who holds the key and be able to access them;
6. Staff should only store, supervise and administer medicine that has been prescribed for an individual student/child;
7. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed;
8. Staff should ensure that the supplied container is clearly labeled with the name of the student/child, the name and dose of the medicine, storage instructions and the frequency of administration;
9. Where a student/child needs two or more prescribed medicines, each should be in a separate container;
10. Staff should never transfer medicines from their original containers; and
11. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to students/children and not locked away
12. The inhaler and spacers for salbutamol inhalers (see below) must be kept in a safe and suitably central location in the school, such as the school office, or staffroom, which is known to all staff, and to which all staff have access at all times, but in which the inhaler is out of the reach and sight of students/children. The inhaler and spacer should not be locked away.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medicine for use by students/children, e.g. Ritalin, methylphenidate.

Any trained and competent member of staff may administer a controlled drug to the student/child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

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 (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

Misuse of a controlled drug, such as passing it to another student/child or another person for use, is a criminal offence.

Regular Injection

The school has a duty to support students/children with medical conditions at school and as a result trained and competent staff may be required to administer injections to students/children suffering from conditions including diabetes, epilepsy, anaphylactic shock, insulin etc. where the student/child is incompetent for whatever reason to do so themselves. In the case of students/children with an individual Health Care Plan, the Plan must set out what to do in the case of an emergency. This response should be drawn up in consultation with the school health nurse, other medical professionals as appropriate and the student's/child's parents.

As per the Individual Health Care Plan, consideration in these circumstances must be given to the reasonableness of the student/child being able to participate in out of school activities such as educational visits, residential trips etc.

Self-Management

After agreement with parents it is good practice to support and encourage students/children, who are able and competent to do so, to take responsibility to manage their own medicines from a relatively early age and schools should encourage this. The age at which students/children are ready to take care of, and be responsible for, their own medicines, varies. As students/children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility. This should be documented in the Individual Health Care Plan after discussion health care professionals and parents.

Students/Children Requiring Emergency Medication

The Individual Healthcare Plans should detail the students/child's circumstances when emergency medication is required. All emergency medication must be readily available and located in an accessible place in a school, which has been communicated to staff and relevant students/children.

Transport of Medication

In circumstances where the Local Authority provides school transport for students/children, the vehicle must be equipped with a lockable box and the medication placed in the box in a sealed bag by the responsible person. Once students/children have been collected the box should be locked by the driver and, on arrival at school, handed to the relevant member of staff. The same procedure should apply where medication needs to be returned home with the student/child.

If a student/child requires emergency medication, this will be placed in a separate box so that it is accessible and arrangements made by the school for the passenger assistant to be trained in administering the medication.

Finally, students/children may retain their own medication if the school notifies the transport section that they are competent to do so and it is not required for emergency purposes. In this instance it is not the responsibility of the transport section to ensure that it is safely retained.

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 students/children with asthma in every classroom in the UK. Students/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 students/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 student's/child'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 student/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 student/child who does not have asthma. It is essential therefore that schools ensure that the inhaler is only used by students/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 will have many benefits. For identifying an asthma attack and emergency procedures see appendix 'K'. It could prevent an unnecessary and traumatic trip to hospital for a student/child, and potentially save their life. Parents are likely to have greater peace of mind about sending their student/child to school. However, this is a discretionary power enabling schools to do this if they wish.

In order to use schools should,

- 1) Have a register of students/children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should kept with the emergency inhaler
- 2) Have written parental consent for use of the emergency inhaler included as part of a student's/child's individual healthcare plan (see appendix 'I')

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- 3) Ensure that the emergency inhaler is only used by students/children with asthma with written parental consent for its use (See appendix 'F')
- 4) Ensure that appropriate support and training for staff in the use of the emergency inhaler in line with the schools wider policy on supporting students/children with medical conditions
- 5) Maintain records of use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler
- 6) 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 are 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 (ideally on appropriately headed paper) stating:

- 1) The name of the school for which the product is required;
- 2) The purpose for which that product is required, and
- 3) The total quantity required.

Schools may wish to discuss with their community pharmacist the different plastic spacers available and what is most appropriate for the age-group in the school. Community pharmacists can also provide advice on use of the inhaler. Schools should be aware that pharmacies cannot provide inhalers and spacers free of charge and will charge for them.

With regard to care of the inhaler, the two named volunteers amongst school staff should have responsibility for ensuring that:

- 1) On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- 2) That replacement inhalers are obtained when expiry dates approach;
- 3) During an incident, spacers should be available for use for an individual student/child and must be replaced following use;
- 4) 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.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired or unused 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. A written record should be kept and parents informed.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the student's/child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority.

Hygiene and Infection Control

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

The schools will ensure that any member of school staff providing support to a student/child with medical needs should have received suitable training. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support students/children with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.

The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). **A first-aid certificate does not constitute appropriate training in supporting students/children with medical conditions.**

Day trips, residential visits and sporting activities

Arrangements must be clear and unambiguous about the need to actively support students/children with medical conditions to participate in school trips and visits, or in sporting activities, including physical education lessons and not prevent them from doing so, unless it is otherwise stated in their Individual Health Care plan.

Teachers and/or other designated school staff should be aware of how a student's/child's medical condition will impact on their participation, but there should be enough flexibility for all students/children to participate according to their own abilities and with any reasonable adjustments. Schools should make arrangements for the inclusion of students/children in such activities with any reasonable adjustments as required; unless evidence from a clinician such as a GP states that this is not possible.

Schools should consider what reasonable adjustments they might make to enable a student/child with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that students/children with medical conditions are included. This will require consultation with parents and the student/child and advice from the relevant healthcare professional to ensure that the student/child can participate safely.

When storing or transporting medicines for day trips, residential visits and sporting activities, schools should refer to the 'Transport of Medication' and 'Storing Medicines' sections within this policy.

6. Emergency Procedures

The Individual Healthcare Plan should clearly define what constitutes an emergency for that particular student/child and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

As part of general risk management processes all schools should also have arrangements in place for dealing with emergency situations. Schools should therefore take care not to solely focus on emergencies identified in the Individual Healthcare Plans and appreciate that other emergency situations may occur.

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable, this includes out of class activities. At different times of the day other staff may be responsible for students/children, such as lunchtime supervisors. It is important that they are also provided with training and advice. Other students/children should know what to do in the event of an emergency, such as, telling a member of staff.

Transport to Hospital

Where the Principal considers that hospital treatment is required the school should contact the emergency services for advice and follow it. Parents must be contacted and informed of the situation.

If a student/child needs to be taken to hospital, staff should stay with the student/child until the parent arrives, or accompany a student/child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

If, despite being fully appraised of the situation, the emergency service does not consider it necessary for transport by ambulance, but the school considers that further medical advice is required, the school should contact the student's/child's next of kin. If the next of kin cannot be contacted and/or do not have access to own transport, the school can, **only** in these **exceptional** circumstances arrange to transport the injured person using their school staff transport. They must be accompanied by an additional responsible adult to support the injured person. If a student/child needs to be taken to hospital by ambulance a member of staff should accompany the student/child and stay with the injured student/child until their parents/guardians arrive. Please note: All staff who are likely to use their own vehicles for business travel must have the appropriate business insurance, a valid MOT certificate (if required). It is the responsibility of the Principal to check these documents together with the individual's driving license making note of any endorsements on an annual basis and maintain appropriate records.

7. Insurance

Schools buying into HBC's insurance scheme:

Where a member of staff acting in the course of employment supports students/children with medical conditions at schools, they will be indemnified by the School's liability insurance for any claim for negligence relating to injury or loss through their actions, providing that the following criteria have been met.

- They have received full appropriate training and are competent to carry out any medical interventions for that student/child
- They have received refresher training at the required intervals
- They have used the relevant protective equipment for that purpose
- There is written parental instruction and consent
- It is made clear to non-trained staff that they should not administer medication

Schools using other insurance insurers:

Schools not buying into HBC's insurance scheme should check with their own insurers that the same cover applies.

Staff should have regard to any local guidance issued by appropriate health service staff.

8. Complaints

Should parents or students/children be 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. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

9. Review and Evaluation

In order to ensure that this policy continues to be effective and applicable, the program will be reviewed biennially by Risk and Emergency Planning and relevant stakeholders. Conditions which might warrant a review of the policy on a more frequent basis would include:

- Changes to legislation;
- Employee concern.

Following completion of any review, the program will be revised and/or updated in order to correct any deficiencies. Any changes to the program will be consulted through the relevant stakeholders.

10. List of Trained Staff at the School (include training and date undertaken)

Lead Person for managing medicines at school

[Insert name and contact details]

School First Aiders (full certificate) are:

[Insert List]

Named people for administering medicines:

[Insert List]

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Supporting Students/Children at School with Medical Conditions

Version Control	Date Released	Date Effective	Amendment
1	Aug- 2014	Sept-14	Document Created.
2	Aug- 2014	Oct-14	Document amended – dispensing of medication & use of Salbutamol Inhalers

Appendix 'A'

Parental agreement for school to administer medicine

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

Name of school	
Name of student/child	
Date of birth	/ /
Group/class/form	
Medical condition or illness	
Daily care requirements (e.g. before sport/lunchtime)	
Describe what constitutes an emergency for the student/child, and action taken if this occurs	

Medicine

Note: Medicines must be the original container as dispensed by the pharmacy

Name/type of medicine <i>(as described on the container)</i>	
Date dispensed	/ /
Expiry date	/ /
Agreed review date to be initiated by	[name of member of staff]
Dosage and method	
When to be given	
Any other instructions	
Timing	
Special precautions:	
Are there any side effects that the school needs to know about?	
Self administration	Yes
Procedures to take in an emergency	

Appendix 'B'

Principal's Agreement to Administer Medicine

Name of school:

It is agreed that [name of student/child] will receive [quantity and name of medicine] every day at [time medicine to be administered e.g. lunchtime or afternoon break].

[Name of student/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 Principal of the school/named member of staff)

Appendix 'C'

Request for a student/child to carry his/her medicine

THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN

If staff have any concerns discuss request with healthcare professionals

Name of school	
Name of student/child	
Date medicine provided by parent	/ /
Group/class/form	
Name of medicine	
Procedures to be taken in an emergency	

Contact Information

Name	
Daytime telephone number	
Relationship to student/child	

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

Date: _____

Signed: _____

If more than one medicine is to be given a separate form should be completed for each one

Appendix 'D'

Record of Medicine Administered to an Individual Student/Child

Name of school	
Name of student/child	
Date medicine provided by parent	/ /
Group/class/form	
Location of storage	
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			

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

Appendix 'E'

Staff training record – Administration of Medicines

Name of school	
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. I recommend that the training is annually updated [please state how often].

Trainer's signature: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Date: _____

Suggested review date: _____

Appendix 'F'

CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

[Insert school name]

Student/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)

Student's/Child's name:

Class:

Parent's address and contact details:

.....

.....

Telephone:

E-mail:

Appendix 'G'

SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Student's 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 they are seen by your own doctor as soon as possible.

Yours sincerely

Appendix 'H'

Authorisation for the administration of rectal diazepam

Name of school	
Student's/Child's name	
Date of birth	
Home address	
GP	
Hospital consultant	

..... (*name of student/child*) should be given Rectal Diazepam mg. If he/she has a *prolonged epileptic seizure over minutes.

OR

*serial seizures lasting over minutes.

An ambulance should be called for *at the beginning of the seizure

OR

If the seizure has not resolved *after minutes.

(*please delete as appropriate)

Doctor's signature:	
Parents signature:	
Print name:	
Date:	

NB: Authorisation for the administration of rectal diazepam

As the indications of when to administer diazepam vary, an individual authorization is required for each student/child. This should be completed by the student's/child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The authorisation should clearly state:

- When the diazepam is to be given e.g. after 5 minutes; and
- How much should be given

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

Records of administration must be maintained (see appendix 'D')

Appendix 'I'

Individual Healthcare Plan

Name of school	
Student's/Child's name	
Group/class/form	
Date of birth	
Student's/Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to student/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

--

The Heath Family Multi Academy Trust
Supporting Students/Children at School with Medical Conditions

Describe medical needs and give details of student's/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 student's/child'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

Appendix 'J'

Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the student/child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Appendix 'K'

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the student/child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some students/children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE STUDENT/CHILD

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

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the student/child
- Encourage the student/child to sit up and slightly forward
- Use the student's/child's own inhaler – if not available, use the emergency inhaler
- Remain with the student/child while the inhaler and spacer are brought to them
- Immediately help the student/child to take two puffs of 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 10 puffs
- Stay calm and reassure the student/child. Stay with the student/child until they feel better. The student/child can return to school activities when they feel better
- If the student/child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

Further Sources of Medical Information

Anaphylaxis

The **Anaphylaxis Campaign** website contains Guidance for schools, which discusses anaphylaxis, treatment, setting up a protocol, and support for students/children and staff. It also includes a sample protocol. The Anaphylaxis Campaign Helpline is 01252 542 029. The Anaphylaxis Campaign has also published the **Allergy in schools** website which has specific advice for pre-schools, schools, school caterers, parents, students/children and nurses.

Asthma

Asthma UK has downloadable **school policy guidelines** that provide information on asthma, asthma in PE and sports, and what to do when a student/child with asthma joins the class. It provides comprehensive information on how to develop a school asthma policy and asthma register, with an example. Also available are **school asthma cards** and **information and posters** for young people to encourage them to be active with their asthma. To order copies of these resources call 020 7786 5000. To answer any questions about asthma call the Asthma UK Advice line on 08457 01 02 03 (Monday to Friday, 9am to 5pm) or use the **online form** to email your query to the experts. (see Schools Circular <http://intranet/documents/cyp/schinformation/laschoolsecirc/laschoolsecircular2010/ecircularspringterm2010/ecircular0710/>)

Diabetes

Diabetes UK has information on **diabetes in school**, which discusses insulin injections, diet, snacks, hypoglycaemia reaction and how to treat it. It contains a downloadable version of their school pack, Children with diabetes at school — what all staff need to know. Copies of this can also be ordered from Diabetes UK Distribution, telephone 0800 585 088. Further information is available from Diabetes UK Care line, telephone 0845 120 2960 (Monday — Friday, 9a.m.-5p.m.) or see the **Diabetes UK** website for an enquiry form.

Eczema

The National Eczema Society has produced an **activity pack**, available on TeacherNet, to encourage discussion about eczema in the classroom. The pack follows a lesson plan format and ties in with the National Curriculum and is tailored according to age group.

Epilepsy (see appendix 'G')

Epilepsy Action (British Epilepsy Association) has information for schools in **Epilepsy — A teacher's guide**. This looks at classroom first aid, emergency care, medication, and school activities. For further information is available from the freephone helpline on 0808 800 5050 (Monday-Thursday, 9:00 am — 4.30 pm, Friday 9:00 am — 4:00 pm) or use the **email enquiry form**.

The National Society for Epilepsy (NSE) has information on **education and epilepsy** which looks at epilepsy and learning, special needs examinations, practical activities, medication, the Disability Discrimination Act, and teaching students/children with epilepsy. Contact the UK Epilepsy helpline, telephone 01494 601 400 (Monday-Friday 10:00 am — 4:00 pm.)