

# The Abbey School Policy for: Supporting Students with Medical Needs

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**Approved by Governors: 27.03.19**

**Coordinator: SENCo**

**Date of next review: January 2022**

## **1 Introduction**

- Under Section 100 of the Children and Families Act 2014 the school must have in place procedures for supporting students with medical needs including managing prescribed medication.
- The Children and Families Act 2014 authorises people who have care of a child (other than parental responsibility), subject to the provisions of the Act, to do what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare.
- The teacher's general duty to act "in loco parentis" is also relevant in deciding whether what is being requested is what would be expected of a reasonable parent in the same circumstances.
- The school follows the Surrey guidance document 'Young People's Health and the Administration of Medicines'.

## **2 Procedures**

- The governing body is responsible for developing detailed procedures and ensuring that the staff adhere to them. Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- These procedures will be outlined to parents on Induction days and included in the Parents' Information Book, so that they know what happens if their child needs medication at school.
- The school must ensure that medicines are kept safely whilst in school in accordance with the Control of Substances Hazardous to Health Regulations 1999 (COSHH).

## **3 Responsibilities**

- The governing body accepts responsibility for school staff giving or supervising children taking prescribed medication whilst at school. (NOTE: In exceptional circumstances, in agreement with the leadership team, staff can opt out of doing this role).
- The school will co-operate as far as possible with reasonable and justified requests from parents to support medical needs so that their children need not miss out on their educational opportunities.
- The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. Schools, local authorities, health professionals and other support services should work together to ensure that children with medical conditions receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

- In making these arrangements, the governing body should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The governing body should therefore ensure that the focus is on the needs of the individual child and how their medical condition impacts on their school life.
- The governing body should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.
- Each request needs to be considered on its merits having regard to the best interests of the student but also the implications for the school staff.
- Whether agreeing or refusing to administer medicines in school, the Headteacher's decision will be defensible if it is clear that he has acted reasonably.

#### **4 Staff Training**

- All staff are aware of the most common serious medical conditions and what to do in an emergency. They are provided with training to support a student with medical needs:
  - During induction to the school
  - Through access to individual healthcare plans
  - Through annual refresher update from healthcare professionals
  - During INSET days
- Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements as set out in individual healthcare plans.
- Staff must not give prescription medication or undertake healthcare procedures without the appropriate training. However, in an emergency situation, school staff are required under common law duty of care to act like any reasonably prudent parent; this may include administering medication.
- The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met and parents will be asked for their views. They should provide specific advice but should not be the sole trainer.

#### **5 Long term medical needs**

- Long term medical conditions need to be properly managed to allow maximum attendance and participation at school by the student.
- An individual health care plan may be needed to identify the necessary safety measures to support students with medical needs and ensure that they and others are not put at risk. Care plans will be updated annually in liaison with parents/ carers and medical professionals, where possible.
- The school requires concise but detailed information about a student's medical needs from their parent/ carer. Updates from parents/ carers are requested annually.
- Students with complex medical problems managed by regular medication both at home and at school, and some requiring specialist nursing care, will have their own detailed arrangements. e.g. epilepsy plan.

- If the school is aware that a student has been diagnosed as having a specific severe allergy and is at risk of anaphylaxis appropriate staff training (for example on the use of EpiPen or JEXT) is carried out annually. Individual treatment/healthcare plans are put in place following the Surrey guidance. The leadership team will ensure that all off-site trips involving students with known anaphylaxis include staff who have carried out the appropriate training.
- On entry into school the parent/ carer should tell the school if the student has asthma and complete the Request for School to Administer Medication (Appendix 1) if necessary. Individual treatment/health care plans are then put in place using the models in the Surrey guidance. These detail the type of treatment and what to do in the case of a severe asthma attack. Action in an emergency will be determined in conjunction with the parents/ carers and medical professionals if appropriate.

## 6 Short term medical needs

- Some students who are well enough to return to school may need to finish taking a course of antibiotics or apply lotion at the end of a prescribed course. This should only happen when absolutely essential and with their parent's written consent. Where this is not provided telephone confirmation will always be sought and a record of this conversation noted on the medical record.
- Where feasible medication should be taken before or after school, or arrangements made to go home or for the parent to come to school at lunchtime to administer medication.

## 7 Non-prescription medication e.g. pain relievers

- Students suffering from occasional discomfort such as headache or period pain sometimes ask for painkillers e.g. Aspirin or Paracetamol.
- Specific staff should be authorised to issue pain relievers and should adhere to the following:
  - Staff should not give any medication to pupils under 16 without the parent's consent, which should be in writing, by letter or e-mail and cover points below.  
*\*Most parents will have given permission for this on the 'School Trip Consent and Medical Questionnaire' form*
  - A child under 12 should never be given Aspirin, or medicines containing Aspirin, unless prescribed by a doctor.
  - Regardless of age enquiries must always be made as to whether the student is taking any other medication, checks must be made to ensure that there are not likely to be adverse health effects from the interaction of the two.
  - Dosage must always be in accordance with the instructions specified on the product container and enquiries made as to when any previous dose of pain reliever was taken so that the stated dose is not exceeded.
  - The student should be supervised whilst taking tablets to ensure that they are swallowed and not accumulated.
  - Staff will encourage students to take tablets with a drink of water.
  - A written record of the dates and times of each administration is made in the Administration of Medicines Record. Frequent requests for analgesia should be raised with the student's parents/carers so that further medical assessment can be made.
  - Supplies of Paracetamol provided by parents must be kept in the secure medical cabinet.

## **8 Record Keeping**

- No student under the age of 16 should be given medication without the parent/guardian's written consent. Parents should complete the Request for School to Administer Medication form if medication is needed to be administered whilst at school.
- An Administration of Medicines Record with all medication information in it will be kept as evidence that staff have followed the procedures.
- Once medication is no longer required the Request for School to Administer Medication form can be placed in the student's personal file for the same purpose.
- Records removed from current files must be archived.

## **9 Self-Management**

- It is good practice to allow students who can be trusted to do so to manage their own medication from a relatively early age and schools should encourage this provided the safety of other students is not compromised.
- If students can take medication themselves then staff may only need to supervise this.

## **10 Refusing medication**

- No student should be forced to take medication. The school should inform the student's parents/carers as a matter of urgency of any refusal and call an ambulance if necessary.

## **11 Dealing with Medicines safely**

- The Headteacher is responsible for ensuring that students have access to their medicine when it is needed.
- Medication that has to be stored at school must be stored securely but in a location known to the student who knows who to go to for access. Some medication may need to be refrigerated.
- Children who have access to their Inhalers/Epipen/JEXT at home, and are competent at administering their own medication, should be allowed to carry their Inhaler/Epipen/JEXT around with them at school. Most secondary students should be mature enough to carry their own Inhalers/Epipens/JEXT, or diabetic kit.
- Where students are not sufficiently mature to carry their own Inhalers/ Epipens/JEXT these should be kept in the form tutor's unlocked drawer. Access to the medication must be achievable within one minute of the student needing it. Inhaler/ Epipen/JEXT should be stored in a labeled clean, plastic lidded container. (Note: Inhalers cause no harm if taken by a non-asthmatic).
- If diabetic students have to test sugar levels during the day by using a lancet and blood stick – a Sharps box should be provided for safe disposal of these too.
- Parents are responsible for supplying medication that is in date, in the smallest practicable amount in the original packaging in which it was prescribed, clearly labeled with the student's name, contents, dosage and date. All medication must be brought in by a responsible adult e.g. parent, driver or escort.
- Parents must inform the school of any changes in medication such as change of dosage or if that medication has been stopped.
- Any medication that is no longer needed or date-expired medication needs to be sent home as it is parents responsibility to dispose of it. This should be collected by parents or passed on by a responsible adult e.g. driver or escort. At the end of each term all medications must go home via parents/ drivers/ escorts.

- Any member of staff can administer an Epipen in an emergency. The pen (cap off) should be pushed against the child's thigh, through clothing if necessary. The pen should be held for a count of 10 seconds before being withdrawn. Ambulances must be called for a child who may require an Epipen. Parents/carers should be contacted after this call is made.

## **12 Emergencies**

- Emergencies (whatever the cause) should always be treated as such. If a student develops an anaphylactic shock, diabetic hypo or hyper, epileptic fit, severe breathing difficulties, severe bleeding or becomes unconscious, call an Ambulance on 999 immediately regardless of any other first aid action that is being taken. These are all potentially life-threatening conditions. All staff should know how to call the emergency services
- Staff making a 999 call for students with a known long term medical condition should refer to the student's care plan/ treatment plan to pass appropriate information to the emergency services.
- All staff should know who the school's qualified first-aiders are and where to get hold of them in an emergency within the school. Details are displayed prominently in the staffroom and medical room.
- The 'Appointed Person' (normally a member of the Leadership Team or, in their absence one of the Middle Leaders) should be contacted and take charge of any emergency situation.
- Following any emergency, a 'Sleuth' entry will be completed noting full details including time/ date etc.
- Where a child has an individual healthcare plan, this 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 pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

## **13 Insurance**

The school subscribes to the Risk Protection Arrangement (RPA) for academy trusts. Part of this cover is Third Party Liability insurance.

## **14 Day trips, residential visits and sporting activities**

- The governing body will ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
- Teachers should be aware of how a child's medical conditions will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. School should make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP stated that this is not possible.

## **15 Home- to School transport**

- Parents should provide drivers and escorts with an overview of any pupils who have significant medical needs.

**Further Advice**

*Surrey County Council 'Young People's Health and the Administration of Medicines' 2012 which contains guidance and arrangements for medication/treatment. The appendices contain model forms and treatment plans for Asthma, Allergy and anaphylaxis, Diabetes, Epilepsy.*