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**Introduction**

Pupils in school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

The purpose of this policy is to:

* Clarify the legal requirements and responsibilities of the schools.
* Reinforce and safeguard the health and safety of pupils and others who use the schools in the Federation.
* Clarify the schools’ approach to medication, first aid and drugs for all staff, pupils, governors, parents/ carers, external agencies and the wider community.
* Enable staff to manage medication and drugs on school premises, and any incidents that occur, with confidence and consistency, and in the best interests of those involved.
* Ensure that the response to incidents involving drugs complements the overall approach to drug education and the values and ethos of the schools.
* Provide a basis for evaluating the effectiveness of the schools’ drug education programme and the management of incidents involving illegal or other unauthorised drugs.
* Reinforce the role of the schools in contributing to local and national strategies.

This policy has been developed with the involvement of:

* all staff, through staff meetings and consultation meetings,
* pupils, through the use of circle time and school council,
* parents and carers, through consultation with a representative group
* the governing body.
* school nursing, diabetic nursing, allergy nursing and gastrostomy nursing teams

This policy may be referred to in the policy for PSHCE, Physical Health, or the policy for Health and Safety, but is written as a stand alone document to emphasise the serious nature of the content. The Federation will ensure that the policy will be widely disseminated, readily accessible and annually updated.

**Safe Administration of Medication to Pupils**

Responsibilities

The Governing Body of the Federation has made the decision to administer or supervise medication to pupils and this policy ensures that no person is put at risk from the storage, administration and disposal of medication.

The Headteacher:

* Will ensure a written care plan is drawn up for each child with serious medical needs and seek further advice if needed.
* Accepts responsibility for members of staff who volunteer to give or supervise pupils taking prescribed medicine during the school day.

Parents:

* Must ensure a pupil is well enough to attend school
* Must provide enough information about a condition

Staff administering medication in a voluntary role:

* Require sufficient training, information and instruction
* Will be covered under the schools employers liability insurance if authorised by the Headteacher to undertake the task.

Teachers and other staff:

* Should understand the nature of any medical conditions
* Be aware of any emergency likely to occur and what measures to take
* Should read and make reference to Individual Health Care plans (IHCPs) as appropriate

GP:

* In some cases parents may agree to a GP liaising directly with school or via the School Health Service.
* In some cases the GP will only exchange information with school with the consent of the parents.

Provision of Medication

Any medication brought into school should be clearly marked with the name of the child and the dosage, and kept secure in the school office.

Parents will sign to give permission for administration.

Administering Medication

Any member of staff giving medication should check or carry out

* pupil name
* written instructions provided
* prescribed dose and expiry date of medicine
* sign the administration record book

If intimate or invasive treatment is required, two adults should be present and be suitably trained. If no member of staff wishes to volunteer for the role, the local Health Trust must give advice on how treatment can be continued.

Liquid paracetamol and Piriton allergy relief is kept in the schools and parents will give written permission at the start of the school year for this to be administered in minor cases of illness or headache. In many instances this will help the child to remain in school or on a residential visit and not cause a parent to come out of work. A parent will always be informed of this dosage.

The schools should not administer the first dose of any medication. This should take place in the family home where any adverse reaction can be observed by the parent and dealt with.

School Trips and Visits

* All persons supervising the trip should be aware of medical needs and emergency procedures.
* Levels of supervision must be assessed to cater for needs.

Residential Visits

* Full details and dosage must be included on the medical form
* Clearly labelled medication must be brought to the group leader on the day of departure
* All medicines stored appropriately and administered only by the group leader, recording the medicine and dosage and signing and dating each entry.

Storage and Disposal

* Only small amounts should be stored in a secure place, in original containers with name, dose, time, who to contact, expiry date
* If necessary medication should be stored in the fridge in the main office or Family Room.
* Parents should collect all containers, surplus or out of date medicines.

**Supporting Pupils with Complex Medical Needs**

Pupils in schools with more serious or complex medical needs should be supported in school to ensure that they are able to access education as much as possible. The Department for Education *Supporting Pupils at School with Medical Conditions* (December 2015) states that:

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

• Prevent children 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 may be challenged);

• Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;

• If the child becomes ill, send them to the school office or medical room 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 pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;

• Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues.

No parent should have to give up working because the school is failing to support their child’s medical needs; or

• Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.’

Individual Health Care Plan

Pupils with more serious or complex medical needs should have an Individual Health Care Plan (IHCP) which should give details of:

* The medical condition
* Daily care requirements
* Emergency action and when to take it
* Who is responsible in an emergency
* Follow up care

The plan should be provided to all staff who have contact with the pupil.

IHC Plan Implementation Procedure

1. Parent or healthcare professional informs school that pupil has serious or complex medical condition
2. SENCO meets with parents and healthcare professional to discuss pupils’ medical needs and identify key staff in school who will support pupil as required
3. Any staff training needs identified
4. IHCP put in place for pupil based on information given by parent and healthcare professional
5. Specific training organised for key member of staff and/or class teacher/ designated first aiders
6. IHCP circulated to all relevant staff and reviewed annually or sooner, if medical needs change

Supporting pupils with Asthma

* The Federation has a specific Asthma Policy which should be read in conjunction with this policy.
* Both sites have emergency inhalers for pupil use if a pupil has asthma and an inhaler kept in school which is empty or is out of date
* Written permission is sought from parents before administering an emergency inhaler
* Only designated staff and/or a designated first aider must administer the emergency medication

Insulin Dependent Diabetic Pupils

* Supporting the medical needs of pupils in school with diabetes that require blood sugar tests and insulin injections should only be carried out by designated staff with specific up to date training by the Leeds Diabetic Nursing Team.
* Equipment including blood sugar testing kit and syringes and supplies of insulin should be kept in a secure designated place out of reach of pupils, with insulin being kept in a designated fridge or in a designated place in the classroom.
* Staff checking blood sugar levels and administering insulin should keep a signed daily record
* Administration of insulin should be witnessed by a second member of staff who also signs the daily record
* Pupils should have an IHC Plan that is up to date and shared with all relevant staff and parents
* If a child becomes unconscious immediately call for an ambulance and parents/carers
* If a child becomes unresponsive to hypo treatments phone parents/carers for advice

Pupils with allergies requiring Epi-pens

* Supporting pupils with allergies that may require the administration of an Epi-pen should only be carried out by designated staff with specific up to date training by the Leeds Allergy Nursing Team.
* Pupils should each have two Epi-pens which are kept in a clearly labelled box with the child’s name and photograph on it. One of these should be kept in the School Office, and one in a secure place near the child’s classroom.
* Every effort will be made by the school to reduce the potential hazards/triggers that can cause a severe allergic reaction to pupils diagnosed with anaphylaxis.
* If it is detailed as appropriate in the pupil’s Individual Healthcare Plan, pupils having mild reactions can be given anti-histamine medication.
* In the event of a severe reaction, the Epi-pen should be used immediately and an ambulance and parents called.
* Ambulance staff must be informed if an Epi-Pen has been administered and the empty container given to them
* Pupils should have an IHC Plan that is up to date and shared with all relevant staff and parents.

Supporting pupils with Epilepsy

* All relevant staff in school must be aware if a pupil has epilepsy
* Pupils requiring the administration of emergency medication should only be carried out by designated staff with specific and up to date training from Leeds Community Nursing Team.
* Medication should be kept in a designated secure place
* In the event of a seizure of over 5 minutes, an ambulance must be called and if the pupil has emergency medication it must be administered (if this is the agreed procedure as detailed in the IHC Plan)
* Ambulance staff must be informed if emergency medication has been administered and the empty packaging given to them
* All pupils with epilepsy should have an IHC Plan that is up to date and shared with all relevant staff and parents

Supporting pupils with Gastrostomies

* Supporting pupils with a gastrostomy should only be carried out by designated staff with specific and up to date training from the Leeds Community Nursing Team. Gastrostomy trained staff must re-do their training annually and be signed off by the Leeds Community Nursing Team before they are allowed to administer milk or medication through a gastrostomy.
* Each pupil requires two trained members of staff to administer milk/medication through the gastrostomy in case of staff absence.
* Any medication administered through the gastrostomy must be stored in a designated secure place (some may need to be kept in the fridge).
* Administration of milk and/or medication must follow agreed procedures shared in training and a signed daily log must be completed.
* If there are any issues with the administration of the milk and/or medication through the gastrostomy, for example a blockage in the tube, support can and must be sought immediately from the Leeds Community Nursing Team who will give telephone advice or come into school immediately.
* If the pupil appears unwell or complains of pain during the administration of milk and/or medication, member of staff must discontinue the feed and seek advice from Leeds Community Nursing Team
* In the event of an emergency, for example if the gastrostomy button comes out, emergency procedures must be carried out by the designated member of staff and/or Leeds Community Nursing Team, parents and possibly an ambulance must be called.
* All staff in school need to be aware of pupils with gastrostomies to minimise risk if pupil knocks or falls onto gastrostomy area.
* Pupils with a gastrostomy must have an IHC Plan that is up to date and shared with all relevant staff and parents.

Supporting pupils with Antegrade Colonic Enemas (Bowel Buttons)

* Supporting pupils with bowel buttons should only be carried out by staff with specific training from the Leeds Community Nursing Team.
* All staff in school need to be aware of pupils with bowel buttons to minimise risk if pupil knocks or falls onto button area
* If the pupil complains of pain around or inside the button, advise should be sought from parents and if appropriate from Leeds Community Nursing team.
* In the event of an emergency, if the button comes out, staff should administer emergency treatment, call an ambulance and contact parents
* Pupils with a bowel button must have an IHC Plan that is up to date and shared with all relevant staff and parents.

**First Aid**

Appropriate first aid provision should be made for pupils.

First Aiders

* Each school in the Federation needs only 1 full first aider and 1 appointed person to take charge of a situation and summon immediate medical assistance. However the schools always ensure additional members of staff are trained in emergency first aid. Training and repeat training is provided for all staff who would like to undertake this. Most children who need minor first aid will be sent to the school office where the Office Manager is First Aid trained, or will call for a trained person. She will assess the situation and call the parent. A decision will then be made, based on the state of the child, nature of the injury and the response of the parent.

First Aid boxes and kits

* These are placed around the schools to be easily accessible and contain the recommended items in Leeds Health and Safety Handbook. Lunch staff carry a basic kit when on duty outside, and are responsible for the upkeep of the contents from the main store.

Room in school

* Each school has a designated area, in or near the school office. Children who are ill, or who are waiting to be collected by parents for reasons of illness, will wait in this area and are monitored by office staff.

Records

* First Aiders should record all the cases they treat, including name, place, time, circumstances, injury suffered and any treatment given. This information will also be sent home.

In the event of an injury that is seen to be more serious, form CF / 50 will be completed and submitted to the local authority.

Parents

* Parents must ensure that the school has up to date telephone numbers for all pupils and they have a responsibility to answer all calls from the school. Should the school be unable to contact parents, another family member or friend may be called and a decision will be made about the next steps to take. An assessment will be made by the First Aider and any of the following may apply
  + - taken to hospital or St. George’s Centre
    - ambulance called
    - dressing applied
    - child rests
    - child returns to class, either immediately or after a period of rest

Hygiene

* The use should be made of plastic gloves, aprons if necessary, and good hand washing before and after treatment.

Head bumps

* In any serious case the pupil will be taken to hospital by staff or the parent
* A note will be sent home with any minor head injury
* Minor head bumps will be monitored in school for signs of drowsiness or distress

**Management of Drug Related Incidences**

1. The Federation curriculum emphasises the dangers of drugs and drug related substances and equipment. They are provided with the knowledge to make well-informed choices that lead to safe, full and active lives, and this includes the effects of medicines, tobacco, alcohol and other drugs. They learn the skills to express their views on issues that affect their wellbeing. They are taught to identify and manage risks around harmful relationships, drugs and alcohol, and how and where to get help.
2. If an incident occurs on the school site where substances or equipment are discovered, pupils are taught to:
   1. Touch nothing
   2. Immediately inform a member of staff, who will arrange for the item to be safely removed.

The Headteacher or Deputy must be informed and other agencies may become involved.

1. If an incident occurs where a pupil brings such substances or equipment onto the school site, staff must:
   1. Remove the item from the pupil
   2. Report to the Headteacher or Deputy, who will inform parents and / or involve other agencies.