



MEDICINE AND MEDICAL NEEDS POLICY

Stalham High School

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Rationale

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 pupils at their school with medical conditions. Sheringham High School will follow the statutory duties and follow guidance outlined in 'Supporting pupils at school with medical conditions' April 2014'.

Context

Establishment staff do not have a statutory duty to give medicines or medical treatment. However medicines will be administered to enable the inclusion of students with medical needs, promote regular attendance and minimise the impact on a student's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

Prescription Medicines

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime.

Occasionally a GP may prescribe a medicine to be taken during the school day. Parents and carers may call into the school and administer medicine to their child, or they may request that a member of school staff administers the medicine. When school staff administer medicines, the parent or carer must supply the medicine in the original pharmacist's container clearly labelled including details of possible side effects to the school office and must complete a trust medical addental medication form. That must be given to reception with the items to be safely logged and stored with the medical team.

The only exception is for vital medication such as insulin and asthma inhalers and EpiPens that unless are with the student that requires them will be in the first aid room logged but not locked away in case of urgent need.

Consent

Parents and carers must give written consent for the school staff to administer medication at the start of the school year or when their child joins the school.

Staff will check that the medicine has been administered without adverse effect to the child in the past and parents and carers must certify this is the case – a note to this effect should be recorded on the consent form.

Verbal parental consent must be gained during the day to administer paracetamol. If parents or carers cannot be contacted then paracetamol cannot be administered.

If paracetamol is administered at any time during the school day parents and carers will be informed of the time of administration and dosage.

The school will keep records of the administration of paracetamol as for prescribed medication.

Students must not bring paracetamol (or other types of painkillers) to school for self-administration.

Non prescription Medicines

Non-prescription medication should not be administered at school and students will not bring them to school for self-administration. The majority of medication lasts 4-6 hours, therefore non-prescription medication can be administered at home prior to the start of the school day and it will last the duration of the school day. A parent or carer will be called by a member of the medical/admin team for permission to administer additional doses if necessary or if the student requests it for pain relief for a headache.

Antihistamine

Antihistamine can only be administered where a GP/Consultant has recommended or prescribed antihistamine for the treatment of a mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes,) The school can administer antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time students must never be left alone and should be observed at all times. If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then an adrenaline auto injector should be administered without delay and an ambulance called. Piriton can cause drowsiness and therefore the school will consider if it is necessary for students to avoid any contact with equipment that might cause harm i.e. P.E. Science, Design and Technology.

Mild Allergic Reaction

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to students diagnosed with anaphylaxis within the school population. Antihistamine will be administered for mild reactions as detailed above.

Severe Allergic Reaction

An adrenaline auto injector should be used immediately in a severe reaction (see Pupils Individual Health Care Plan for details). If in doubt about the severity of an allergy reaction, administer the adrenaline auto injector and call an ambulance immediately.

Hay Fever

Piriton for the treatment of hay fever, parents should administer antihistamine before the student starts school, it is not necessary for schools to administer antihistamine for the treatment of hay fever.

Controlled Drugs

The school does not deem a student prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves. Controlled drugs will be stored securely in a non-portable container and only named staff will have access, controlled drugs for emergency use must also be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug held in school.

Students with Long-term or Complex Medical Needs

Parents or carers should provide the school with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents or carers, Senior Leader, healthcare manager and other relevant health professionals to ensure that the student's medical needs are managed well during their time in school. For students with significant needs, arrangements will be documented in an Individual Healthcare Plan (IHP) or Educational Health and Care plan (EHC). These plans will be reviewed by the school annually or following a significant change in a student's medical condition.

Admissions

When the school is notified of the admission of a student with medical needs a Senior Leader will complete an assessment of the support required. This might include the development of an IHP and additional staff training. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However the school may decide (based on risk assessment) to delay the admission of a student until sufficient arrangements can be put in place.

Students taking their own medication

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. Appropriate arrangements for medication should be agreed and documented in the student's individual health care plan

Staff Training

The school will ensure that the staff who administer medicine to control specific chronic conditions are trained to administer those specific medicines, for example, Anaphylaxis (adrenaline auto injector), Diabetes (insulin) Epilepsy (midazolam). A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

The school will also ensure that other staff who may occasionally need to administer a prescribed medicine supplied by the parent or carer with a valid consent form and, or an IHP, are trained in the procedure adopted by the school by the person who has completed the Managing Medicines course. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

The school will ensure that a record is made of every dose of medicine administered in school. This record is completed by the person that administers the medicine.

Storage and Access to Medicines

All medicines apart from emergency medicines (inhalers, epipens, etc.) are kept in a locked store cupboard. Medicines are always stored in the original pharmacist's container. Students are told where their medication is stored and who holds the key and staff will be fully briefed on the procedures for obtaining the medication in an emergency.

Emergency medicines such as inhalers and adrenaline auto injector are either held by the student and / or kept in a clearly identified container in the first aid room. The school will make an assessment as to the competency of each individual student to carry their own medication. Parents and carers will be asked to supply a second adrenaline auto injector for each child and they will be kept in the medical room. Staff must ensure that emergency medication is readily available at all times i.e. during outside PE lessons, educational visits and in the event of an unforeseen emergency like a fire. In accordance with the Human Medicines (Amendment No 2) Regulations 2014 the school will keep a small supply of salbutamol inhalers for emergency use. Parental/Carer consent will be gained to administer the emergency school inhaler.

Medicines that require refrigeration are kept in the medical room fridge, clearly labelled in an airtight container.

Record Keeping

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational visits.

Emergency Procedures

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a student who has an IHP, the emergency procedures detailed on the plan are followed, and a copy of the IHP is given to the ambulance crew. IHP's will also be given to those companies and staff providing transportation of students to and from school, in order that the IHP can be passed to the ambulance crew in the event of an emergency.

Medicines on Educational Visits

Staff will administer prescription medicines to students when required during educational visits. Parents and carers should ensure they complete a consent form and to supply a sufficient supply of medication in its pharmacist's container. Non-prescription medicines (apart from travel sickness medication and antihistamine for mild allergic reaction) cannot be administered by staff and students must not carry them for self-administration.

Students with medical needs shall be included in educational visits as far as this is reasonably practicable. School staff will discuss any issues with parents/carers and/or health professionals in suitable time so that extra measures (if appropriate) can be put in place for the visit.

All staff will be briefed about any emergency procedures needed with reference to students where needs are known and copies of care plans will be taken by the responsible person.

Medicines on Residential Visits

The school acknowledges the common law 'duty of care' to act like any prudent parent or carer. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Occasionally it may be necessary to administer non-prescription medicines i.e. paracetamol, anti-histamine or travel sickness tablets to pupils suffering acute pain from things like migraine, period pain, toothache. Parents and carers must give written consent prior to the residential visit before non-prescription medication can be given. Staff will check that the medicine has been administered without adverse effect to the child in the past and parents and carers must certify this is the case – a note to this effect should be recorded on the consent form.

The school will keep its own supply of standard paracetamol tablets and liquid suspension for administration to students during a residential visit and parental consent will be required in order for the school to administer the supply. The medication will be stored and administration recorded as for prescription medicines. Students should not bring paracetamol (or other types of painkillers) on the residential visit for self-administration.

Travelling Abroad

Children with medical needs will be encouraged to take part in visits. The responsible member of staff will carry out a specific and additional risk assessment and a care plan will be drawn up considering parental and medical advice. Best practice would be to translate these documents to the language of the country being visited. The international emergency number should be on the care plan (112 is the EU number). European Health Insurance Cards (EHIC) should be applied for by parents and carers and supplied to the school prior to travel for all students that travel abroad.

Complaints

Issuing arising from the medical treatment of a student whilst in school should follow the complaints procedure as detailed in the Complaints Policy