

Amwell View School and Specialist Sports College Policy for Supporting Pupils with Medical Conditions

This policy is written in response to the statutory guidance for governing bodies of maintained schools and proprietors of academies in England 'supporting pupils at school with medical conditions' December 2015, which contains both statutory guidance and non-statutory advice.

Early years settings should continue to apply the Statutory Framework for the Early Years Foundation Stage.

This policy replaces an earlier version on this guidance published in September 2014. Previous guidance on management medicines in schools and early years settings was published in March 2005.

Key points:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions
- 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 properly understood and effectively supported.

Last Reviewed Date:	
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Headteacher:		Date:	8 th May 2017
Chair of Governors:		Date:	8 th May 2017

Date of Next Review:	September 2018
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1. Aim

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

2. Procedures and Practice at Amwell View School

Amwell View School and Specialist Sports College is a school for pupils with severe learning disabilities, or a severe, profound and multiple learning difficulties (PMLD). Pupils who have PMLD will have associated medical issues and many of the other pupils will also experience health related issues over and above that experienced by their mainstream peers. Some pupils will present emotional difficulties associated with a mental illness.

Amwell View has support from a team of up to 3 School Nurses, ensuring that there are 2 on duty most days. Amwell View also has trained First Aiders.

The pupils are monitored by a number of consultant paediatricians – Dr. Rachel Brocklebank, Dr Caroline Hartley and Dr Inyang Takon (who specialises in the management of epilepsy). Every child will usually have an annual appointment with one of the consultants.

The medical team prepare health care plans for every pupil with medical needs and these are maintained, implemented and monitored by the school nursing team. Teaching staff will inform the school nurse of any changes to the child's health but will not be involved in writing the health care plans.

The school attempts to minimise the time a child has to spend out of school for medical appointments by arranging clinics in school where possible, for example with a dietician or a dentist.

3. Roles and responsibilities

GOVERNING BODY

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. No 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.

In making these arrangements, governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-limiting. The Governing body should ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life and learning.

The governing body should ensure that medical arrangements give parents confidence in the school's ability to support their child's medical needs effectively. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, increase their confidence and promote self-care. There should be recognition that some medical conditions if not managed well can be fatal.

A child's health should not be put at unnecessary risk simply because they attend school. In addition, and in line with their safeguarding duties, governing bodies should not place other pupils at risk or accept a child in school where it would be detrimental to the child and others to do so.

The Governing body must ensure that the arrangements put in place are sufficient to meet statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.

HEADTEACHER

The Headteacher, Jan Liversage, is responsible for ensuring this policy is developed and effectively implemented with associated partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher should ensure that all staff who need to know are aware of the child's condition, that sufficient trained numbers of staff are available to implement the policy and deliver all individual pupil care plans, including in contingency and emergency situations. The Headteacher has overall responsibility for the development of individual pupil care plans and should make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The Headteacher should keep the school nursing team informed of any child who has a medical condition that may require support at school.

PARENTS

Parents should be given the opportunity to provide the school with sufficient information about their child's medical needs. They should, jointly with the head, reach agreement on the school's role in supporting their child's medical needs, in accordance with the employer's policy. Ideally, the head should always seek parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a child.

Some parents may have difficulty understanding or supporting their child's medical condition themselves. Local health services can often provide additional assistance in these circumstances.

PUPILS

Pupils with learning difficulties are not considered able to manage their own medication.

SCHOOL STAFF

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. A member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

SCHOOL NURSES

The school nurses are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They will support staff on implementing a child's individual pupil care plan and provide advice and liaison.

OTHER HEALTHCARE PROFESSIONALS

Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual pupil care plans. Specialist local health teams will provide support for children with particular conditions (e.g. asthma, diabetes, epilepsy).

4. Prescribed Medicines

The school only accepts prescribed medicines which are in-date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, dosage and storage.

5. Administering Medication

PROCEDURES FOR MANAGING PRESCRIPTION MEDICINES

All pupils require verbal or written instruction followed by a consent form signed by a parent or the person with parental responsibility before medications can be given.

The school nurse is responsible for the administration of all medicines, apart from emergency medicines when trained staff will be able to administer. In the absence of the school nurse the school is able to call on the school nursing service for cover. If this is not available a school first-aider who has agreed to be trained and take on this responsibility – counter checked by a member of SLT. In the event of both being absent 2 members of the SLT become responsible for the administration of medicines. A list of the school staff who have been trained in general First Aid is displayed around the school.

Pupils with learning difficulties are not considered able to manage their own medication.

It is helpful, where possible that medication be prescribed in dose frequencies which enable it to be taken outside of school hours e.g. medicines that need to be taken 3 times a day can be managed at home. Parents should be encouraged to ask the prescriber about this.

Such medicines should only be taken into schools where it would be detrimental to a child's health if it were not administered during the day.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

Schools should never accept medicines that have been taken out of the container nor make changes to dosages on parental instruction.

In all cases it is necessary to check:

- Name of child
- Name of medicine
- Dosage
- Written instructions provided by prescriber
- Expiry date

A written record should be kept of the administration.

Large volumes of medication should not be stored. Prescribed medication kept at the establishment should be under suitable locked storage and arrangements made for it to be readily accessible when required.

Emergency medication is kept in the nurses office. If the medication must be kept refrigerated proper arrangements will be implemented to ensure that it is both secure and available whenever required.

Under no circumstances should medicines be kept in first-aid boxes.

It is important for the school to have sufficient information regarding the medical condition of any pupil with long term medical needs. It is advised that schools draw up a health care plan for such pupils, involving the parents and the relevant health professionals.

Common conditions such as asthma, epilepsy, diabetes and anaphylaxis - In the first instance the school nurse should be the initial contact for any queries over specific medical conditions.

Any specific training required by staff on the administration of medication (e.g. adrenaline via an Epi-pen, Buccal Midazolam, rectal Valium etc.) will be provided by the school nurse.

Staff should not administer such medicines until they have been trained to do so.

PROCEDURES FOR MANAGING CONTROLLED DRUGS

Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act. Therefore it is imperative that controlled drugs are strictly managed between the school and parents.

Controlled drugs are always recorded and usually one month supply is held by the school.

Controlled drugs should be stored in a locked non portable container, such as a safe, and only specific named staff allowed access to it. Each time the drug is administered it must be recorded, including if the child refused to take it.

If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services.

The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

As with all medicines any unused medication should be recorded as being returned back to the parent when no longer required. If this is not possible it should be returned to the dispensing pharmacist. It should **not** be thrown away.

PROCEDURES FOR MANAGING EPILEPSY

Many pupils at Amwell View have epilepsy and almost all of these pupils have medication to control their condition. This will take the form of regularly administered medicine and might also include emergency medication.

All medicine is stored securely at the correct temperature in the medical room.

Emergency medication is kept in labelled boxes together with instructions on when and how to administer and a pair of disposable gloves. These boxes are kept in the nurses room and taken by school staff on trips.

The medication must always accompany the child on trips out of school. Each child must carry their own bag on their back or on their wheelchair, so that it remains with them at all times

In order that pupils do not miss out on school activities staff are trained in the administration of emergency medication and can do so if a child has a seizure when out of school.

PROCEDURES FOR MANAGING NON PRESCRIPTION MEDICATION

It is strongly recommended that non-prescription medication is not administered by schools. This includes paracetamol and homeopathic medicines.

Staff may not know whether the pupil has taken a previous dose, or whether the medication may react with other medication being taken. **A child under 16 should never be given medicine containing aspirin, unless prescribed** by a doctor. (There are links between the use of aspirin to treat viral illnesses and Reyes Syndrome, a disease causing increased pressure on the brain).

Where individual establishments have decided to administer non-prescription medicines, specific written permission must be obtained from parents / carers and the administration documented.

If a pupil suffers regularly from acute pain, such as migraine, the parents should authorise and supply appropriate painkillers for their child's use, with written instructions about when the child should take the medication. A member of staff must notify the parents that their child has been given pain relief, if the parents have given authorisation.

6. Staff training and support

Training needs are identified during the development or review of the individual pupil care plans. Where staff training is required the school will provide specific training to ensure 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 pupil care plans. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

School staff and Transport escorts are trained to give emergency epilepsy medication. However, no member of staff would be required to give medication if they were not willing to do so. A list of staff who are trained in these procedures and this training is updated annually.

Gastrostomy training is given to staff working with children who require this support and provided on an individual basis. The school nurse gives the training and maintains a register of trained staff.

Hygiene and Infection Control training is given to all school staff.

7. Home to School Transport

The majority of pupils attending Amwell View are transported by Local Authority provided transport. Where pupils have medical conditions it is the responsibility of the parents to inform the escorts of the relevant facts. It would be a breach of confidentiality for the school to do this. The school will make every effort to make sure that the parent has informed the transport staff of any relevant issues.

The school will make sure that the LA is aware of the need for there to be specific training for particular health issues, particularly for pupils who may have seizures. We will ensure a protocol is in place and where it is deemed appropriate training will be provided.

Protocol in the case of seizures

Unless a transport team has received specific training in dealing with seizures the agreed protocol, in the case of a child having a seizure on the transport, is that the transport takes the child to the nearest point whether that be home or school. In severe cases – and dependent on location – this could also include taking the child to the Accident and Emergency department at the local hospital.

Parents are aware that this is the procedure and are asked to remain at home for a relevant period of time after the child has left in case the child has to be returned home. Where this is not possible the transport team are informed and the protocol adjusted accordingly.

8. Managing Medicines on school premises

Parents are asked to hand any medication to the transport escort to bring into school and hand to the teacher. It should not be sent in the child's bag.

Class staff must take medicines immediately to the school nurse who signs it in and stores it at the appropriate temperature.

Class staff will place a 'medication bookmark' in the pupil's home-school book to act as a reminder to send the medicine home. A further reminder will be written on the 'smart board' timetable and the 'day plans' will be updated to show the time the medication will be administered.

The school only accepts prescribed medicines which are in-date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, dosage and storage (an envelope is acceptable for a single dose - provided this is very clearly labelled).

All medicinal products must be stored in lockable medicine cupboards or lockable refrigerators.

Medicinal products requiring cold storage are kept in a designated, lockable refrigerator. The temperature will be monitored daily. The medicine will be recorded and signed for in the appropriate book. The fridge temperature should be between 2-8 degrees centigrade. If the temperature falls above or below 2-8°C the nurse on duty should contact the Pharmacy Department at the Lister Hospital for advice.

The keys for the cupboards in the medical room will be held securely by a nurse on duty or locked away in a coded key cupboard in the nurses' room, for all nurses on duty to access. Keys will be locked away appropriately at the end of the school day.

Spare keys are kept in:

Key cupboard next to Deputy Headteacher's office
and

Key safe in Headteacher's office

Policy for the Receipt, Administration and Storage of Medicines in the Special Schools. East and North Hertfordshire NHS. (June 2010).

9. Record Keeping

Medication

All medicine administered to a child must be recorded on a medicine administration chart. This is not a prescription chart, simply a record of the medicines the child is receiving to allow administration of medicines to be recorded. Each medicine administration record has to be clearly written in black indelible ink and for identification purposes have a photo of the child. The medicine, form, dose and time of dose to be administered must be transcribed from the parental consent form and pharmacy label. The administration record must then be signed by two nurses.

The medicine administration record must include:

- Name and date of birth of the child
- Child's weight
- Name and form of medicine
- Dose of medicine in milligrams not mls
- Route of administration
- Frequency and time for administering each dose
- Any special requirements
- Any known allergies to be recorded or none known

Controlled Drugs

Each page of the Controlled Drug register must be titled with the drug name, strength and form. A different page should be used for each child.

Each entry in the controlled drug register must state:

- The child's name
- The date and time
- The amount of drug given
- When using part of an ampoule record quantity given, quantity wasted, and multiple of unit
- The destruction of any surplus drug
- A running balance
- The signature of the nurse administering the drug and the signature of second nurse
- There must be no crossing out or use of 'correction fluid' in the controlled drug register. Ensure that any errors are bracketed and initialled. Correction of the error must be written separately, signed and dated.
- If a controlled drug schedule 2 is prepared and not used, it must be destroyed in the presence of a witness and a note made in the controlled drug register to that effect, together with the signatures of the person concerned.

10. Emergency Procedures

Amwell View School has arrangements in place for dealing with emergencies as part of the general risk management process. Individual pupil care plans will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

If a child becomes unwell the nurse will be called in the first instance to administer emergency medication or monitor/assess the situation. If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Staff will inform SLT and the front office that an ambulance has been called and will be arriving at the school.

11. Day trips, residential visits and sporting activities

It is good practice for schools to encourage pupils with medical needs to participate in offsite visits. All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary individual risk assessments should be conducted. Medication should be identified on Individual Pupil Care Plans and Outing Forms.

For trips out of school the nurse prepares any medication and ensures that the Teacher is confident of administration. The Teacher will give the medication observed by another member of staff and complete the medicine book on return to school.

The administration of medication may be delegated to a suitably trained and competent individual. It should be ensured that a member of staff who is trained to administer any specific medication (e.g. Epi-pens) accompanies the pupil and that the appropriate medication is taken on the visit.

12. Unacceptable Practice

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

- 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 pupil care plans;
- 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, 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 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.

13. Liability and Indemnity

Details of the school's insurance arrangements which cover staff providing support to pupils with medical conditions.

Insurance policies should provide liability cover relating to the administration of medication but individual cover may need to be arranged for any healthcare procedures.

14. Complaints

If parents are dissatisfied with the support provided they should discuss their concerns with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedures. Making a formal complaint to the Department of 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.

Appendix 1

OTHER SAFEGUARDING LEGISLATION

Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must in discharging their functions in relation to the conduct of the school promote the well-being of pupils at the school.

Section 175, of the Education Act 2002 provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 set this out in relation to academy schools and alternative provision academies.

Section 3 of the Children Act 1989 provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

Section 17 of the Children Act 1989 gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

Section 10 of the Children Act 2004 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the well-being of children, including their physical and mental health, protection from harm and neglect, and education.

Section 3 of the NHS Act 2006 gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it's responsible.

Section 3 of the NHS Act 2006 provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it's responsible.

Governing Bodies' duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows:

They **must not** discriminate against, harass or victimise disabled children and young people;

They **must** make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage.



Appendix 2

OTHER RELEVANT LEGISLATION

Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child that has been prescribed a controlled drug.

The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It **must** contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation. Paragraph 23B of Schedule 1 to the Independent School Standards (England) Regulations 2010 replicates this provision for independent schools (including academy schools and alternative provision academies).

The Special Educational Needs Code of Practice [to be amended to reflect new code]

Section 19 of the Education Act 1996 (as amended by Section 3 of the Children Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them.