

Woodchurch High School

A Church of England Academy



SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS POLICY DOCUMENT

**Approved by the Business & Operations Committee: Spring 2019
Approved by the Full Governing Body: Spring 2019**

Contents

1. Background	3
2. Definition	3
3. Scope.....	3
4. Responsibilities	4
5. Availability of Medication	6
6. Individual Healthcare Plans.....	12
7. Administration of Medication.....	14
8. Disposal of Medicines	19
9. Hygiene and Infection Control	19
10. Day trips, residential visits and sporting activities.....	20
11. Emergency Procedures	20
12. Transport to Hospital	22
13. Insurance.....	22
14. Complaints	23
15. Review and Evaluation.....	23
16. List of Trained Staff at the School	23
Appendix A – Parental Agreement for School to Administer Medicine	25
Appendix B – Headteacher Agreement to Administer Medicine	27
Appendix C – Request for child to carry his/her medicine	28
Appendix D – Record of Medicine Administered to an Individual Child.....	29
Appendix E – Staff Training Record – Administration of Medicine	30
Appendix F – specimen letter to notify parents of availability of emergency salbutamol inhaler...	31
Appendix G – specimen letter to inform parents of emergency use of salbutamol inhaler	33
Appendix H – authorisation for the administration of rectal diazepam.....	34
Appendix I – Individual Healthcare Plan	35
Appendix J – Contacting Emergency Services	38
Appendix K – How to Recognise an Asthma Attack.....	39

1. Background

Woodchurch High School has in place a policy for supporting pupils with medical conditions, which includes managing medicines and out of hours provision.

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

- 1.2 Section 100 of the Children and Families Act 2014 places a duty on the school to make arrangements for supporting pupils in school with medical condition.

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. These arrangements must give parents and pupils 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 children and ensure that they and others are not put at risk.

2. Definition

Pupils' medical needs may be broadly summarised as being of two types:

- 2.1 Short-term, affecting their participation in school activities, for which they are on a course of medication.
- 2.2 Long term, potentially limiting their access to education and requiring extra care and support.

3. Scope

This policy is designed to ensure that:

- 3.1 Pupils 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;
- 3.2 To support the Governing Body in their duty to ensure that arrangements are

in place to support pupils at school with medical conditions; and

- 3.3 To support the Governing Body in their duty to 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.

4. Responsibilities

4.1 Governing Bodies

It is the responsibility of the Governing Body to 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. In order to do so they should ensure that:

- 4.1.1 They make available adequate resources in the implementation of the policy;
- 4.1.2 There are suitable arrangements at school to work in partnerships and to generally adopt acceptable practices in accordance with the policy;
- 4.1.3 They take into account that many of the medical conditions that require support at school will affect the quality of life and may be life-threatening;
- 4.1.4 The focus is on the needs of each individual child and how their medical condition impacts on their school life;
- 4.1.5 In making their arrangements they give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school;
- 4.1.6 The school demonstrates an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care;
- 4.1.7 That staff are properly trained to provide the support that pupils need; and
- 4.1.8 That written records are kept of all medicines administered to pupils

4.2 Headteacher

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

- 4.2.1 ensuring that sufficient staff are suitably trained;
- 4.2.2 ensuring that all relevant staff will be made aware of the pupil's medical condition, including any requirement for the child to participate in outside the classroom activities where appropriate;
- 4.2.3 cover arrangements are in place at all times in case of staff absence or staff turnover to ensure someone is always available;
- 4.2.4 supply teachers are briefed;
- 4.2.5 risk assessments have been carried out for school visits, holidays, and other school activities outside of the normal timetable;
- 4.2.6 procedures are in place to cover any transitional arrangements between schools for any medical issues;
- 4.2.7 for 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;
- 4.2.8 Individual Healthcare plans (see appendix 'I' and 'J') are monitored, including identifying pupils who are competent to take their own medication;
- 4.2.9 the management of accepting, storing and administering any medication (see appendix 'B');
- 4.2.10 that appropriate protective equipment is made available to staff supporting pupils at school with medical conditions;
- 4.2.11 further to this, the Headteacher will need to ensure that there is effective coordination and communications with relevant partners, professionals, parents and the pupils;
- 4.2.12 in order to ensure that pupils' health is not put at unnecessary risk from infectious diseases, in line with safeguarding duties, the Headteacher must inform parents that they should keep children at home when they are acutely unwell. The Headteacher should not accept a child in school at times where it would be detrimental to the health of that child or others to do so. Also, school staff should not attend school if acutely unwell and must be clear of vomiting and diarrhoea for 48 hours prior to returning to work;
- 4.2.13 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 Public Health England – Guidance on Infection Control in Schools and Other Childcare Settings and Local Authority Health & Safety Management Arrangements for Infection Control, available on Wescom, Safety Policy & Guidance Documents,

Medical Related information.

5. Availability of Medication

The availability of pupil specific medication at school will minimise the time that pupils will need to be absent.

Some children may need to take medicines during the school day at some time during their time in school. The school will need to be flexible in their approach and examples of circumstances under which the school may be requested to administer medicines:

- a) cases of chronic conditions, e.g. diabetes, asthma, epilepsy or anaphylactic shock;
- b) cases where pupils recovering from short term illnesses may be well enough to attend school but need to finish a course of antibiotics, cough medicine etc.

However, medicines should only be taken to school where it would be detrimental to a 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.

5.1 The Headteacher's Responsibilities

In terms of the administration of medication, the Headteacher is also responsible for the management of accepting, storing and administering any medication can be completed by ensuring that:

5.1.1 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 child in case of an emergency (see appendix D).

5.1.2 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 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 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, child's name and dosage and storage;
- 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. An 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, appropriately (for example refrigerated) 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.

5.2 School Staff

There is no legal or contractual obligation to administer medicines except in the case of below. Some support staff may have such a role in their contract of employment. The school should ensure that they have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties.

Anyone caring for children including teachers, other school staff and day care staff in charge of children, has a common law duty of care to act like any reasonably prudent parent. Staff need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips.

School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any 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.

Their responsibilities include:

- 5.2.1 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. See Sections 8 and 9;
- 5.2.2 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 school's policy (and Individual Health Care Plan if appropriate);
- 5.2.3 Long term conditions such as epilepsy, diabetes or asthma should be recorded in the pupil's file along with instructions issued by a doctor or specialised nurse as set out in the Individual Health Care Plan (see appendices I, J and F);
- 5.2.4 The school should check that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case in writing;
- 5.2.5 Medicines should personally be handed over to the school by a responsible adult and not by a child;
- 5.2.6 Medicines must be in date and in the original container marked with a pharmacy label stating the child's name, the type of medicine, in date and the required dosage and storage instructions;
- 5.2.7 Medicines must be kept within a secured area, out of the reach of children and visitors. This is except in emergency situations, where 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 children;

- 5.2.8 Receipt of medicines must be logged and an entry made when returned to parents (see appendix D);
- 5.2.9 An entry should be made of the pupil's name, drug administered, dosage, date and time (see appendix D);
- 5.2.10 The directions of the pharmacy label must be strictly followed;
- 5.2.11 Another member of staff should act as witness to the administration.
- 5.2.12 Parents will be informed of a refusal to take medication on the same day. If a refusal to take medicines results in an emergency, the school emergency procedures should be followed; and
- 5.2.13 If the school becomes aware that a pupil has vomited or has had diarrhoea after taking the medication they will notify the parents.

5.3 School Nurses

Woodchurch High School has access to school nursing services. They would not usually have an extensive role in ensuring that the school is taking appropriate steps to support children with medical conditions, but can be responsible for:

- 5.3.1 notifying the school when a child has been identified as having a medical condition which will requires support in school. Wherever possible, they will do this before the child starts at the school;
- 5.3.2 liaising with lead clinicians locally on appropriate support for the child and associated staff training needs;
- 5.3.3 supporting staff on implementing a child's individual healthcare plan;
- 5.3.4 advising and liaising on training to local school staff; and
- 5.3.5 community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

5.4 Other Healthcare Professionals

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

- 5.4.1 notify the school nurse when a child has been identified as having a medical condition that will require support at school;
- 5.4.2 provide advice on developing healthcare plans; and

5.4.3 provide support in school for children with particular conditions (e.g. asthma, diabetes).

5.5 Parents

Parents should:

5.5.1 provide the school with sufficient and up-to-date information about their child's medical needs;

5.5.2 be involved in the development and review of their child's Individual Healthcare Plan, and may be involved in its drafting; and

5.5.3 carry out any action they have agreed to as part of the implementation of their child's Healthcare Plan, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all time. If they fail to provide sufficient medication, they should be contacted immediately and necessary arrangements made, e.g. provision of medication, returning the child to the parent awaiting provision of the medication, etc.

5.5.4 inform the school if any family member who may have a highly contagious medical condition came into contact with the child.

5.6 Pupils

Pupils 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 pupils will often be sensitive to the needs of those with medical conditions.

After agreement with parents it is good practice to support and encourage pupils, who are able to take responsibility, to manage their own medicines from a relatively early age (see appendix C). Children develop at different rates and so the ability to take responsibility for their own medicines varies. If pupils can take their medicines themselves, staff may only need to supervise.

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

5.7 Local Authorities

Local Authorities are responsible for:

5.7.1 commissioning school nurses;

- 5.7.2 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 children, so far as relating to their physical and mental health, and their education, training and recreation (Section 10 of the Children Act 2004);
- 5.7.3 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;
- 5.7.4 working with schools to support pupils with medical conditions to attend full time;
- 5.7.5 where pupils 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
- 5.7.6 statutory guidance sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

5.8 Wirral Specialist Support Team for pupils with medical/physical needs (Children & Young People's Department)

A service provided by Wirral Council for pupils with medical/physical needs is available to all schools. The team offers the following service:

- 5.8.1 Advise and support schools in drawing up and developing Individual Healthcare Plans (IHCPs);
- 5.8.2 coordinate key transitions for pupils with medical and physical needs;
- 5.8.3 coordinate the provision of specialist equipment for pupils with medical/physical needs;
- 5.8.4 coordinate IHCP funding requests, and monitor IHCP funded provision (Element Three);
- 5.8.5 liaise with lead clinicians locally on appropriate support for pupils and associated training needs;
- 5.8.6 advice and liaison on training to local school staff;
- 5.8.7 provide ICT assessments for pupils who have been identified by the local Paediatric Occupational Therapy Service as having significant difficulties with recording and accessing the curriculum, and who may need assistive technology.

5.9 Providers of Health Services

5.9.1 Should cooperate with schools that are supporting 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.

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

5.10 Clinical Commissioning Groups (CGCs)

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:

5.10.1 commissioning is responsive to children's needs and that health services are able to cooperate with schools supporting children with medical conditions; and

5.10.2 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).

6. **Individual Healthcare Plans**

It is not appropriate to send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless specified in their Individual Healthcare Plans (see appendices I and J). 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.

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

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

- 6.3 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 child. Pupils should be involved wherever appropriate.
- 6.4 In deciding what information should be recorded on Individual Healthcare Plans the following should be considered:
- 6.4.1 the medical condition, its triggers, signs, symptoms and treatments;
 - 6.4.2 the pupil'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;
 - 6.4.3 specific support for the pupil's educational, social and emotional needs;
 - 6.4.4 the level of support needed including in emergencies;
 - 6.4.5 whether a pupil can self-manage their medication and the monitoring arrangements;
 - 6.4.6 who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support;
 - 6.4.7 who in the school needs to be aware of the child's condition and the support required;
 - 6.4.8 arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
 - 6.4.9 separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
 - 6.4.10 where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
 - 6.4.11 what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare; and
 - 6.4.12 the school does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil'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 Headteacher is best placed to take a final view.

7. Administration of Medication

7.1 Non Prescribed Medication

7.1.1 Only after parental advice can the school administer paracetamol or other pain relief. For pupils under 16, parental consent must be obtained beforehand and a record of that consent and administration should be made.

7.1.2 The school **must not** keep its own stock of medication with the exception of:

Sulbutamol inhalers – for emergency asthma relief
Epi-pens – for emergency use if severe allergic reaction occurs.

In all other cases, the parent/carer must provide the school with a supply of appropriate medication for use solely by their child.

7.1.3 A dose of paracetamol or pain relief should only be given after effort has been made to ease the pupil's pain. Before each dose of the medication is given, the school will obtain parental consent. The school will 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 will be made.

7.1.4 Staff will check that the medicine has been administered without adverse effect to the 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 to administer medicine.

7.1.5 If a child suffers regularly from frequent or acute pain the parents will be encouraged to refer the matter to the child's GP. A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.

7.2 Storing Medicines

The following must be followed in the storage of medication:

7.2.1 Medicines will be kept in a secure place with restricted access (see 11 below);

7.2.2 Controlled drugs will be stored securely with limited access, but should be easily accessible in an emergency. A record will be kept for audit and safety purposes (see appendix D);

- 7.2.3 Some medication, subject to Individual Healthcare Plan (see appendices I and J) can be kept in a refrigerator alongside food but should be in an airtight container and clearly labelled;
- 7.2.4 Large volumes of medicines will not be stored;
- 7.2.5 Children will know where their own medicines are stored, who holds the key and be able to access them;
- 7.2.6 Staff will only store, supervise and administer medicine that has been prescribed for an individual child;
- 7.2.7 Medicines will be stored strictly in accordance with produce instructions (paying particular note to temperature) and in the original contained in which dispensed;
- 7.2.8 Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, storage instructions and the frequency of administration;
- 7.2.9 Where a child needs two or more prescribed medicines, each will be in a separate container;
- 7.2.10 Staff will never transfer medicines from their original containers;
- 7.2.11 Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens will always be readily available to children and not locked away (these will be available from the Pupil Services Office);
- 7.2.12 The inhaler and spacers for salbutamol inhalers (see below) will be kept in a safe and suitably central location in the school, i.e. the school office, 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 children. The inhaler and spacer will not be locked away.

7.3 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 children, e.g. Ritalin, methylphenidate.

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

- 7.3.2 It is permissible for the school to look after a controlled drug where it is agreed that it will be administered to the child for whom it has been prescribed.
- 7.3.3 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).
- 7.3.4 Misuse of a controlled drug, such as passing it to another child or another person for use is a **criminal offence**.

7.4 Regular Injection

- 7.4.1 The school has a duty to support children with medical conditions at school and, as a result, trained and competent staff may be required to administer injections to pupils who have diagnosed conditions such as diabetes, epilepsy, anaphylactic shock, etc. Only trained and authorised staff may be required to administer injections to pupils who have diagnosed conditions such as diabetes, epilepsy, anaphylactic shock etc., where the child is unable for whatever reason to do so themselves.
- 7.4.2 In the case of pupils with an Individual Healthcare 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 child's parents.
- 7.4.3 The Governing Body will ensure that arrangements are in place to support pupils with medical conditions. In doing so they will ensure that such children can access and enjoy the same opportunity at school as any other child. When planning out of school activities such as educational visits, residential trips, etc, consideration and appropriate planning must be given to meeting the needs of pupils with medical conditions.

7.5 Self-Management

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

7.6 Children Requiring Emergency Medication

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

7.7 Transport of Medication

The Local Authority has a duty to ensure that pupils are safe during journeys. Appropriate training should be provided to School Escorts as required.

7.7.1 In circumstances where the Local Authority provides school transport for pupils with life threatening conditions, arrangements will be made for the pupil to be supported by a community care worker who is trained to administer medicines and deal with emergency situations.

7.7.2 If a child requires emergency medication, this will be handed to the school escort and arrangements made by the school/Local Authority for the school escort to be trained in administering the medication.

7.7.3 Finally, pupils 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.

7.8 Keeping Salbutamol Inhalers (Asthma Attack) for use in Emergencies

7.8.1 Asthma is the most common chronic condition, affecting one in eleven children. On average there are two children with asthma in every classroom in the UK. Children should have their own reliever inhaler and spacer 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.

7.8.2 From 1st October 2014 the Human Medicines (Amendment) (No 2) Regulations 2014 will allow the school to keep a salbutamol inhaler for use in emergencies.

7.8.3 The emergency salbutamol inhaler will only be used by 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 pupil's prescribed inhaler is not available (for example, because it is broken or empty).

7.8.4 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 child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

- 7.8.5 The main risk of allowing the school to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential therefore that the school ensures that the inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.
- 7.8.6 Keeping an inhaler for emergency use will have many benefits for identifying an asthma attack and emergency procedures (see appendices F and G). It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school. However, this is a discretionary power enabling the school to do this if they wish.
- 7.8.7 Have a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler.
- 7.8.8 Have written parental consent for use of the emergency inhaler included as part of a child's individual health care plan (see appendices I and J).
- 7.8.9 Ensure that the emergency inhaler is only used by children with asthma with written parental consent for its use (see appendix F).
- 7.8.10 Ensure that appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions.
- 7.8.11 Maintain records of use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler (see appendix G).
- 7.8.12 Have at least two volunteers responsible for ensuring the protocol is followed.
- 7.8.13 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 Headteacher (ideally on appropriately headed paper) stating:
 - the name of the school for which the product is required;
 - the purpose for which that product is required; and

- the total quantity required.

7.8.14 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.

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

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- that replacement inhalers are obtained when expiry dates approach;
- during an incident, spacers are available for use for an individual child and must be replaced following use;
- 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.

8. Disposal of Medicines

8.1 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.

8.2 Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained from the Local Authority Asset Management Team through Statutory Management Services. Collection and disposal of the boxes is arranged with the contractor, Canon Hygiene Services.

9. Hygiene and Infection Control

9.1 All staff will be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff will 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.

9.2 The school will ensure that any member of school staff providing support to a pupil 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 pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.

- 9.3 The relevant healthcare professional will normally lead on identifying and agreeing with the school the type and level of training required and how this can be obtained.
- 9.4 Staff will 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 children with medical conditions.

10. Day trips, residential visits and sporting activities

- 10.1 Arrangements are clear and unambiguous about the need to actively support pupils 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 healthcare plan.
- 10.2 Teachers and/or other designated school staff will be aware of how a child's medical condition will impact on their participation, but there will be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. School will make arrangements for the inclusion of pupils in such activities with any reasonable adjustments as required unless evidence from a clinician such as a GP states that this is not possible.
- 10.3 School will consider what reasonable adjustments they might make to enable children 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 steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.
- 10.4 When storing or transporting medicines for day trips, residential visits and sporting activities, school will refer to the 'Transport of Medication' and 'Storing Medicines' sections within this policy.

11. Emergency Procedures

- 11.1 The individual healthcare plan will clearly define what constitutes an emergency for that particular child and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures
- 11.2 As part of general risk management processes the school will have arrangements in place for dealing with emergency situations. School will therefore take care not to solely focus on emergencies identified in the

individual healthcare plans and appreciate that other emergency situations may occur.

- 11.3 All staff will be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover will 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 children, such as lunchtime supervisors. It is important that they are also provided with training and advice. Other children should know what to do in the event of an emergency, such as telling a member of staff.

12. Transport to Hospital

- 12.1 Where the Headteacher considers that hospital treatment is required the school will contact the emergency services for advice and follow it. Parents will be contacted and informed of the situation.
- 12.2 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. School will ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.
- 12.3 If, despite being fully appraised of the situation, the emergency services does not consider it necessary for transport by ambulance, but the school considers that further medical advice is required, the school will contact the pupil's next of kin. If the next of kin cannot be contacted and/or does not have access to own transport, the school will, only in these exceptional circumstances, arrange to transport the injured person using school staff transport. They will be accompanied by an additional responsible adult to support the injured person. If a child needs to be taken to hospital by ambulance a member of staff should accompany the child and stay with the injured child until their parents/carers arrive. Please note: all staff who are likely to use their own vehicles for business travel must have the appropriate business insurance and valid MOT certificate (if required). It is the responsibility of the Headteacher to check these documents together with the individual's driving licence, making a note of any endorsements on an annual basis and maintain appropriate records.

13. Insurance

- 13.1 Schools buying into Wirral Council's insurance scheme:
 - 13.1.1 Where a member of staff acting in the course of employment supports pupils with medical conditions at school, they will be indemnified by the Council's liability insurance for any claim for negligence relating to injury or loss through their action. The cover includes the administration or supervision of prescription and non-prescription medication orally, topically, by injection or by tube and the application of appliance or dressings, providing that the following criteria have been met.
 - 13.1.2 They have received full appropriate training and are competent to carry out any medical interventions for that pupil.
 - 13.1.3 They have received refresher training at the required intervals.
 - 13.1.4 They have used the relevant protective equipment for that purpose.

13.1.5 There is written parental instruction and consent.

13.1.6 It is made clear to non-trained staff that they should not administer medication.

13.2 Schools using other insurance providers should:

13.2.1 Check with their own insurers that the same cover applies.

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

14. Complaints

Should parents or pupils 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.

15. Review and Evaluation

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

- a) Changes to legislation;
- b) Employee concern.

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

16. List of Trained Staff at the School

16.1 Lead Person for managing medicines at school

16.2 School First Aiders - Full First Aid at Work Certificate

David Truman
James Yarranton
Gareth Simpson
Eddie Eaton
Cath Gilroy
Carol Doherty
Debbie Ryan
Stef Rapple

Emergency First Aid Trained Personnel

Sion Hulse	Paul Joplin	Ryan Stead	Ian McGill
Sarah Barney	Alison Kielty	Amy Williams	Dan Jones
Azalea Rees-Jones	Natalie Marsland	Victoria McNamara	Edward Smith
Sue Ward	Peter May	Danielle Kennedy	Malcolm McWilliams
Lianne Taylor	Kevin Jones	Miguel Sanchez	
Trevor Wheeler	Dawn Evans	Joe Kielty	
Laura Hughes	Ben Guest	Fran Tynan	
Robert Davies	Faye Gibson	Polly Pattinson	
Debbie Jack	Linda Hackett	Patti Ormond	

AED Trained Personnel

Sion Hulse
Jimmy Yarranton
Dave Truman
Debbie Ryan
Stef Rapple

Note: AED can be used by any member of the public – training is not a pre-requisite to use.

16.3 School Emergency Appointed Persons – see School Emergency Plan

16.4 People for administering medicines – Pastoral Leadership Team and Senior AEN team.

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.

Woodchurch High School

Full name of child	
Date of birth	
Form	
Medical condition or illness	
Daily care requirements (e.g. before sport/lunchtime)	
Describe what constitutes an emergency for the child, and action taken if this occurs	
Medicine	
Note: Medicines must be in 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 (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/No <i>(please delete as appropriate)</i>
Procedures to take in an emergency	
Contact Details of parent/carer	
Name	
Daytime telephone number	
Mobile telephone number	
Relationship to child	
Address	
Who is the person to be contacted in an emergency (state if different for offsite activities)	
Emergency telephone contact number	
Name and phone number of GP	
I understand that I must deliver the medicine personally to (name of staff member)	

I accept that this is a service that the school is not obliged to undertake.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff (or my child/ward) administering medicine in accordance with the school policy. I understand that I must notify the school in writing of any change in dosage or frequency of medication or if medication is stopped.

Name: _____ Signature _____

Date: _____

Appendix B – Headteacher Agreement to Administer Medicine

Woodchurch High School

It is agreed that _____ (name of child) will receive

(quantity and name of medicine) every day at

(time medicine to be administered, e.g.
Lunchtime or afternoon break).

_____ (name of child) will be given/supervised whilst
he/she takes their medication by _____ (name of
member of staff)

This agreement will continue until _____ (either end
date of course of medicine or until instructed by parents).

Date: _____

Signed: _____
(Headteacher/named member of staff)

Print Name: _____

Appendix C – Request for child to carry his/her medicine

WOODCHURCH HIGH SCHOOL

THIS FORM MUST BE COMPLETED BY PARENTS/CARERS

If staff have any concerns discuss request with healthcare professionals

Name of child	
Date medicine provided by parent	
Form	
Name of medicine	
Procedures to be taken in an emergency	
Contact Information	
Name	
Daytime telephone number	
Relationship to child	

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

Date: _____

Signed: _____

Print name: _____

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 Child

Woodchurch High School

Name of child	
Date medicine provided by parent	
Form	
Location of storage	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	
Staff signature	
Staff name	
Parent/carer signature	
Parent/carer name	

Date			
Time given			
Dose given			
Name of member of staff			
Reducing quantity			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Reducing quantity			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Reducing quantity			
Staff initials			

Appendix E – Staff Training Record – Administration of Medicine

Woodchurch High School

Name	
Type of training received	
Date of training completed	
Training provided by (Company)	
Name of trainer	
Profession and title	

I confirm that _____ (name of staff member) has received the training detailed above. I recommend that the training is updated annually.

Trainer’s signature _____

Date: _____

I confirm that I have received the training detailed above

Staff signature _____

Date: _____

Suggested review date: _____

Appendix F – specimen letter to notify parents of availability of emergency salbutamol inhaler

Dear Parent/Carer

Emergency use of salbutamol inhalers in school

From 1st October 2014 the Human Medicines (Amendment) (No 2) Regulations 2014 will allow schools to obtain, without a prescription, salbutamol inhalers and spacers, if they wish, for use in emergencies. This will be for any pupil diagnosed with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's own prescribed inhaler is not available (for example, because it is lost, broken or empty).

It is very important to ensure your child always has their own salbutamol inhaler and spacer in school and the presence of the emergency inhaler does not replace the need to provide this.

Please note that most children with well controlled asthma should rarely need to use salbutamol and can lead a full and active life. Children needing to use salbutamol more than two or three times per week, when they are well, are not as well controlled as they should be and have a higher risk of asthma attack. In this case it is important to see their GP to ensure that they are on the right preventative treatment. This could prevent an unnecessary and traumatic trip to hospital for a child and potentially save their life.

The emergency salbutamol inhaler should only be used by 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 for occasional symptoms or emergencies.

In the unlikely event that your child has an asthma attack and they do not have an inhaler in school we need your written consent to administer an emergency inhaler.

Please complete the attached reply slip and return it to school by

Thank you for your continued support.

Yours sincerely

Ms R Phillips
Headteacher

Name of child: _____ Form: _____

I give permission that in the event of any emergency, and no inhaler being available, an emergency salbutamol inhaler can be used by my child in school.

Print name: _____ Signed: _____

Date: _____

Appendix G – specimen letter to inform parents of emergency use of salbutamol inhaler

Child's name: _____

Form: _____

Date: _____

Dear

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 have your child seen by your own doctor as soon as possible.

Yours sincerely

**Ms R Phillips
Headteacher**

Appendix H - authorisation for the administration of rectal diazepam

Woodchurch High School

Child's name	
Date of Birth	
Home address	
GP	
Hospital consultant	

_____ (name of 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	
Parent/Carer signature	
Print name	
Date	

NB Authorisation for the administration of rectal diazepam

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

Two members of staff will be present at any administration for safeguarding reasons.

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.

Appendix I - Individual Healthcare Plan

Name of Pupil	Date of Birth
Medical/Physical Condition or Diagnosis	School Woodchurch High School
SEN (Code of Practice) Stage	Year Group

Date of IHCP	People present at meeting
Date for Review	
Person responsible for IHCP	

<u>Professional Contacts</u>	
<u>Additional Support</u>	
Amount of additional support needed (measured in units)	
Funding for additional support	
SEN (Code of Practice) Stage	Year Group
<u>Current Support Workers (including MDS)</u>	
Name	Name
Designation	Designation

Hours	Hours
<u>Back-up Support Worker</u>	
Name	Name
Contact	Contact
<u>Important information about the condition</u>	

Medication
School should make reference to the following DfE Statutory Guidance: "Supporting Pupils at School with Medical Conditions"

<u>Emergency Situations and Procedures:</u>

<u>Fire – Personal Emergency Evacuation Plan (PEEP)</u>
<input type="checkbox"/> No <input type="checkbox"/> Yes (If 'YES' has been ticked, please attach PEEP to this IHCP)
For guidance on completing a PEEP contact Wirral Local Authority's Health, Safety & Resilience Team

<u>Daily Management Issues</u>

<u>Specific Moving/Handling Advice</u>
School should make reference to Local Authority's Health & Safety Management Arrangements for Manual Handling

Equipment used in School

New equipment may need to be set up by the occupational therapist that ordered it. School should liaise with the Occupational Therapy Department once the equipment has been delivered.
Wheelchairs – staff involved in moving children in wheelchairs should have access to the wheelchair’s user manual to familiarise themselves with the wheelchair’s operation. This will be available from parents for the school to copy.

Educational Implications

Particular advice to subject areas (including PE)

Homework

Exam Dispensation or Special Considerations

Off Site Activities (including Residential and Work Experience)

For advice about accessible vehicles contact Wirral Local Authority’s Transport Department

Post 16 Planning (Transition, Connexions etc)

Other Issues

A risk assessment may need to be carried out in support of this plan. For guidance and advice school should make reference to the Local Authority’s Health & Safety Management Arrangements for Risk Assessment and/or contact the Health, Safety & Resilience Team.

Parent/Carer Name: _____

Parent/Carer Signature: _____

Appendix J – Contacting Emergency Services

Request an ambulance – dial (9)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. School telephone number (0151 677 5257)
2. Your name
3. Your location – Woodchurch High School, Carr Bridge Road, Woodchurch, CH49 7NG
4. State the postcode – CH49 7NG
5. Provide the exact location of the patient within the school
6. Provide the name of the 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 in breathing (the 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 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 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 child
- Encourage the child to sit up and slightly forward
- Use the child’s own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the 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 child; stay with the child until they feel better; the child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE