



Supporting Students with Medical Needs



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Reviewer: Director of Operations

COMMITTED TO
EXCELLENCE

GREENSHAW HIGH SCHOOL

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Statement of Intent

The Governors of Greenshaw High School are committed to complying with all relevant legislation in relation to the health and safety of the students in its care, including those with special medical needs. The school takes advice from the Department of Education “Supporting Pupils at School with medical conditions” 2014 guidance.

1. Aims & Responsibilities

1.1 The school aims to:

- assist parents in providing medical care for their children;
- educate staff and students in respect of special medical needs;
- adopt and implement the “Supporting pupils at school with medical conditions” 2014 guidance;
- liaise as necessary with health professionals who support individual students;
- ensure access to a full education if possible;
- monitor and keep appropriate records.

1.2 Entitlement

The school accepts that:

- students with medical needs have a right to the full education available to other students;
- students with medical needs should be enabled to have full attendance and receive necessary, proper care and support.

The school accepts that all employees have rights in relation to supporting students with medical needs as follows:

- to choose whether or not they are prepared to be involved;
- to receive appropriate training;
- to work to clear guidelines;
- to have concerns about legal liability;
- to bring to the attention of the Senior Leadership Team, any concern or matter relating to supporting students with medical needs.

1.3 The role of the school

It is expected that the school will:

- liaise with parents and health professionals (where appropriate) on the production of a health care plan for the student ensuring it is updated regularly and accessible to the parents;
- ensure adequate care for the students through the training of staff and arranging appropriate provision for a student to access all aspects of education;
- provide adequate insurance for the level of risk.

1.4 The role of the parent

It is expected that the parent will:

- keep the school informed about any changes to their child/children’s health;
- complete a parental agreement form to administer medication before bringing medication into school;

- provide the school with the medication their child requires and keeps the medication up to date;
- collect any unused medication at the end of the academic year;
- discuss the medication with their child/children prior to requesting that a staff member administers the medication;
- where necessary, develop an Individual Healthcare Plan (IHCP) for their child in collaboration with the school and healthcare professionals.

1.5 The role of the student

It is expected that the student will:

- where competent, be encouraged to take responsibility for managing their own medication and procedures;
- where possible, be allowed to carry their own medication and devices, subject to written consent being given by the parent. If this is not possible, their medication will be located in an easily accessible location.
- take their medication; however if he/she refuses, the parent will be contacted and alternative options will be explored.

2. Policy into Practice

Responsible person: Principal First Aider


2.1 Individual Health care plans (IHCPs)

Parents are requested to share with the school any relevant medical information regarding their child on an annual basis. If a student has significant medical needs, a health care plan will be drawn up by the School Nurse in conjunction with the parents, Principal First Aider, Head of Year, SENDCO and any relevant medical professionals. The focus of this plan should be on the needs of the individual student and how their medical condition impacts their school life. This plan will be reviewed on an annual basis, or sooner if necessary, and made accessible to parents.

2.2 Support for staff carrying out their role

Communication: Communication to staff regarding a student's acute medical condition is done via the Principal First Aider. Where necessary, a staff briefing with relevant staff is organised and the School Nurse or other medical professionals may attend. Staff will be briefed on the condition, how best to support the student and what to do in an emergency.

Training: The Principal First Aider will take the lead on training and liaise with the HR Manager on training and induction arrangements for staff. The HR Manager will keep a record of training undertaken and a list of staff qualified to undertake responsibilities under this policy. Feedback will be sought from staff by the HR Manager to ensure that staff feel supported in carrying out their role.

Staff absence: In the event of a staff absence, the school will allocate a trained member of staff to cover the absence. 

2.3 Arrangements for students who are competent to manage their own medical needs

The school actively encourages students to manage their own health needs and recognises the importance of supporting this independence. When a student has chosen to manage their own health needs, the school requests that the parent agrees by completing a consent form

2.4 Emergencies

Medical emergencies will be dealt with under the school's emergency procedures. Where an Individual Health Care Plan (IHCP) is in place, it should detail:

- what constitutes an emergency
- what to do in an emergency

2.5 Accident Reporting and Recording

In the event of an accident or other occurrence (e.g. an epileptic fit) a first aider should be contacted to deal with the situation. The first aider will be responsible for recommending that an ambulance is called, although there will be times when a member of staff will have made that decision before the attendance of the first aider to avoid delay. The parent/guardian should be contacted as soon as possible.

All **non-reportable** accidents, treated with first aid, should be entered in the Accident Record book, kept by the first aid box in the main office. Where relevant, parents should be contacted and advised of the situation and asked if they would like to collect their child or if they are happy for them to remain in school.

In other cases, where no injury is visible, the student will be kept under observation. However, if concerns increase medical attention may need to be obtained but in all cases parents will need to be advised of the incident. In the event of a bump to the head it is essential that persons be monitored and not left alone or unsupervised.

All incidents where first aid has been administered for either accidents or illness are recorded on the medical database held by the Principal First Aider.

a) Accidents involving blood

See guidelines at Appendix B

Accidents involving blood, e.g. cuts, nose bleeds, etc. carry the danger of Hepatitis B and HIV (AIDS). The procedures described in Appendix B should also be followed for the cleaning up of other bodily products.

A record must be made of the incident.

b) Infectious Diseases

Any suspected infectious disease should be reported to the School Business Manager, Principal First Aider or the Headteacher - who will seek advice from the School Nurse or the Community Physician on action that maybe required.

2.6 Arrangements for school trips and sporting activities

The trip leader/sports leader is provided with all the medical details relating to the relevant students and attends a briefing with the Principal First Aider. A risk assessment is produced for each trip factoring in the risk associated with the medical condition. Students are expected to provide their own medication.

The school ensures that all students, where it is reasonable and despite their medical condition, can attend these events with the consent of their parents. Additional staffing is provided to ensure adequate care.

2.7 Home to school transport

Where a student is unable to travel to school due to their health, the school will organise home to school transport to ensure that the student can access their education. This is agreed by the SENDCO and the School Business Manager.

2.8 Unacceptable Practice

Greenshaw High School understands that the following behaviour is unacceptable:

- assuming pupils with the same condition require the same treatment;
- ignoring the views of the student and their parents;
- ignoring medical evidence or opinion;
- sending students home frequently or preventing them from taking part in school activities;
- penalising students with medical conditions for their attendance record where the absence relates to the condition;
- making parents feel obliged or forcing parents to attend school to administer medication or provide medical support;
- creating barriers to children participating in school life, including school trips;
- refusing to allow students to eat, drink or use the toilet when they need to in order to manage their condition.

2.9 Complaints

The details of how to make a complaint can be found in the School's Complaints Policy.

3. Administering Medication to Students in school

Students who are fit to attend school may require taking medication school hours (diabetics, asthmatics, epileptics, etc.). The following are guidelines on administering these medication in schools.

3.1 The School's Responsibility

The School will normally expect the students to be responsible for taking their own medication, but will ensure, where necessary, its safekeeping, refrigeration, etc.

The Principal First Aider will ensure that where another adult (apart from herself) is responsible for the medication, that person is made fully aware of their duties in this respect.

Parents will be required to sign an acknowledgement that they have requested the administration or safe-keeping of their child's medication and that they are satisfied that the designated members of staff are competent to do so. All medication will be in their original containers with the students name and dosage clearly displayed.

A clear written statement of their responsibility will be given to all parents, detailing:

- how to make a request for medication to be given by school staff, i.e. in writing and in person to the Headteacher;
- How medication should be provided to the School, i.e. in the original container from the pharmacy and clearly labeled with :
 - i. **Student's name**
 - ii. **Class**
 - iii. **Name of medicine**
 - iv. **How much to give (i.e. dose)**

- v. **When to be given/ taken**
- vi. **Any other instructions, e.g. storage**
- vii. **Emergency contact number**
- viii. **Family doctor's number;**

- the need for parents to notify the school in writing of any changes in medication;
- the need for parents, in person, to replenish the supply of medication if necessary;
- a recommendation that the school be advised of any significant disease, medical condition or allergy the student may have, subject to confidentiality.

3.2 Medication

- Where a student is taking a limited course of medication e.g. antibiotics, it would be expected that the medication will be administered at home. However, if the medication is being taken for reasons which would not put the student or others at risk, for example of infection, arrangements can be made for it to be taken in school.
- If a student is taking a non-prescribed medication e.g. cough medicine, this would be expected to be administered at home. Furthermore, it is expected that students will not take non-prescribed medication in school unless under controlled conditions.
- Where staff agree to administer medication to a student, the responsible person has to be designated so that the parent / carer and the student know who it is. The medication book has to be signed by the parent/ carer stating the dosage/application and the time(s) to be taken.

3.3 Storage of medication

Medication, when not in use, shall be kept in a safe and secure place (a refrigerator if appropriate). However, medication that may be required in an emergency will always be readily accessible if not kept by the student.

Students will be responsible for their own inhalers, unless there is a specific reason for them not to be.

3.4 Administration/ Record

The label on the container containing medication should be checked against the school medication record (completed by parent). Any discrepancy should be queried with the parent before administering medication. A parent should provide proof, **in writing from their GP**, if their instructions differ from those on the medication container. **A record should be kept of doses given, when given, by whom given.** The Principal First Aider is responsible for monitoring and keeping appropriate records.

3.5 Disposal

Medication no longer required should not be allowed to accumulate. They should be returned to the parent in person for disposal. In the last resort, unwanted medication should be given to the local pharmacist for disposal as required by the Environmental Health Regulations.

3.6 School Nurse

The School Nurse shall seek advice from the Local Health Authority if relevant information concerning a student's rarer health problems is required.

3.7 Liability of School Staff

Staff designated to administer medication to pupils will be covered by the school in the event of liability/ negligence claims made against them, as long as they have taken all reasonable steps to follow the procedures and parental instructions contained in these guidelines.

3.8 Emergency Kits

The school will keep a stock of Asthma Inhalers and Adrenalin auto-injectors (AAI) which can be used if a pupil has run out of medicine. These will be stored in Emergency kits and maintained by the principal first aider.

An emergency asthma inhaler kit will include:

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers (see below);
- a list of children permitted to use the emergency inhaler (see section 4) as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used).

The school will keep 5 emergency asthma kits, to ensure that all children within the school environment have access to a kit.

An emergency anaphylaxis kit will include:

- 3 AAI(s).
- Instructions on how to use the device(s).
- Instructions on storage of the AAI device(s).
- Manufacturer's information.
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded.
- A note of the arrangements for replacing the injectors.
- A list of pupils to whom the AAI can be administered.
- An administration record.

The school will keep 1 emergency anaphylaxis kit, to ensure that all children within the school environment have access to a kit.

The First Aid team will ensure that:

- On a monthly basis the AAIs are present and in date.
- That replacement AAIs are obtained when expiry dates approach (this can be facilitated by signing up to the AAI expiry alerts through the relevant AAI manufacturer).
- Any spare AAI devices held in the Emergency Kit should be kept separate from any pupil's own prescribed AAI which might be stored nearby
- Spare AAI should be clearly labelled to avoid confusion with that prescribed to a named pupil.
- The AAI devices are stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

4. Counselling, Contraception and Consent Issues

Greenshaw High School operates a support department called 'The Junction'. Within this department, there are a team of Key workers who mentor and work with young people who may have behavioural, social or emotional difficulties. In addition, pupils can be referred to the Emotional Mentors or the School Nurse, both of whom work within the school building.

The keyworkers, mentors, pastors and school nurse all follow the Fraser Guidelines. The school requires the mentors to follow these guidelines and to report any suspected child protection issues. The Fraser Guidelines are the result of a House of Lords judgment in 1985 (The Gillick Judgment). The case concerned giving children under 16 contraceptive advice and treatment. These guidelines are relevant to the giving of contraceptive advice and treatment to a person under 16 but the standard of understanding known as Gillick competence is used in the context of other advice and medical treatment as well (see below).

The Fraser Guidelines are only binding on doctors but are considered to be best practice in many other health related professions. They state that a young person has a right of confidentiality when asking for contraceptive advice or treatment (including abortion) and give a young person the right to consent to medical treatment if he/she is of 'sufficient understanding and intelligence' to understand the implications. Under the Fraser Guidelines doctors are to encourage young people to tell their parents or carers but a doctor can provide contraception without telling the parents if satisfied that:

- the young person will understand,
- the young person cannot be persuaded to tell parents and will not allow their doctor to do so;
- the young person is likely to begin or continue having unprotected sex;
- the young person's physical/mental health is likely to suffer unless he/she receives contraceptive advice/treatment;
- it is in the young person's best interests to receive such treatment.

Most children in school will have access to counselling/mentors without parental consent. Generally a child of 16 will be old enough to give their own consent. If they are under 16, the standard used by doctors is that from the Gillick judgement known as Gillick Competence:

"As a matter of Law the parental right to determine whether or not their minor child below the age of sixteen will have medical treatment terminates if and when the child achieves sufficient understanding and intelligence to understand fully what is proposed."

This means that some children will have the capacity to consent well below 16.

The school takes the view that the interests of the children are best served by having access to contraceptive advice and treatment and so it makes provision for keyworkers, mentors, pastors and the school nurse, who all follow the Fraser Guidelines, to provide advice.

Where a member of staff becomes aware that a child under 16 is sexually active or pregnant, the Designated Safeguarding Lead (Lynda Wallace) will need to make a decision as to whether the parents or guardians should be informed in the best interests of the child. Greenshaw High School may seek advice from Social Services. The decision will be given the serious consideration which it deserves. Although, the teacher will owe the pupil a duty of confidentiality, this can be overridden in the best interests of the child.

In making the decision the school will take into account the following factors:

1. Will the parents be supportive?
2. Will giving the child the opportunity to tell their parents first mean that they might run away from home?
3. What is the likely outcome if the parents are/ are not informed?

4. Will a referral to the counselling service be sufficient to cover the child's needs? What if he/she does not go?
5. Who is the child sexually active with/pregnant by – another child or an adult? The school needs to identify whether there is a child protection issue.
6. How old/ mature is the child? The appropriate action for a child who does not have sufficient understanding to be Gillick competent (explained above) is much more likely to be to inform the parents.

The Fraser Guidelines are not binding on the school but the school will take them into account when making a decision.

Parental agreement for School to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

APPENDIX B

Medication Logbook

Student Name	Tutor Group	Date	Name of Medication	Dosage Given	Time given	Any Reaction	Administered/ Witnessed by