



**BIDDULPH
HIGH
SCHOOL**

SUPPORTING STUDENTS WITH MEDICAL CONDITIONS IN SCHOOL

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REVIEWED: SEPTEMBER 2020

REVIEW DATE: SEPTEMBER 2021

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1. POLICY FOR THE ADMINISTRATION OF MEDICINE IN SCHOOL

It is important for all staff and parents/carers to recognise that the administration of medicine is the responsibility of parents/carers. Academy staff have a professional and legal duty to safeguard the health and safety of students. We do all that we can to enable children to gain the maximum benefit from their education and to participate as fully as possible in school life. Children have a right to be educated and should not be excluded purely as a result of requiring medication.

Staff at Biddulph High school do not have a duty to administer medication. Participation in the administration of medicines is on a voluntary basis. Individual decisions on involvement must be respected.

A. Information to Parents/Carers

Parents/carers are advised, in the Academy prospectus, that students who are unwell should not be sent to school. However, we recognise that many students need to attend school while taking prescribed medicines either because they are:

- a) suffering from chronic illness or allergy
- b) recovering from a short-term illness and are undergoing or completing a course of treatment using prescribed medicines.

To help avoid unnecessary taking of medicines at school, parents/carers should:

- a) be aware that a three times daily dosage can usually be spaced evenly throughout the day and does not necessarily have to be taken at lunchtime
- b) ask the family doctor if it is possible to adjust the medication to avoid school time doses.

Where occasionally this cannot be arranged, parents/carers are encouraged to note that if a student cannot self-administer and needs a dose of medicine at lunchtime the parent/carer should come to school to administer the medicine. Students who are able to self-administer and whose medication is stored in school will contact Reception when necessary, parents/carers will be contacted for consent and recorded on the Medicine Record.

Young people may consult the doctor and receive medication without the parent/carer's permission/knowledge when the doctor considers they have sufficient age and understanding. There is no fixed age for this (often it is over 16); in this case the Academy may have to deal directly with the student over medication.

B. Procedure for Administration of Medicine in School

Most students in this school have the ability to self-administer their own medication

On the few occasions when medicines have to be brought in, the original duplicate container complete with the original dispensing label should be used. If a child is on regular medication, the dispensing chemist may, at his own discretion, agree to supply two filled containers. The duplicate bottle for school should contain no more than one day's supply and the dispensing chemist may request that the GP writes two prescriptions, one for home the other for school use. The label should clearly state:

1. Name of student
2. Date of dispensing
3. Dose and does frequency (this may read 'as directed' or 'as before' if this is what is on the prescription. In this case, the form Appendix 1 must give clear instructions)
4. Cautionary advice/special storage instructions
5. Name of medicine
6. Expiry date – where applicable
7. Storage.

Medication must at all times be stored in containers as indicated above (this will assist the Academy in addressing any problems with substance abuse or loss of medicines). Medicines should be kept safely by the student and be accessible when required.

It is acknowledged that given the age range of the students at this school (13-19) many students may carry their own medication, without disclosing it to staff.

2. INDIVIDUAL CARE PLANS

For all students who may require individual specialised treatment, a clear Individual Healthcare Plan (IHCP) must be in place. An IHCP may be initiated by a member of school staff, school nurse or other healthcare professional involved in providing care to the child. See Individual Healthcare Plan for procedure.

Treatment plans should be prepared by the doctor responsible for the management and prescription of treatment and should be shared with parents/carers and child's GP. The School Health Service should provide a supporting role in ensuring an IHCP is understood and carried out in the Academy. Any care plans must be provided to the school and be fully agreed before any medical treatment will be carried out. The plan will be reviewed annually. The review process should always include an appropriate Academy representative.

In some circumstances, students may have complex medical needs. In these instances, school nurses may have a specific responsibility for an individual student's medical management in the Academy. Where the student has a special educational need the IHCP should be linked to their Education Health & Care Plan (EHCP), where they have one.

If a student transfers to another school, a copy of the IHCP will be provided for the new school.

IHCP Check List Exemplar

Name:					
Check List	Y	N	N/A	Action	Person Responsible
Does the child require an IHCP for their medical needs?					
Is medication required?					
Is a risk assessment required?					
Are specific support strategies and intervention required?					
Is the child able to self-administer medication?					
Is specific training required?					
Do school staff need to be made aware of the child's medical condition?					
Consent letter required from parents/carers for the child to self-administer during school hours.					

Are separate arrangements required for school trips or other school activities including outside of the normal timetable?					
Is an emergency plan required, including whom to contact and contingency arrangements?					
<p>Signature of Parent:</p> <p>Signature of School Nurse/Healthcare Professional:</p> <p>Signature of School Representative:</p>					

3. EDUCATIONAL VISITS AND OTHER SCHOOL JOURNEYS

The administration of medicines during educational visits, including visits abroad, residential visits and other out-of-school activities, requires special attention and pre-planning. Educational visits abroad or residential visits will, where necessary, require a Health and Care Plan Meeting with the school nurse and member of staff, including liaison with the student and parent/guardian. It is expected that parents/carers and the student take responsibility for their well-being on visits. This includes carrying required medication such as inhalers/EpiPens with them at all times. Medical consent forms will be sent home before any visit and staff members will be alerted to specific issues. However, this does not mean that staff are responsible for ensuring that students carry any medication with them. This is the responsibility of the parents/carers and the student. This process also applies to extra-curricular clubs and activities, including PE fixtures.

4. MEDICAL CONFIDENTIALITY

Staff in schools have no automatic right to be informed of any medical condition suffered by any student. However, in order that students can receive the best possible care, parents/carers should advise the Academy of any conditions that may require intervention during the school day. Any medical or related information provided to the Academy either by parents/carers or healthcare professionals will always be treated in the strictest of confidence. Information will only ever be shared with those members of staff whose role may lead to them providing support or other intervention as agreed with parents/carers.

5. EMERGENCY AID

Where children have conditions which may require rapid intervention parents/carers must notify the Headteacher of the condition, symptoms and appropriate action following onset. The Headteacher may wish to discuss this with the School Health Service. The Headteacher will make all staff aware of any student whose medical condition may require emergency aid. This will include relevant support and canteen staff.

6. UNUSUAL OCCURRENCES, SERIOUS ILLNESS OR INJURY

All parents/carers are informed of the Academy's policy concerning students who become unwell while at school, or on authorised educational visits, trips etc. If parents/carers and relatives are not available when a student becomes seriously unwell or injured the Academy will, if deemed necessary, call an ambulance to transport the student to hospital.

7. THE USE OF NON-PRESCRIPTION DRUGS

The government health guidelines on the use of Aspirin and Paracetamol containing Ibuprofen is that they should never be given to students under 16 unless prescribed by a doctor. If a student requests Paracetamol, it will only be given after parental permission has been granted. This usually takes place over the telephone and the Academy Receptionists will make this telephone call.

Each request will be logged with name, date/time, dosage, reason and person handing over the table. Students over 16 can give their own consent for pain relief.

8. PROCEDURES FOR STUDENTS WITH ALLERGIES (ANAPHYLAXIS)

A separate protocol is drawn up for each child based on consultation with parents/carers, health professionals and, where appropriate, the Local Education Authority and/or Department for Education.

- It is the responsibility of the parent/carer to ensure that there are two EpiPens available at all times, one to be carried by the student and one to be kept as a spare by Reception
- It is the responsibility of the parent/carer to ensure the EpiPens are not out of date
- Students are expected to carry an EpiPen at all times, including Academy trips/visits. It is the responsibility of the parent/carer to ensure that this happens
- Under no circumstances should the medication be given to another child
- Academy staff should undertake all reasonable steps to ensure that any child does not eat any food items unless they have been approved/prepared by his/her parents/carers
- Whenever planned curriculum activity involves cookery or experimentation with food items, prior discussions should be held between the staff and parents/carers
- Academy staff need to be aware of management of food in relation to menus in school.

Guidelines – Anaphylaxis (Allergy Shock Syndrome)

This guideline only applies when the acute allergic condition is known and notified to the Academy. The condition is extremely rare. It commonly occurs in response to certain foodstuffs, particularly peanuts, but can occur in response to wasp stings.

Types of treatment

- The treatment may involve both of the treatments below:
 - The anti-histamine may be prescribed according to the severity of the reaction
 - An adrenaline injection (EpiPen, Anapen) should be immediately administered as a life threatening situation develops quickly
- Immediate emergency medical aid should be called in all cases, informing the doctor/ambulance service of the acute allergic reactions.

Training

- The purpose of training is to enable staff to deal with an episode and provide the necessary immediate care required
- The training required would be to the level that would be expected of a parent or carer but not to the level that a health professional may be trained to
- This should include an awareness of Anaphylaxis and a discussion about the early symptoms specific to the student. It should include a demonstration of the use of auto injector (EpiPen) using a training device
- At the end of the training a care plan specific to the student should be produced
- Training should be provided by school health advisor/nurse or paediatrician and should be repeated annually or at the request of Academy staff if there have been staff changes
- The Academy will keep a record of staff training.

Written Instructions (Individual Treatment Plans)

- The parent/carer must agree, in writing, to be responsible for ensuring that the Academy is kept supplied with injections which are 'in-date'. (At Bidduph High School the student is responsible for keeping the medication on his/her person)
- The parent/guardian is responsible for providing the Academy with up to date names and telephone numbers of persons who can be contacted in a matter of emergency
- The Headteacher must ensure appropriate training is given to staff
- The School Health Advisor/Nurse following consultation with the prescribing paediatrician is responsible for arranging the appropriate information and training for a minimum of two responsible persons who have volunteered to administer adrenaline. Should a designated person be trained it is courteous to obtain parents/carers' consent and invite them to the training. *(At BHS there will be no designated individual responsible for the administration of medicine, it is deemed appropriate that students at High School should take responsibility for the availability of their medication)
- It will also be necessary for the Headteacher to arrange for the teachers and other Academy staff to be briefed about a student's condition and about the arrangements contained in the written instructions
- The instructions may include detailed arrangements for meals and that steps are taken to ensure that the student does not eat any food other than items prepared/approved by the parents/carers as far as is reasonably practicable. The Academy may also write to parents/carers of students in the same class to request their students not to share or pass on food
- Appropriate arrangements must be agreed with parents/carers for provision and safe handling of medication during educational visits away from the Academy
- For each student the symptoms which indicate the onset of an acute allergic reaction may be different. It is the parents/carers' responsibility to ensure, in conjunction with the medical staff, that the list of symptoms which indicate onset are notified to the Academy within the written instructions
- In the event of the student showing any of the physical symptoms, staff are instructed to follow the agreed emergency procedure
- The instructions clearly indicate the stage at which various medications must be administered and the order of priority in contacting parents/doctor/guardians. If adrenaline is administered, then the emergency services/hospital must be informed of the dose administered.

Labelling

- All EpiPens must be clearly labelled with the student's name and identify the medicine clearly.

Storage and Access

- As the medication is required immediately, the adrenaline injection should be available to the student at all times, including educational trips/visits etc. It is Academy policy that the student should have the EpiPen with him/her at all times.

Administration of Medicines

- The EpiPen carries a small needle which only needs to be placed against an area of fatty tissue before the plunger is depressed, e.g. side of the thigh. If a second injection is administered it must be in a different site on the thigh;
- Although the administration of injections is considered to be a matter for medical staff, the advice is that this process can be carried out with confidence after appropriate training. Training would be provided by the School Nurse and legal liability assured by the SCCES.

Overdose/Misuse

- The adrenaline must only be used for the 'named student'
- Any injection held in reserve must not be administered to another student – even if symptoms similar to an acute reaction are presented
- An acute reaction not previously known must only be dealt with as a medical emergency and no medication administered.

9. PROCEDURES FOR STUDENTS WITH ASTHMA

We welcome students with asthma and recognise asthma as an important condition. We encourage and help children with asthma to participate fully in Academy life.

Biddulph High School:

- Recognises that individuals with asthma are able to administer their own medication, and need immediate access to their inhalers
- Attempts to provide a school environment as favourable as possible to asthmatic children
- Ensures all staff understand asthma and know what to do in the event of an attack
- Works with parents/carers, trustees, staff and the school health service to ensure the successful implementation of these procedures
- Does not assume responsibility for the routine treatment of asthma which remains the prerogative of the parent in conjunction with the child's GP
- Does not assume responsibility for the provision of medication. It is the responsibility of parents/carers to ensure that the child carries his/her inhaler at all times
- Does not provide or administer emergency inhalers. The Academy has been advised that inhalers are prescribed medication and must only be used to treat/relieve symptoms in the child for which it was originally prescribed.

Annual Procedures

- The Key Stage 3 Administrator collects a whole school list within the first 4 weeks of term
- Letters and Asthma Care Plan and Emergency Procedures sent to parents/carers reminding them of the necessity for students to have inhalers in school
- Progress Tutors receive Asthma Register (for forms only)
- Full Asthma list to be displayed in the Staff Room which is accessible only to members of staff, to comply with GDPR regulations.

Asthma Attack - What to Do

If an asthmatic student becomes breathless and wheezy or coughs continually:

1. **Keep calm.** It is treatable.
2. **Let the student sit down** in the position they find most comfortable. Do not make them lie down.
3. **Let the student take their usual reliever treatment** - normally a blue inhaler. If the student has forgotten their inhaler, you must not use a device provided for any other person. In such cases:
 - Call the parents/carers;
 - Check the attack is not severe – see below;
 - If necessary, summon the Emergency Services.
4. **Wait 5-10 minutes.**
5. **If the symptoms disappear**, the student can go back to what they were doing.
6. **If the symptoms have improved**, but not completely disappeared, call the parents/carers and give another dose of inhaler while waiting for them.
7. If the normal medication has had **no effect**, see severe asthma attack below.

What Is a Severe Asthma Attack?

Any of these signs mean severe:

- Normal **relief medication does not work** at all
- The **student is breathless** enough to have difficulty in talking normally
- The **pulse rate is 120 per minute** or more
- **Rapid breathing** of 30 breaths a minute or more.

How to Deal with a Severe Attack

Either follow your school protocol or:

1. **Call an ambulance or the family doctor** if they are likely to come immediately

2. Get someone to **inform the parents/carers**
3. **Keep trying with the usual reliever inhaler every 5/10 minutes** and don't worry about the possibility of overdosing
4. If the student has an emergency supply of oral steroids (prednisolone, prednesol), give them the stated dose in accordance with the parental consent form and individual treatment plan (if one exists).

Guidelines – Asthma

Types of Treatment

There are two types of treatment for Asthma:

1. **'Relievers'** - Treatments which give immediate relief, called bronchodilators since they open up narrowed air passages
2. **'Preventers'** - Purely preventative treatments, taken regularly to reduce the sensitivity of air passages so that attacks are only mild or no longer occur.

Medicines designed to prevent asthma should not be used to treat an attack, because they do not have an immediate effect.

'Nebulisers'

An effective emergency treatment for asthma. In order for this process to be used in the Academy, the Headteacher should ensure that staff have received appropriate training from an asthma nurse.

- The most effective way to take asthma medicines is to inhale them. Inhaled medicines are most often given through small pressurised aerosols
- The inhaled medicine has to be taken properly otherwise the medicine may spray out into the surrounding air, never get down to the chest and therefore have no effect
- Young children and those with co-ordination problems may sometimes use a 'spacer' device, into which the aerosol is released and through which the medication is inhaled
- Some children use dry powder devices. Tablets and syrups are rarely given.

Written Instructions

- Written instructions should clearly identify between **'relievers'** and **preventers'**. In **most** situations only relievers should need to be provided in school
- Instructions can also include details of how to help a child breathe. In an attack asthmatics tend to take quick shallow breaths and may panic
- Some children are taught to adopt a particular posture which relaxes their chest and encourages them to breathe more slowly and deeply during an attack. If they have learnt such a technique encourage them to use it. The emphasis should always be on the rapid provision of reliever medication

Labelling

There are several types of inhalers. It is the responsibility of the parents/carers, in consultation with the child's GP and dispensing chemist, to ensure that the inhalers are clearly labelled with the child's name and to identify the medicine as a 'reliever' or 'preventer'. Pharmacists would not normally add this to the label and so this may appear on the label in the parents/carers handwriting. This then must be checked against the parental consent form. Alternatively, parents/carers can ask pharmacists to add this information to the label, this is the preferred option.

Administration of Medicines

Self-administration is the usual practice. Staff need to be aware of possible over use of inhalers and the Headteacher should inform parents/carers as appropriate.

In circumstances where staff assist a student to use an inhaler, the individual treatment plan, where one exists, should be followed. A record should be made in the Academy Medicine Record Form.

Staff involved in helping a child during an attack should:

- stay calm
- do things quietly and efficiently
- speak reassuringly and listen carefully
- ensure access to 'reliever' inhaler
- be aware of any specific relaxation techniques which may assist.

Overdose/Misuse

No significant danger to health results from occasional overdose/misuse of inhalers. However, staff should be vigilant for inhaler abuse as there is evidence nationally that children are selling use of their inhalers to friends in the mistaken belief that it will induce some sort of high.

- 'INTAL' capsules are not harmful
- Other capsules e.g. 'VENTOLIN' will have no side effects UNLESS MORE THAN 10 ARE SWALLOWED.

In all suspected cases, note the Academy Medicine Record and note the action taken to seek medical advice and advise parents/carers.

Staffordshire CCES does not promote use of emergency inhalers in schools. Inhalers are prescribed medication and must therefore only be used to treat/relieve symptoms in the child for which it was originally prescribed.

If a child suffers respiratory difficulties in school and has not been prescribed an inhaler the Academy should initially contact parents/carers, contact GP or in severe cases call emergency ambulance on 999.

Further Information

Academy staff should have access to a copy of the National Asthma Campaign Pack issued in 1993/94. Further copies can be obtained from:

The National Asthma Campaign
 Providence House
 Providence Place
 London
 N1 0NT

This organisation is funded by voluntary donations. Further advice and guidance can be obtained from:

- a) The local School Health Advisor/Nurse
- b) Community Paediatrician
- c) The author of an Individual Treatment Plan if one exists for a specific child.

10. PROCEDURES FOR STUDENTS WITH EPILEPSY

1. The Academy recognises that epilepsy is an important condition affecting many school children and welcomes students with epilepsy.
2. This Academy encourages children with epilepsy to achieve their potential in all aspects of school life by having a clear policy that is clearly understood by staff and students. Supply teachers and new staff are also made aware of the policy. All staff who come in contact with children with epilepsy are provided with training on epilepsy from the School Nurse who has had training in epilepsy and administering emergency treatment. Training is updated on a regular basis. If additional training is required, this may be provided by the School Nurse.
3. It is vital that every child with epilepsy has an individual health care plan written. This should be mutually agreed and signed by the child's doctor, parents/carers and school staff. This should be reviewed at least every year.

4. The individual health care plan will include details of the type of fits the child is experiencing, the usual medication and what to do in an event of a fit, including a prolonged fit.
5. Medication: Immediate access to individual health care plans and emergency treatment if required is vital. It is the responsibility of parents/carers to keep the Academy well informed of any changes in medication or the health care plan. Children are encouraged to carry their individual health care plans, in addition to a copy being kept with the child's file at the Academy. Academy staff are not required to administer medication to children except in an emergency if it has been agreed by prior arrangement. Academy staff who agree to do this are insured by the Academy insurers when acting in accordance to this policy. It is the responsibility of parents/carers to ensure the medication is not out of date.
6. Record keeping: At the beginning of each academic year, or when a child joins the Academy, parents/carers are asked if the child has any health problems, including epilepsy. All parents/carers are encouraged to provide the Academy with an epilepsy diary to keep a record of any events that happen in school. The health care plans need to be reviewed yearly. All parents/carers are requested to supply the Academy with the emergency medication which is not out of date.

Further details on any aspect of this policy and its implementation can be obtained from the academy.

“Working together to achieve our personal best”