



# **SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY (INCLUDING ASTHMA CARE)**

**MIDDLEWICH HIGH SCHOOL**

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Middlewich High School understands that the safe and effective administration and management of prescribed medication to be a part of its duties and procedures to safeguard the health and well-being of children in its care.

**Please note that parents should keep their children at home if acutely unwell or infectious.**

### Purpose

To ensure medicines are handled safely and administered appropriately whilst protecting other students from their misuse.

Many children have the occasional or regular need to take prescribed medication to keep them in good health and to ensure their well-being. Middlewich High School is keen to ensure that the need for medical care or the administration of prescribed medication does not stop children from attending regularly and will therefore arrange for the administration of certain medication by advance agreement with their parents or carers.

Medication will be self-administered under staff supervision where appropriate. If a child is deemed unable to do so due to their medical condition, medication will then be administered by a member of staff. (For example, epi-pen).

Middlewich High School understands the importance of ensuring that medication is administered correctly. We understand that mistakes involving medication may be injurious to the health and well-being of a child and we will do all to ensure that its policies and procedures are robust and reflect good practice in line with national guidance.

### **Parent/ Carer Responsibility**

To safeguard the health of children, certain **prescription** medication will only be administered by staff when the student is deemed unable to self-administer and by staff who have agreed to oversee the administration of medication.

**Pain killers (e.g. aspirin or paracetamol, including “junior” forms such as Calpol) ARE NOT supplied by school.**

Middlewich High School will only administer prescription medication that is essential to the health of a child and where it would be detrimental to a child’s health if the medicine were not administered during the school day. Should your child need such medication in an exceptional circumstance, then such medication can be supplied by parents/carers to the front office team, together with the completed ‘request to store medication’ form.

If medicines are prescribed in doses and frequencies which enable it to be taken outside school hours, parents or carers must administer them at home e.g. 3 times a day could be taken in the morning, after school and at bedtime.

The need for medication, along with all other relevant health details, should be discussed with the child’s parents/carers during the registration of a new child.

Children with complex or long-term medical or health needs will have a healthcare plan agreed with the parents/carers and other relevant health care professionals, if required, which may include a long-term plan for the administration of medication.

### **School Responsibility and Storage of Medicines**

Small amounts of medicines should be stored strictly in accordance with the product instructions and in the original container in which it was dispensed.

Any medicine will be kept in the Main Office, in a locked cupboard. Medicines requiring it can be kept in a fridge containing food, but the medicine should be in an airtight container clearly labelled.

The children should know where their own medicines are being stored and who holds the key. All emergency medicines, i.e., asthma inhalers and adrenalin pens should be clearly labelled, readily available and **not** locked away.

**Middlewich High School will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parent's instructions.** For controlled drugs, the requirements of the Misuse of Drugs Act Regulations shall be followed.

Access to medicines will be restricted to authorised and trained staff, within the Main Office

A written timed, dated, and signed record will be made of each access to the medicines and for administration purposes, in line with DfE and LA guidance.

Where possible the medicine, in the smallest amount should be brought into the school by the parent, or their nominee and it should be delivered personally to the Main Office.

If a young person brings to school medicine for which there is no written notification, the staff at the school will not be responsible for that medicine.

Where a student ceases to require medicines, any remaining medicine will be returned to the student's parent/carer for safe disposal (by returning to the local pharmacy or the original dispensing pharmacist).

### **Administering Medicines**

It is preferable that parents or carers administer medicines to their children by visiting the school with the medication. Where this is not possible a written request must be made for prescription medicine to be self-administered by a student in school. Parents must complete the *Parental Agreement for School/Setting to Administer Medicine form* (See Appendix). These are available from the Main Office.

The responsibility for administration of the medicine at all times remains with the student. The school accepts no responsibility for administering or supervising the administering of the medicine.

The school has no responsibility for ensuring that the correct dosage is self-administered.

Where a student refuses to take their medication, no attempt will be made to coerce or make make them take it, but the refusal will be recorded, and the parents/carers informed.

Any prescription medicines brought into school must be in the original container as dispensed by the pharmacy. Medicines should be clearly labelled with: -

- the child's name
- the prescribed dose and frequency
- the medicine expiry date
- instructions for administering the medicine

Medication will only be administered by staff who have previously agreed to oversee the administration of medication.

Before administering a dose of medicine, the person administering it shall complete and sign the "Record of Medicine Administered" form printed on the reverse of the "Parental Agreement" form. Any reaction to the medicine will be recorded subsequently and parents informed. If there is any doubt about the procedure staff should not administer the medicines but check with parents or a health care professional before taking further action.

Sharps must be disposed of in the appropriate way and in suitable containers as provided by the NHS. Any accidental injury must be reported to the Strategic Business Manager, who will record the incident

on PRIME as per the school policy for any accident. Accidents will be reviewed and procedures implemented to reduce the risk of reoccurrence.

### **Controlled Drugs**

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Any student found to be passing controlled drugs to other students will be sanctioned in line with the school behaviour policy.

Staff administering medicine should do so in accordance with the prescriber's instructions. Controlled drugs should be kept in a locked non-portable container and only named staff should have access. A record should be kept for audit and safety purposes. Controlled drugs should be easily accessible in an emergency. All controlled drugs should be in a locked cabinet in the Main Office.

### **A young person under 16 should never be given aspirin or medications containing ibuprofen unless prescribed by a doctor.**

If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP. There may be times for example when pain relief may be necessary for a short period of time when braces have been fitted or a child has had a recent injury or period pain. In these cases, the **parent/carers** may want to provide a few tablets for use during the school day. (See above for exceptions.)

### **Record Keeping**

The "Parental agreement for school/setting to administer medicine" form has the "Record of medicine administered to child" form printed on the reverse which must be completed each time the medication is dispensed (See Appendix). Only one member of staff at any one time should administer medicines, (to avoid the risk of double dosing).

### **School Policy on assisting students with long-term or complex medical needs**

A list of students with medical needs is produced each year by the SENDCo who is informed by the LA and feeder primary schools. A list of students with medical needs is given to all staff with a copy of the Inclusion Policy and Procedure Handbook.

Healthcare plans are provided for all students as necessary including diabetic students and for those who have anaphylaxis. Inclusion Action Plans may also be drawn up for students with a statement or disability as necessary. (See Appendix for Healthcare Plan).

Risk assessments may also be drawn up as part of the Healthcare plan to ensure the safety of all students and staff in school.

### **Self-Management**

The age at which children are able/ ready to take care of and be responsible for their own medicine varies. Health professionals, parents and children need to decide the appropriate time. A "Request for child to carry his/her own medicine" form should be completed by parents/carers. (See Appendix)

All students requiring an inhaler must carry a functional inhaler about their person. Spare inhalers must be kept in the Main Office, in the grey cupboard opposite the sink.

### **Educational Visits**

All children will be encouraged to take part in educational visits. Staff supervising excursions should always be aware of medical needs and emergency procedures. Medicines should be carried by a nominated member of staff (or child, if appropriate) and a copy of the child's healthcare plan should be taken on the visit. Additional risk assessments may be necessary, depending on the nature of the visit.

### **Sporting Activities**

Most children with medical conditions can participate in physical activities and extra-curricular sport. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures. Students requiring epi-pens or inhalers must ensure they take their medication out to the field when partaking in sports activities, away from the sports hall.

### **Home to School Transport**

Local Authorities arrange transport where legally required to do so. They must make sure that students are safe during the journey. Drivers and escorts will be told via training about medical conditions of students they transport and will therefore know what to do in the case of medical emergency. They should not administer medicines unless they have been given training, support and fully understand the procedures and protocols.

### **Alternative Provision/ Work Placements**

A small number of students may have alternative provision, including off-site tuition and/ or work placements. For those students with medical needs or health issues the placement provider will always be made aware of medical needs and emergency procedures. Medicines must be provided by parents and a copy of the child's healthcare plan should be taken on the placement. Additional risk assessments may be necessary, depending on the nature of the work placement. If necessary formal planning meetings will take place between school, health, parents, students and the placement provider to ensure all reasonable steps are taken to minimise the risk to students and placement provider staff.

### **Asthma Specific Guidance**

#### **Asthma medicines**

- Immediate access to reliever medicines is essential. Students with asthma are encouraged to carry their reliever inhaler.
- Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler, which will be kept in the Main Office. All inhalers must be labelled with the child's name by the parent/carer.
- Parents/carers must inform the school, in writing of any change to required medication.
- School staff are not required to administer asthma medicines to students (except in an emergency). All school staff will let students take their own medicines when they need to.

#### **Record keeping**

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form.

The school will keep a separate register of students suffering with asthma. An individual copy will be given to each member of staff as part of the Student Information Summary. This is available in the Staff I-Drive.

### **Exercise and activity – PE and games**

- Taking part in sports, games and activities is an essential part of school life for all students. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which students have asthma from the school's asthma register which is kept separately from the medical needs register.
- Students with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind students whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that each student's will be responsible for their own inhaler throughout the lesson. If a student needs to use their inhaler during a lesson they will be encouraged to do so.
- It is essential that students take inhalers with them to outdoor sessions.
- Classroom teachers follow the same principles as described above for games and activities involving physical activity.

### **Out-of-hours sport**

- There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve students with asthma as much as possible in after school clubs.
- PE teachers, classroom teachers and out-of-hours school sport coaches are aware of the potential triggers for students with asthma when exercising, via their Healthcare Plan and tips to minimize these triggers and what to do in the event of an asthma attack.

### **School environment**

The school does all that it can to ensure the school environment is favourable to students with asthma. The school has a definitive no-smoking policy, in line with legislation. As far as possible the school does not use chemicals in Science, PD or Art lessons that are potential triggers for students or staff with asthma. Students with asthma are encouraged to leave the room and go and sit in the medical room if particular fumes trigger their asthma.

Some staff and students have been found to have severe reactions to aerosol sprays and strong perfumes. Aerosol and other spray perfumes and deodorants are banned in school.

### **Roles and Responsibilities**

#### **Employers (The SJBF)**

The SJBF has a responsibility to:

- Ensure the health and safety of their employees (all staff) and anyone else on the premises or taking part in school activities (this includes students). This responsibility extends to those

staff and others leading activities taking place off site, such as visits, outings or field trips. Employers therefore have a responsibility to ensure that an appropriate asthma policy is in place.

- Make sure the asthma policy is effectively monitored and regularly updated.
- Report to parents/carers, students, school staff and local health authorities about the success and failures of the policy.
- Provide indemnity for teachers who volunteer to administer medicine to students with asthma who need help.

### **Headteachers**

Headteachers have a responsibility to:

- Ensure that an individually tailored school asthma policy with the help of school staff, school nurses, local education authority advice, is in place
- Ensure the school has an asthma policy in line with devolved national guidance
- Liaise between interested parties – school staff, school nurses, parents/carers, governors, the school health service and students
- Ensure the plan is put into action, with good communication of the policy to everyone
- Ensure every aspect of the policy is maintained
- Assess the training and development needs of staff and arrange for them to be met
- Ensure all supply teachers and new staff know the school asthma policy
- Ensure the regular monitoring of the policy and how well it is working
- Delegate the designated first aid lead in the main office to check the expiry date of spare reliever inhalers and maintain the school asthma register
- Report back to their employers and their local education authority about the school asthma policy

### **School staff**

All school staff have a responsibility to:

- Understand the school asthma policy
- Know which students they come into contact who have asthma
- Know what to do in an asthma attack
- Allow students with asthma immediate access to their reliever inhaler
- Tell the designated first aid lead in the main office if a child has had an asthma attack, she will then inform parents/carers
- Tell parents/carers if their child is using more reliever inhalers than they usually would
- Ensure students have their asthma medicines with them when they go on a school trip or out of the classroom
- Ensure students who have been unwell catch up on missed schoolwork
- Be aware that a student may be tired because of night-time symptoms
- Keep an eye out for students with asthma experiencing bullying
- Liaise with parents/carers, the school nurse and SENDCO if a child is falling behind with their work because of their asthma

### **PE teachers**

PE teachers have a responsibility to:

- Understand asthma and the impact it can have on students. Students with asthma should not be forced to take part in activity if they feel unwell. They should also not be excluded from activities that they wish to take part in if their asthma is well controlled
- Ensure students have their reliever inhaler with them during activity or exercise and are allowed to take it when needed
- If a student has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and as soon as they feel better allow them to return to activity. (Most students with asthma should wait at least five minutes)



- Remind students with asthma whose symptoms are triggered by exercise to use their reliever inhaler immediately before warming up
- Ensure students with asthma always warm up and down thoroughly

### **Students**

Students have a responsibility to:

- Treat other students with and without asthma equally
- Let any student having an asthma attack take their reliever inhaler (usually blue) and ensure a member of staff is called
- Tell their parents/carers, teacher or PE teacher when they are not feeling well
- Treat asthma medicines with respect
- Know how to gain access to their medicine in an emergency
- Know how to take their own asthma medicines
- Ensure they have their medicine/reliever inhaler with them at all times.

### **Parents/carers**

Parents/carers have a responsibility to:

- Tell the school if their child has asthma
- Ensure the school has a complete and up-to-date school asthma care plan for their child
- Inform the school about the medicines their child requires during school hours
- Inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports
- Tell the school about any changes to their child's medicines, what they take and how much
- Inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma).
- Ensure their child's reliever inhaler (and spacer where relevant) is labelled with their name and that it works correctly.
- Provide the school with a spare reliever inhaler labelled with their child's name
- Ensure that their child's reliever and the spare is within its expiry date
- Keep their child at home if they are not well enough to attend school
- Ensure their child catches up on any schoolwork they have missed
- Ensure their child has regular asthma reviews with their doctor or asthma nurse (every six to 12 months)
- Ensure their child has a written personal asthma action plan to help them manage their child's condition

### **Staff asthma sufferers**

Staff have a responsibility to:

- Inform the Headteacher in writing that they have asthma
- Ensure they have their medicine/reliever inhaler with them at all times
- Ensure a risk assessment is carried out by the school on an individual basis

## **Supporting Students with Long Term Medical Conditions**

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions. The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Middlewich High School recognizes that in addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. In addition, short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

When school receives notification that a student has a medical condition, which is likely to result in long-term or frequent short-term absences an Individual Healthcare planning meeting, involving, school, parents/ carers, the child and school health (or other appropriate healthcare professionals) will be called to draw up a Individual Healthcare Plan or IHCP. (This is different to an EHCP as for students with SEND.) This will usually take place within two working weeks of notification of a health need. For students transitioning from primary school or as in-year admissions this will be done as part of the transition planning process and plans will be in place from the date of admission.

School will normally request some form of medical evidence of need, but a formal diagnosis does not preclude the formulation of an IHCP.

The majority of students with medical needs can be educated alongside their peers in mainstream classes. However, Middlewich High school recognises that for some students this is not always possible and a period of alternative provision may be required to enable the student's needs to be fully met. In such circumstances, school will work with the LA and Health to agree the best provision for the student. This may include a referral to the Medical Needs Tuition Service. Statutory Guidance states that, where students would not receive a suitable education in a mainstream school because of their health needs, the LA has a duty to make other arrangements, 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.

Middlewich High School recognises that treatments for long-term medical conditions advance all the time. We will work with parents/carers, students and external health professionals to ensure that Healthcare Plans are updated as necessary and that staff have relevant training and support to enable students to be as independent as possible in the management of their health conditions.

This policy belongs to the Pupil Wellbeing & Safeguarding Suite of policies. Other policies in this suite are:

- Accessibility Plan - MHSSAFEGUARDING002
- Child Protection & Safeguarding - MHSSAFEGUARDING001
- Children with health needs who cannot attend school - MHSSAFEGUARDING003
- Designated Teacher for Looked After and Previously Looked After Children - MHSSAFEGUARDING004
- SEN & Disability policy with SEND info report - MHSSAFEGUARDING005
- Local Offer - MHSSAFEGUARDING006
- Supporting pupils with medical conditions - MHSSAFEGUARDING007
- Anti Bullying - MHSSAFEGUARDING008
- Attendance (Students) - MHSSAFEGUARDING009
- Drugs Education - MHSSAFEGUARDING010
- e-Safety - MHSSAFEGUARDING011
- Emotional Health & Wellbeing - MHSSAFEGUARDING012
- Equal Opportunities - MHSSAFEGUARDING013
- ICT Acceptable Use - MHSSAFEGUARDING014
- Intimate Care - MHSSAFEGUARDING015
- i-Value & Life Skills (PSHCE) - MHSSAFEGUARDING016
- Young Carers - MHSSAFEGUARDING017



## Appendix

### Individual Healthcare Plan

Child's name		
Form		
Date of birth		
Child's address		
Medical diagnosis or condition		
Date		
Review date		
<b>Family Contact Information</b>	<b>Contact 1</b>	<b>Contact 2</b>
Name		
Parental Responsibility?		
Phone no. (work)		
(home)		
(mobile)		
Name		
Relationship to child		
Phone no. (work)		
(home)		
(mobile)		
<b>Clinic/Hospital Contact</b>		
Name		
Phone no.		
<b>G.P.</b>		
Name		
Phone no.		
Who is responsible for providing support in school		

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc.



Other information

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Describe what constitutes an emergency, and the action to take if this occurs

--

Who is responsible in an emergency (*state if different for off-site activities*)

--

Plan developed with & agreed by

--

Staff training needed/undertaken – who, what, when

--

Form copied to

--

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_



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 child	
Form	
Date of birth	
Medical condition or illness	
<b>Medicine</b>	
Name/type of medicine (as described on the container)	
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	
<b>NB: Medicines must be in the original container as dispensed by the pharmacy</b>	
<b>Contact Details</b>	
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

## Request for child to carry his/her own medicine

This form must be completed by parents/guardian

**If staff have any concerns discuss this request with healthcare professionals**

Name of school/setting

Child's name

Group/class/form

Address

Name of medicine

Procedures to be taken in an emergency

### Contact Information

Name

Daytime phone no.

Relationship to child

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

Signed \_\_\_\_\_

Date \_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.



Middlewich High School: Record of Medicine Administered to all Children

Name of school/setting

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Middlewich High School: Record of Medicine Administered to Individual Child

Childs Name:

Date	Time	Name of medicine	Dose given	Any reactions	Signature of Staff	Print name

## Middlewich High School: Staff Training Record – Administration of Medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title


I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature

Date

**I confirm that I have received the training detailed above.**

Staff signature

Date

Suggested review date

## Middlewich High School: Individual Healthcare Plan

### Asthma Care

Child's name		
Form		
Date of birth		
Child's address		
Medical diagnosis or condition		
Date		
Review date		
<b>Family Contact Information</b>	<b>Contact 1</b>	<b>Contact 2</b>
Name		
Parental Responsibility?		
Phone no. (work)		
(home)		
(mobile)		
Name		
Relationship to child		
Phone no. (work)		
(home)		
(mobile)		
<b>Clinic/Hospital Contact</b>		
Name		
Phone no.		
<b>G.P.</b>		
Name		
Phone no.		
Who is responsible for providing support in school		

Describe the signs that can indicate your child is having an asthma attack?

What are your child's triggers (things that make their asthma worse)?

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

- **One inhaler to be carried by student.**
- **One inhaler to be provided for the medical room in case of emergencies.**

Arrangements for school visits/trips etc.

Does your child need to take medicines before exercise or play? Please circle.

**Yes**      **No**

Does your child tell you when he/she needs medicine? Please circle.

**Yes**      **No**

Does your child need help taking his/her asthma medicines? Please circle.

**Yes**      **No**

Describe what constitutes an emergency, and the action to take if this occurs

--

Who is responsible in an emergency (*state if different for off-site activities*)

--

Plan developed with & agreed by

--

Staff training needed/undertaken – who, what, when

--

Form copied to

--

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

## Process for developing Individual Healthcare Plans

