



Beacon Academy Trust

A COMPELLING VISION FOR SUCCESS

SUPPORTING STUDENTS WITH MEDICAL NEEDS

Approving Body	Trust
Date of Last Review	March 2020
Due for Review	March 2023
Responsible Officer	BMAT CEO for and on behalf of the Trust

I. INTRODUCTION – POLICY AND SCOPE.

1. This document is a statement of the aims and objectives for the administration of prescribed medicines on BMAT premises.
2. This policy is in compliance with and should be read in conjunction with:
 - a. Managing Medicines in School and Early Years Settings, DfES/DH, 2007
 - b. Managing Medicines in Schools Policy Guidelines, Asthma UK 2006.
 - c. DfE Supporting Pupils at School with Medical Conditions 2014.
 - d. The 'Safeguarding Policy'.
 - e. The 'Exclusions Policy'.
 - f. The 'First-aid Policy'.
 - g. The 'SEN/D Policy'.
 - h. The 'Complaints Policy'.
 - i. Children with Health Needs who Can't Attend School
3. The Head Teacher, Trustees and Governors are responsible for ensuring that:
 - a. An agreed Medicine Policy is discussed, agreed, implemented and reviewed in line with the Trust's programme for policy review.
 - b. All staff are cognisant of the Medicine Policy.
 - c. All staff who administer prescribed medication are given appropriate training.
 - d. This policy is available to all parents/carers, on the Trust website(s) and in writing if requested.
4. The aims of this policy are as follows:
 - a. To support students with medical conditions so that they have full access to education, including school trips and physical education.
 - b. To fully consult with staff to ensure that a policy is in place for the appropriate care of children, and that designated staff are supported in carrying out their duties.
 - c. To develop a policy that is available to students, parents/carers, trustees, governors and all staff.
5. A copy of this policy is available on BMAT website(s), from School Offices and in Welfare/Sick Rooms.
6. The Trust will work in partnership with parents, health professionals and agencies to identify and meet the individual medical/health needs of a child.

7. Equality and Diversity: This policy applies to all children regardless of their gender, colour, ethnicity, ability or disability, religion or nationality.
8. Review: The implementation and impact of this policy will be monitored and the policy reviewed every three years.

II. SUPPORTING CHILDREN WITH SPECIAL MEDICAL/EDUCATIONAL NEEDS

9. All parents/carers will be asked to complete an admissions form giving full details of medical conditions, regular medication, emergency contact numbers, name of family doctor, details of hospital consultants, allergies, special dietary requirements etc.
10. Where children have special educational needs due to a health condition:
 - a. An initial meeting will take place with parents/carers.
 - b. Teaching staff will be asked to ensure the pupil is not falling behind in lessons. If this is highlighted the teacher will initially discuss the situation with parents/carer and their performance manager.
 - c. If there is no improvement then discussions will be held with the Special Educational Needs Co-ordinator (SENCO), SLT and the School Nurse.
 - d. If necessary, a Pastoral Support Programme ['PSP'] will be implemented.

III. ADMINISTRATION OF MEDICATION IN SCHOOL

11. Parents/carers should ask their doctor wherever possible to prescribe medication which can be taken outside the school day. However we recognise that there are times when it may be necessary for a pupil to take medication during the school day. We are prepared to take responsibility for these occasions in accordance with the guidelines laid down in this policy.
12. The Trust may be requested to administer prescribed medicines but it cannot be directed to do so. The Trust must **not** administer non-prescribed medication (including over the counter painkillers).
13. Consent: Should a pupil need to receive prescribed medication during the school day, parents/carers will be asked to come into school personally to handover the medication and complete a parental consent form in order for the medicine to be taken at the academy.

- a. The medication should be in the container as prescribed and dispensed by the pharmacist, with the child's name and instructions for administration printed clearly on the label, as well as a clear expiry date.
- b. If a child's health/medical needs change or worsen after admission, it is the responsibility of parents/carers to inform the Trust, in writing.
- c. Medication must not be administered to a child under 16 years old without parental consent.

14. Storage and disposal:

- a. All medicines, apart from asthma inhalers and other medicines which have been identified as being necessary for the pupil to have with them at all times, will be handed in to the School Office.
- b. Medicine will be locked in a medicine cupboard or fridge, with restricted access.
- c. All medicines will be stored in their original containers and clearly labelled.
- d. Medication will be checked termly and parents will be asked to collect any medication which is not complete, out of date or not clearly labelled.
- e. If parents/carers do not collect any medication it will be taken to the local pharmacy for safe disposal.

15. In the vast majority of cases, the Trust facilitates the taking of medication by students i.e. does not administer it. When a student requires medication to be administered for them (e.g. in the event of an epileptic seizure), it will only be administered by a member of staff who has received the appropriate level of training, which is reviewed annually.

16. Any member of staff giving medicines to a child should check:

- a. The child's name.
- b. The prescribed dose.
- c. The expiry date.
- d. The written instructions provided by the prescriber.
- e. The time the child received the last dose.

17. If in doubt about any procedure, staff should not administer the medicine but check with the parents or a health professional before taking further action. However in the event of an emergency, and particularly for those pupils who have a care plan, the procedure outlined in the care plan will be followed.

18. Refusal: If a child refuses to take medicine, staff should not force them to do so, but should note this in the records. Parents should be informed of the refusal on the same day. If refusal to take medicines results in an emergency, the academy's emergency procedures should be followed.
19. Records: Student medical needs **must** be recorded on personal files. Each time a medicine is given to a child, the member of staff administering the medicine **must** record it. The forms for this purpose are held in the appropriate folder in the. By completing these forms, the Trust is demonstrating that it has exercised a duty of care.

IV. EDUCATIONAL VISITS AND SPORTING ACTIVITIES

20. Before pupils take part in out of school activities a full risk assessment is undertaken in respect of the possible administration of medicines and medical treatment to pupils.
21. The staff members involved in the activity are responsible for ensuring they are aware of the need for medication and what they should do should a medical emergency arise.
22. The staff involved in the activity must consider the accessibility of medication, particularly for use in an emergency.
23. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.
24. It will be the responsibility of the parents to ensure that any medication children take with them on trips and outings is available and in date.
25. Sporting Activities: Most children with medical conditions can, and indeed are positively encouraged to, participate in physical activities and extra-curricular sport. However, any restrictions on a child's ability to participate in P.E. should be recorded in their individual health care plan. Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers. Health care plans are completed and updated regularly for children who have conditions such as asthma, epilepsy, diabetes or anaphylaxis.

V. MANAGING UNWELL CHILDREN

26. While symptoms vary, there are certain symptoms that should always give rise to suspicion that a person is suffering from an infectious disease. These include diarrhoea and/or vomiting, fever (high temperature, shivering, shaking) and rash or skin spots. When these symptoms are present:

- a. Segregate the child, as far as possible from others in the class, but do not leave the child unattended.
- b. Contact the parent/carer where possible and seek advice from the School Nurse.
- c. Ask the child to cover their nose and mouth when coughing.
- d. Cover skin lesions which are discharging with a waterproof dressing.
- e. Wash hands after touching the ill child.

27. Long Term Medical Needs: It is important to have sufficient information about the medical condition of any child with long term medical needs. A health care plan for these children, involving the parents and the relevant health professionals, will enable the appropriate support to be provided. The health care plan will include:

- a. Details of the child's condition and any special requirements e.g. dietary needs or pre-activity precautions.
- b. Any side-effects of any prescribed medication.
- c. What constitutes an emergency and what action to take/not take in an emergency.
- d. Who to contact in the event of an emergency.
- e. The role that staff can play.

28. Where the conditions are infectious, the School Principal may enforce exclusions according to the following medical criteria:

- a. Ringworm: treatment is required but exclusion is not usually necessary.
- b. Conjunctivitis: exclusion is not necessary.
- c. Measles: child to be excluded for 5 day period from onset of rash.
- d. Chickenpox: child to be excluded until scabs have formed on all spots.
- e. Mumps: child to be excluded for 5 days from onset of swelling.
- f. Whooping cough: child to be excluded until they have received antibiotics for a 5 day period.
- g. Rubella: child to be excluded for at least 6 days from onset of rash

- h. Scabies: child to be excluded for 24 hours once treatment commences. The rest of the household and any other closed contacts must also be treated.
- i. Impetigo: until the lesions are healed, or 48hrs after commencing antibiotics.
- j. Meningitis: child to remain away from school until pronounced medically fit to return. School Principal to inform the Health Protection Agency (HPA) and work alongside them and the Local Authority
- k. Head Lice: whilst child cannot be excluded, school to advise parents that an unnamed child has head lice.

VI. SUPPORTING STUDENTS WITH ASTHMA

29. The major principle underlying this policy is immediate access for all children to reliever medication.

- a. When a student joins the school parents/carers will be asked if their son/daughter has asthma.
- b. The parent/carer will need to sign and return a Parental Consent Form.
- c. Parents/carers should inform the school if there are any changes in their son/daughter's asthma or medication. It is the parents' responsibility to provide the correct reliever inhaler.
- d. Students are responsible for carrying their own emergency relief inhaler at ALL times, including during Physical Education and on school trips. Students with exercise triggered asthma should take their inhaler 10 minutes prior to exercise.
- e. In the event of an inhaler being lost parents/carers are asked to bring in a spare which will have the child's name clearly marked. Students who need to use their spare inhaler are responsible for returning it to the School Office, where it will be stored securely.
- f. A shared spacer will need to be used occasionally. This spacer will be cleaned between each use in accordance with local infection control policy
- g. Preventer inhalers (inhaled steroids, as opposed to relief inhalers) will not be accepted in school. Students must take their preventer inhaler in the morning and/or evening where prescribed. There is therefore no indication

for them to come to school with the child. Even if they are taken during an attack, they will not have an immediate effect.

30. Asthma UK has issued the following guidelines on taking action in the event of an asthma attack:

- a. Take one to two puffs of your reliever inhaler (usually blue), immediately.
- b. Sit down and try to take slow, steady breaths.
- c. If you do not start to feel better, take two puffs of your reliever inhaler (one puff at a time) every two minutes. You can take up to ten puffs.
- d. If you do not feel better after taking your inhaler as above, call 999.
- e. If an ambulance does not arrive within 10 minutes and you are still feeling unwell, repeat step 3 (take two puffs of your reliever inhaler (one puff at a time) every two minutes. You can take up to ten puffs).

VII. INSURANCE ARRANGEMENTS AND COMPLAINTS

31. Our insurance policy fully indemnifies members of staff against claims for alleged negligence, providing they are acting within the scope of their employment, have been provided with adequate training and are following these guidelines.
32. The administration of medical assistance/medicine falls within this indemnity.
33. In practice the indemnity means that the insurer and not the Trust will meet the cost of damages should a claim for alleged negligence be successful.
34. If parent/carers are dissatisfied with the support provided they should discuss their concerns directly with the Trust. If this does not resolve the issue they should make a formal complaint via the school's complaints procedure which is available from BMAT website(s).