



Healthcare Policy

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Reviewed by: Staffordshire LA/Governors Full Board

Responsible Committee: Health and Safety

Policy

Although there will be no compulsion on the school or its staff to take on responsibility for the management of medical conditions the school will cooperate as far as is possible with pupils, parents and their medical advisers in such management.

Information and Procedures

Detailed information with procedures and forms can be found in the DCSF publication 'Managing Medicines in Schools and Early Years Settings' (MMSEYS) available from the DCSF and on their website. There follow some salient points.

Confidentiality

The school does not have a right to medical information about any pupil. However it is in the pupil's interest for *relevant* information to be shared. Individual members of staff should only be party to such details on a need to know basis.

Good Samaritan acts

In the event of accident or sudden illness, help should be given as for any chance happening. Remember having summoned skilled help it is often better to do nothing other than offer comfort and deter voyeurs until help arrives.

First aid

The school has trained first aiders who should be alerted to any medical emergency.

Long standing conditions

Asthma, diabetes, epilepsy, anaphylaxis.

There are good sections in MMSEYS on these conditions that are common and likely to present in any school. For any long standing complaint, a Health Care Plan, available in the school office, should be agreed between the school, parents and school nurse (form 2 in MMSEYS). Any member of staff routinely dealing with such children should attend Health Care Plan meetings, familiarize themselves with the plan, the location of any medication involved and the method(s) of administration.

Attention Deficit Hyperactivity Disorder.

This is a controversial area of drug assisted behaviour management. It is an increasingly common disorder that undoubtedly exists but has no precise definition. Paradoxically it is treated with stimulant medicines that are short acting and therefore need to be given during the school day, typically once but maybe twice.

Others

There will be rare instances of other conditions such as Cystic Fibrosis, congenital heart disease and malignancies of various sorts, the commonest being acute leukaemia. Most are eminently treatable but will require particularly close cooperation between all parties concerned.

Acute conditions

These almost exclusively come under the headings of injuries, infections and allergies

Injuries

A first aider, who will decide if further help is required, will deal with the actual injury. Thereafter pain relief and dressing/plaster management will hopefully be done at home but pain relief may also be needed in school.

Infections

Antibiotics and pain relief may be required. Some antibiotics need to be given as often as four hourly.

Allergies

Often part of a recurrent pattern with a Health Care Plan, agreed in advance, that might require medication.

Medicines

Permission from parents should be sought before any medication is administered. **Because it can (rarely) trigger acute fatal liver failure, under no circumstances may Aspirin or any medicine containing Aspirin be given to those under the age of 15 years unless as part of a consultant's treatment plan e.g. for rheumatoid or Kawasaki diseases.**

Most medication need not be given during the school day although stimulants for ADHD may need to be. Timing for antibiotics may be very important.

The age at which pupils can be responsible for their own treatment is very variable. Decisions should be arrived at in talks between parents and the school and recorded in a Health Care Plan. Children with chronic conditions such as asthma or diabetes may be able to manage with no supervision. Any medication that is kept or administered in school should be in its original container and used only in accordance with the instructions on that container. It is good practice to keep a record of any medicines given. (Form 5 in MMSEYS).