Medical Matters Policy

Approved by the governing body on:-	
Signed (Chair of Governors)	
Review Date	September 2018

Medical Matters Relating to Pupils

	Contact Point School Liaison Officer (01522/554884) Public Health England (0344 2254 524 (option 1, option 2)) Special Educational Needs and Disability (SEND) (01522 553332)
	Action Points Section 100 of the Children and Families Act 2014 requires governing bodies of English schools to make arrangements for supporting pupils at school with medical conditions. 'Schools' includes maintained schools, academies and PRUs, but excludes maintained nursery schools. This duty came into force on 1st September 2014 and will be supported by the statutory guidance document *Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England.* A link is provided under 'Reference Points' above.
	Key Points o Pupils at school with medical conditions should be properly supported so they have full access to education, including trips and physical education. o Governing bodies MUST ensure that arrangements are in place in schools to support pupils at school with medical needs. o Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure the needs of children with medical conditions are effectively supported. o Where children with medical conditions are deemed to be disabled under the definition set out in the Equality Act 2010, governing bodies MUST comply with their duties under that Act. o Where children with medical conditions also have a statement of special educational needs or an EHC Plan, governing bodies should also comply with the Special Educational Needs and Disability (SEND) Code of Practice. **NB: Governors and academy proprietors should ensure they have noted their duties under this statutory guidance as they MUST have regard for statutory guidance issued by the Secretary of State.**
	Notification of infectious diseases Public Health England should be contacted for advice about any outbreaks of infectious diseases and about who should be alerted i.e. any unusual increase of illness or group of associated illnesses, which may require action, and any case of meningitis. Ofsted should be notified of any food poisoning affecting two or more children looked after on the premises. Schools should also notify Environmental Health for information and any advice.
	Exclusion of pupils with infectious diseases The final decision about exclusion and/or re-admission to school rests with the Headteacher. If a parent returns a child before the suggested time scale shown for any of the diseases listed in *Guidance on infection control in schools and other settings,* Public Health England – September 2014, (link available under Reference Points above), head teachers have the authority to refuse admission and they would be supported in this action by Public Health England. There may be circumstances when, following discussions between a Headteacher and the general practitioner, a child is able to return to school before the exclusion period expires. Should a general practitioner contact a Headteacher to ask why a particular child had not been allowed to return to school when he/she had said that this was in order, the general practitioner should be advised to contact Public Health England if the reason for refusing to re-admit was because the exclusion period for the infectious disease in question had not expired.
	Communicating risk to other parents and pupils Please see the section in Appendix 1 regarding head lice. For other infectious diseases, schools should seek advice from Public Health England and ensure individual pupils' rights of confidentiality are recognised at all times.

Notifiable diseases

The following diseases are statutorily notifiable under the Public Health (Control of Disease) Act 1984 and the Health Protection (Notification) Regulations 2010.

The school is not responsible for notifying; it is the responsibility of the Doctor concerned.

This list is for your information only:

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

Administration of drugs/medicines in schools

The governing body should ensure procedures are followed for managing medicines on school premises' (see *Supporting pupils at school with medical conditions).*

Many medications can be prescribed so that doses only need to be given when pupils are at home and head teachers should encourage parents to ask the doctor or dentist about this.

However, some may need to be given in school e.g.:

(i) Those where the child has some form of chronic illness or condition such as diabetes, epilepsy, asthma or anaphylaxis;
(ii) Those where the child has a short term illness;
(iii) Ritalin (methylphenidate) as part of behaviour management/modification

In the case of prescribed medicines, school should only accept medicines that are:

- in-date;
- provided in their original container;
- labelled with the child's name;
- labelled with the amount/frequency of dosage and storage instructions

The exception would be insulin, which must still be in date but which is generally available inside an insulin pen or pump.

Medicines should be stored safely. Children should know where they are stored and be able to access them immediately as required. Some children will be competent to take responsibility for managing their own medicines and may carry them on them. This should be reflected in their individual healthcare (for example asthma inhalers and diabetes medication).

Ritalin is a Class A drug and though children may legally have a controlled drug in their possession if it is prescribed for them, in the interests of the safety of all pupils, Eagle School will ensure that Ritalin (and other such controlled drugs) are kept under lock and key.

If the head teacher feels that there is any ambiguity in the instructions received about medication for a particular child, they should contact the child's parent/guardian, and/or with parents' consent, the child's general practitioner or specialist nurse for clarification. However, if appropriate steps have been taken to develop an individual healthcare plan, there should be clarity as to what needs to be done, when and by whom.

There is no legal duty that requires teaching staff to administer medication, though some support staff may have this duty included in their contract. Generally, this is a voluntary role.

However, teachers and other staff are expected to use their best endeavours at all times, particularly in emergencies. Generally, the consequences of taking no action are likely to be more serious than those of trying to assist, particularly in an emergency.

Schools act in loco parentis to all pupils. A duty of care therefore exists to the pupils. This would include encouraging or persuading pupils to take oral medication where they are reluctant to do so, although clearly force should not be used. The school should inform the child's parent/guardian as a matter of urgency if a child refuses his/her medication.

Any member of staff who agrees to accept responsibility for administering prescribed medication or undertaking healthcare procedures to pupils, or those support staff who have such duties written into their contract, should have sufficient and suitable training and achieve the necessary level of competency **before** they do so.

The DfE statutory guidance states that staff MUST NOT give prescription medicines or undertake healthcare procedures to pupils without appropriate training and training must be updated to reflect any individual healthcare plan.

In light of the DfE statutory guidance mentioned above, schools are strongly advised to ensure that sufficient numbers of staff are trained to administer prescribed medications and/or to carry out healthcare procedures so as to avoid any situation where an untrained member of staff would have to carry out such a procedure because no trained person was available. The statutory guidance states that 'Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.' ('School Staff', p.12 in statutory guidance) Schools may need to consider carefully whether ALL members of staff who have responsibility for a child (including lunchtime supervisors) require training.

A clear policy understood and accepted by staff, parents and pupils provides a sound basis for ensuring that children with medical needs receive proper care and support at school and enable regular school attendance. Formal systems and procedures, drawn up in partnership with parents and staff, should back up the policy. In the majority of cases, this will include the development and regular review of individual healthcare plans.

No pupil under 16 should be given medication without his or her parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents (see DfE Guidance). In addition, they should maintain some suitable form of checklist to prevent medication being missed or the wrong dosage administered. A written record will be kept of the date and time when the medication was given, the name and date of birth of the child receiving the medication, the amount of the dose (if relevant) and the signature (legible) of the person administering the medication. It is recommended that this information should be kept in a single book rather than on an individual record card for each child receiving medication.

Children suffering from infections requiring treatment by antibiotics should not normally be in school until the course of treatment has been completed, and it is advisable for members of staff not to administer medicines in such cases.

	Eagle School will make facilities available for any parents who wish to come into school to treat their children. In no circumstances should drugs be accepted that are sent in unmarked containers for short term treatment. It is important that children under the age of 16 years should not be given medicine containing aspirin unless a doctor has prescribed it.
	Liability Insurance The County Council liability insurance provides cover for claims in respect of the administration or supervision of prescription and non-prescription medication orally, topically, by injection or by tube and the application of appliance or dressings by teachers, employees and volunteers, provided that they have acted in accordance with the policies, guidelines and action points set out in this section. Cover applies to both straightforward and complex conditions and covers the school governing body, teachers, other employees and volunteers. Cover also applies to any first aid activities carried out by teachers, employees and volunteers. It is expected that the teachers, employees and volunteers would have received appropriate training and that such training is reviewed on a regular basis. The DfE guidance states that the governing body should ensure that individual healthcare plans are reviewed at least annually, or earlier, if evidence is presented that the child's needs have changed.
	Children returning from long term illness or injury Head teachers should seek advice from the appropriate health service professional if they are concerned about the care and management of a child who has returned to school following a long term illness or injury. The child's individual healthcare plan should identify the support that the child will need to reintegrate effectively. DfE guidance suggests every effort should be made to ensure arrangements are in place within two weeks where there is a new diagnosis of medical need.
	Misrepresentation Head teachers should inform the Education Welfare Officer if they are concerned about either of the following circumstances so that arrangements can be made for the child to be seen by a health service professional if necessary: o Prolonged or regular periods of absence which are viewed with suspicion although they are certified by a general practitioner; o Where a child is thought not to be fully fit.
	Confidentiality Eagle School encourages parents to share information about their child's health, particularly where there is concern that this may affect the child's performance at school. In cases where additional information may be needed from health service professionals, consent should be sought from the parents. Input from a relevant healthcare professional must be provided in the development of an individual healthcare plan. (If a parent refuses to grant permission, schools are advised to contact Legal Services for advice as it may be necessary to write to the parents making it clear that their withholding of consent may impact on the school's ability to provide a proper response to their child's medical needs. Furthermore, if a parent's refusal to give consent places the child at risk, then this becomes a safeguarding issue and should be reported to Social Care. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If a consensus cannot be reached, the Headteacher is best placed to take a final view.
	Hygiene/Infection Control All staff should be familiar with the normal precautions for avoiding infections and must follow basic hygiene procedures. Staff should have access to protective disposable gloves and aprons, and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. When spillages occur – i.e. blood, faeces, saliva, vomit, nasal, eye discharges – they should be cleaned using a product which combines both detergent and disinfection. This should be used according the manufacturer's instructions, but make sure that product is effective against bacteria and viruses, and is suitable for use on the affected surface.

	Never use mops for cleaning up blood and body fluid spillages; instead, use disposable paper towels. Sharps should be disposed of in an appropriate sharps bin. For further guidance, see *Guidance on infection control in schools and other settings*, Public Health England – September 2014 at https://www.gov.uk/government/publications/infection-control-in-schools-poster
	NOTE ON GASTRO-ENTERITIS Exclusion of anyone with symptoms of gastro-enteritis (diarrhoea) is important because it is at this stage that the individual is most infectious. Once symptom free, the individual is a much reduced risk to others, providing the following criteria are met: o Symptoms must have abated - this means normally formed stools for a period of at least 48 hours (this might need to be longer in situations where there are many cases or very young children with Shigella Sonnei Dysentery – consult Public Health England). o The individual must be able to observe normal rules of hygiene (i.e., wash hands after defecation and, in very young children in a nursery, there must be sufficient facilities and staff who know how to use them).
	NOTES ON OTHER COMMUNICABLE DISEASES **Hepatitis B** Hepatitis B is rare in children in the UK. Infection is spread most commonly by sexual contact with an infected person, sharing an infected needle or by receiving blood from an infected person. It can be transmitted through saliva but the risk is low. Where there is a particular risk, e.g. in a special school, staff should be vaccinated against Hepatitis B from their own GP. A person cannot catch Hepatitis B by shaking hands, hugging, sharing a cup or sharing toilet facilities. **HIV/AIDS** Provided standard good hygiene practices are in place, there is no risk to other children or school staff from an HIV infected child attending school or day centre. HIV is spread most commonly by sexual contact with an infected person or by exposure to blood or blood contaminated body fluids of an infected person. A person cannot catch HIV by shaking hands, hugging, sharing a cup or sharing toilet facilities. **HIV/AIDS +Hepatitis B** All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood and other body fluids.
	GUIDANCE ON THE MANAGEMENT OF CERTAIN CONDITIONS **Anaphylaxis** Anaphylaxis is a potentially life-threatening acute allergic reaction needing urgent medical attention. It can be triggered by a variety of allergens, the most common of which are food, certain drugs and the venom of stinging insects. Emergency medication can include an adrenalin injection in a pre-loaded syringe, which is given into the fleshy part of the thigh. If this treatment needs to be available for a child in school, school staff that volunteer to give this treatment must be properly trained. Such training will be provided by health service professionals and a training certificate will be issued. Written and signed parental consent for adrenalin injections to be given in school as necessary must be obtained, and the child's doctor or consultant should provide specific written instructions regarding its administration. Some children will be sufficiently responsible to carry their own emergency treatment on their person, but a spare device should be kept in school and made accessible to all staff as an additional precaution. **Asthma** Most children with Asthma, if adequately treated, are able to, and should be encouraged to, participate in all school activities, but if there is a serious concern on the part of head teachers they should discuss the matter with parents and seek medical advice. It is important that children with Asthma are encouraged to take exercise. They may need to use their inhaler before exercise as well as taking it with them on any physical activities outside the school premises. **Children who have been prescribed asthma inhalers must have access to them at all times. Inhalers must not be locked away.**

Children of secondary school age and some older responsible primary age children should be able to be responsible for their own inhalers, but supervised access may be required in the case of younger children and each case needs to be considered individually in consultation with the parents. From 1st October 2014, the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies. This will be for any pupil with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. Should you wish to obtain inhalers for emergency use, first read the Department for Health's 'Guidance on the use of emergency salbutamol inhalers in schools - September 2014' at:

https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-usein-schools

Cardiac Arrest
Sudden cardiac arrest is when the heart stops beating and can happen to people at any age and without warning. The DfE advise schools to consider purchasing a defibrillator as part of their first aid equipment. See the section 'Other issues for consideration', paragraph 42, in DfE's statutory guidance *Supporting pupils at school with medical conditions*.

Diabetes
Most children with diabetes will have Type 1 diabetes, which usually requires daily insulin injections, monitoring of blood glucose levels and eating regularly according to a personal dietary plan. Children with Type 2 diabetes will usually be treated through diet and exercise regimes only. All children with diabetes should have an individual health care plan which clearly identifies their needs and individuals' responsibilities in meeting those needs. This plan should be reviewed at least once a year and earlier if evidence is presented that the child's needs have changed. Children with Type 1 diabetes will usually have a daily injection of long-acting insulin, plus injections of rapid-acting insulin at meal times. Others may use an insulin pump. Thus most will require some treatment during the school day. Older children will usually be able to manage their own injections/pump therapy according to their individual health care plan. However, some children will need adult supervision, especially younger children. All should have access to a suitable place for the administering of injections if they require it. Suitability should be determined by the child and the Paediatric Diabetes Specialist Nurse/ healthcare professional.

Children need to ensure that blood glucose levels remain stable and may need to check their levels by taking a small blood sample and using a hand-held glucose meter at regular intervals. This may be during the school lunch break, before P.E. or more often for some individuals. Children and young people will need to test at any time during the school day if experiencing symptoms of low or high blood sugars. Older children will usually be able to test themselves, whilst younger children may need supervision both to perform the test and to interpret the results. All children should have access to a suitable place in which to carry out blood tests.

Any staff involved in administering blood tests or insulin injections must be trained by an appropriate health professional, and it is recommended that sufficient numbers of staff are trained to ensure appropriate provision in the event of staff absence. All staff with responsibility for a child with diabetes should be aware of the child's specific needs in relation to diabetes control.

Children who are considered competent to monitor blood glucose levels and administer their own injections should generally be allowed to carry their diabetes equipment with them if they wish. They will have been trained in sharps disposal where relevant. For younger children and for older children requiring support it may be more appropriate to keep them in a designated place, but all children must be able to access monitoring and injecting equipment whenever necessary. All children with diabetes should have immediate access to hypo remedies at all
times.

Epilepsy

Specific guidance about the management of individual children with epilepsy will be made available to head teachers by health service professionals.

Where a child's school healthcare plan involves the administration of rectal valium, school staff who volunteer to give this treatment must be properly trained, (as for the administration of any prescribed medicine). Such training will be provided by health service professionals and a training certificate will be issued. Update training is recommended annually. Written and signed parental consent for rectal valium administration in school as necessary must be obtained, and the child's doctor or consultant should provide specific written instructions regarding its
administration.

In order to guard against potential allegations of child abuse when rectal valium is administered, two adults must be present, one preferably the same gender as the pupil. The dignity of the pupil should be protected at all times.

Verrucae

Exclusion is not desirable and treatment is not usually necessary. Barefoot activities need not be restricted. It should be noted that protective plastic socks worn by children can cause safety hazards in that they can be slippery on
swimming pool surrounds or gymnasium floors.

Head Lice

The routine inspection of children's hair has been discontinued but school nurses will offer a level of intervention determined by their professional judgement if there is a particular problem. However, they will not respond automatically to requests for assistance in dealing with cases.

It is the parents' responsibility to be vigilant and also to take appropriate action to treat head lice should it be necessary. Hair lotion and combs are readily available and can be purchased by parents from a pharmacy or obtained on a GP's prescription. Parents may be informed that regular combing of their child's hair after washing, while still wet with hair conditioner, can remove live lice. Where treatment appears unsuccessful, parents need to seek further advice from their GP. It is helpful for schools to occasionally alert all/groups of parents of an outbreak, asking them to be more vigilant, but obviously taking care to consider confidentiality.

Children should not be excluded from school by reason of head lice infestation unless advised otherwise by the school nurse. However, if repeated infestations are thought to be a result of neglect, then schools should consider if it is appropriate to follow safeguarding procedures.

Head teachers should ensure that within the school's health education curriculum an opportunity is provided for pupils to learn about avoiding infestation.

Sunburn

Even in the UK there is a risk of long-term and short-term adverse health effects from excessive exposure to sun. There is considerable variation in individual sensitivity to sun, but on some summer and spring days as little as 30 minutes exposure to full sunlight can burn. The BAALPE publication, 'Safe Practice in Physical Education' (Millennium Edition) made clear that as the effect of the sun is now an accepted phenomena, with potentially harmful, long-term implications, schools would be well advised that they registered some concern for this particular risk. The implication being that there is a clear duty of care on schools to protect pupils as far as is reasonably practicable from the harmful effects of the sun.

Key action points include - avoiding over-exposure, wearing the right kind of clothing (long sleeved shirts, light-weight trousers), wearing sun hats, wearing sunglasses and use of suncream; as well as awareness of increased risk factors for individuals such as having fair skin; light hair; blue, green or hazel eyes; and freckles and moles.

At a practical level, after discussions with the Health and Safety team, the following recommendations are made for schools in Lincolnshire:

- Educate the pupils to develop their understanding of the dangers of the sun and to take proper care of themselves.

- Educate parents by stating the schools' position and suggesting ways in which they can support the school in its aims, e.g. by sending pupils to school with the right clothing/hats.
- Parents may wish to send their child with sun cream **but school staff will not volunteer to apply this to children**. It is not considered reasonably practicable to spend time applying cream to a whole class, and an error in application, a pupil missed out and subsequently being burnt, could place the member of staff in a difficult position.
- Inform parents in advance of likely activities in hot weather (nature rambles, outdoor swimming, field sports etc.)
- Alert playground staff to be vigilant whilst on duty and to know how to recognise children who may be suffering form over-exposure to the sun.
- Encourage the use of shaded areas.
- Allow access to water.
- It may be acceptable to agree to apply sun cream to a pupil with a known medical condition, but only after discussions with the parent and on medical advice.

MEDICAL MATTERS RELATING TO PUPILS

RITALIN

This advice and information is taken from a briefing paper for Drug Education Practitioners, presented in July 2005. It has been revised to reflect the new duties on schools to support pupils with medical needs, as well as recent SEND reforms.

About Ritalin

Ritalin (methylphenidate) is the stimulant medication that is most commonly prescribed to treat children with ADHD. ADHD is one of a group of disorders known as Hyperkinetic disorders (HKD) which includes Attention Deficit Disorder (ADD). Alternatively, a similar drug, dexamphetamine (Dexadrine), is prescribed where methylphenidate has been ineffective. A new non-stimulant drug Atomoxetine (also known as Strattera) has also been licensed in the UK for treatment of ADHD, although this works differently from the stimulant drugs and requires less frequent dosage. Ritalin is also sometimes prescribed to treat narcolepsy. Ritalin is not currently licensed for children younger than six years of age and it is not normally recommended that it be continued into adolescence (NICE, 2000).

Management of ADHD

Medication should be prescribed as part of a holistic treatment programme involving social, educational and psychological/behavioural interventions, as well as parental support. Dietary adjustments may also be effective, such as, removing certain foods and additives and supplementing fatty acids. Not all children with ADHD are given medication. It is usually only given in severe cases when other interventions are not sufficient or are ineffective (NICE, 2000).

How does Ritalin work?

Stimulant medication works by stimulating parts of the brain that are responsible for consciousness and control of attention and activity, thus increasing concentration ability and decreasing restlessness in children who are overactive, impulsive and easily distracted. Medication is not a permanent cure but it is said to enable the child to learn, develop new skills and relate better to others for a short period while the effects of the medication last.

Why do children need to take Ritalin at school?

Children who are prescribed stimulant medication often need to take their medication during the middle of the day, as the effects will usually wear off after 4-5 hours. This means that many children need to take this medication during school hours. If medication is not taken at school, the pupils' behaviour may become more challenging and the pupil's ability to engage in lessons will be affected. There are some longer-acting forms of stimulant medication where only one tablet daily is needed, which can be prescribed, although this is not effective for all children.

Are there any side effects?

The main side effects of Ritalin are reduced appetite and staying awake late. This can be counteracted by giving the last dose after a daytime meal so that the evening meals and sleep are not affected. This may mean giving the medication after a school lunch.

Management of medicines

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical

conditions. This may include the administering of medications. School staff cannot be required to administer medicines, though some support staff may have this duty included in their job contract. **Where a member of staff has accepted this responsibility, they must be trained and deemed competent to carry out the duty**. In summary, the guidance *Supporting pupils at school with medical conditions,* DfE September 2014 advises that:

- any member of staff may administer a controlled drug to the child for whom it has been prescribed;
- staff administering medicine must do so in accordance with the prescriber's instructions;
- it is permissible for schools to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed;
- schools are advised to keep a controlled drug in a locked non-portable container and only named staff should have access;
- a record should be kept for audit and safety purposes;
- when no longer required, medicines should be returned to the parent to arrange for safe disposal.

School based interventions

It is up to the parent/carers to inform the school if their child has a medical condition and requires some support during the school day. It is important that school is well informed about a pupil's medical condition so that it may support the pupil effectively. Where support is needed this should be discussed between the school, parents/carers, children and health professionals, as appropriate. Schools need the advice of the school nurse or the child's GP or psychiatrist about the appropriate levels of support the school can provide. In the majority of cases, an individual healthcare plan should be developed.

Inclusion

The needs of a child or young person with ADHD may be complex. The school will therefore need to look at the wider needs of a pupil with ADHD in terms of approaches to behaviour management and support for their educational needs, as well as managing their medication. Where a child has very complex needs they may have an Education, Health and Care (EHC) plan, and their healthcare needs may be included in this. Where children who have been prescribed Ritalin do not have an EHC plan, schools will need to develop an individual healthcare plan.

Where the child does not have an EHC Plan or an SEN statement, but does have SEN, the DfE guidance also advises that the child's special educational needs should be mentioned in their individual healthcare plan. The DfE guidance *Supporting pupils at school with medical conditions* includes advice on how to develop a health care plan. This can be developed in consultation with the school nurse, the SENCO, parents/carers and other specialist mental health professionals or educational psychologists.

The DfE guidance *Mental health and behaviour in schools: Departmental advice for school staff* (DfE June 2014) offers useful teaching and learning strategies for supporting children with ADHD and other mental health conditions. The school environment is often integral to the child's treatment programme and teachers can play an important role in monitoring a pupil's condition and side effects of medication.

Where a child has been prescribed Ritalin and also has significant difficulties in school, the following actions should be considered good practice:

- A written or verbal report should be obtained from the diagnosing doctor which gives details of the evidence on which the diagnosis was based, the likely effects (both positive and adverse) of the medication on the child, and anyecommendations concerning intervention likely to assist in the achievement of the objectives of the medical treatment. This information might be communicated via the school nurse or parents;
- All known relevant information should be shared at a meeting involving the child, parents and school staff, together with any other professionals who might have a part to play in formulating an action plan;
- An action plan should be devised which sets out, as appropriate, academic, social, emotional and behavioural targets, together with the actions that all those involved, including the child, will take in order to achieve them;
- Timescales should be set for the achievement of the targets, and details should be agreed concerning how progress will be monitored, assessed, reviewed and recorded;

Confidentiality

Another important consideration for schools is confidentiality. All medical information should be treated in confidence. There tends to be a great deal of stigma attached to taking Ritalin, which could be damaging to the child or young person and lead to bullying or being judged by others. School staff responsible for the administration of the drug should respect the pupil's right to privacy and ensure that procedures are discreet and well managed. If it is generally known that a pupil is taking Ritalin then there is an increased potential that the medication can be misused.

Misuse of Ritalin

Any drug has the potential to be misused. When misused, Ritalin may be taken orally or crushed and sniffed. In rare cases it may be injected. Some adult stimulant users mix Ritalin with heroin, or with both cocaine and heroin for a more potent effect. There has been some media reporting of Ritalin being misused as a cheap alternative to 'speed' or cocaine or it being taken as an appetite suppressant by young women. Eagle School will not allow pupil to carry their own medication.

Managing Ritalin in schools

CHECKLIST

This checklist is suggested as good practice and includes basic procedures for the safe storage and administration of Ritalin in schools and for the creation of an audit trail. This should be compared with a school's medicines policy, which may require additional procedures.

Authorisation

Any member of staff may administer a controlled drug to a child for whom it has been prescribed. Where schools administer a pupil's medication this must be in accordance with the prescriber's instructions, and staff should receive appropriate training and support from a health professional and be deemed competent. There should also be written consent from the child's parent/s to school staff administering medicine to a pupil or supervising a pupil taking their own medicine. The authorisation form should be accompanied by a healthcare plan that includes the following information:

- Whom the medication is for;
- What the medication is for;
- The dosage to be taken;
- How the medication is to be taken;
- When the medication is to be used;
- What adverse effects may occur;
- What to do if the adverse effects occur;
- How the medication is to be stored.

Receiving Ritalin for storage in school

Medicines should be in their original packaging and clearly marked with the child's name and prescriber's instructions. Medicines transferred to alternative containers such as monitored dosage systems must be labelled **by the pharmacist** in the same way and be accompanied by a patient information leaflet.

A designated member of staff (e.g. teacher, learning assistant, office staff) should record the amount of medicine received, the name of the child for whom it is intended, the expiry date and the prescriber's instructions.

The designated member of staff and the child's parent or carer should both sign to confirm the medicine has been handed over to the school.

Expired or unused medicine should be returned to the parent and carer, as a matter of routine, whether weekly, monthly or at the end of each half term. Both parent/carer and staff member should sign to say that this had been done.

Storage

Ritalin should be stored in a locked cabinet or drawer in a part of the school to which pupils do not have unsupervised access. Only named members of school staff should have access.

A copy of the child's healthcare plan (which should include the name of the child and information about the dose to be taken) should be stored with the medicine.

	Administration of Ritalin The member of staff should always check that the child's name and the dose of Ritalin prescribed match what is printed on the container and the support plan. The member of staff should supervise the self administration of the medicine at a time and place agreed with pupil, parent and other staff member (e.g. class teacher or tutor). Staff should ensure the medicine has been taken. This can be done by spending a few minutes talking to the pupil, or offering a glass of water to be drunk after the medicine has been taken. If the child refuses to take their medicine they should not be required to do so but a note should be made in the record and their parent/s informed (see detailed procedure below). The member of staff should record the amount of medicine taken and the time at which it was taken. **Managing Ritalin on school journeys and residential visits** As part of their policy on inclusion, schools will want to ensure that pupils who need Ritalin can take part in all activities, including school journeys and residential visits. Staff will need to consider how the procedures listed above can be adapted for the particular circumstances. Special care will be needed with respect to storage and recording when off site, to ensure pupils' needs are met while ensuring the safety of others. **What procedures should school staff employ if a pupil refuses to take Ritalin?** If a pupil does not take their medication this may lead to an increase in challenging behaviour and may limit the child's learning opportunities. If a child refuses their medication, this should be recorded and the parents/carers should be informed as soon as possible. The headteacher (or other designated staff member with over all responsibility for implementation of the medical policy in school) should also be informed. Parents/carers may need to refer back to the child's medical practitioner and other members of the multidisciplinary team. No attempt should be made to force the child to take their medication if they refuse to do so. Schools may not impose conditions on a child's attendance at school that require him or her to take medication, as this could be construed as an unlawful exclusion. The DfE provides advice for schools on exclusion in 'Exclusion from maintained schools, academies and pupil referral units in England', available at https://www.gov.uk/government/publications/school-exclusion The National Education Law line (funded by the Legal Services Commission) can advise schools and parents on issues relating to school exclusion.