Supporting Pupils with Medical Conditions Policy (Medical Matters)

Approved by the governing body on:-	January 2024
Signed (Chair of Governors)	
Review Date	January 2025

Contents

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Executive Headteacher Mrs Jayne Watson.

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on supporting pupils with medical conditions at school.

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

The school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and pediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to SEND teacher Mr Watson.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or pediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and SENDCo will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons

- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

If the headteacher 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.

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.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with SENDCO. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policies, arranged through Lincolnshire County Council, can be found on this link:

https://www.lincolnshire.gov.uk/downloads/download/39/insurance-services

12. Infectious diseases

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), headteachers 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 2 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 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

13. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the SENDCO in the first instance. If the SENDCo cannot resolve the matter, they will direct parents to the school's complaints procedure.

14. Monitoring arrangements

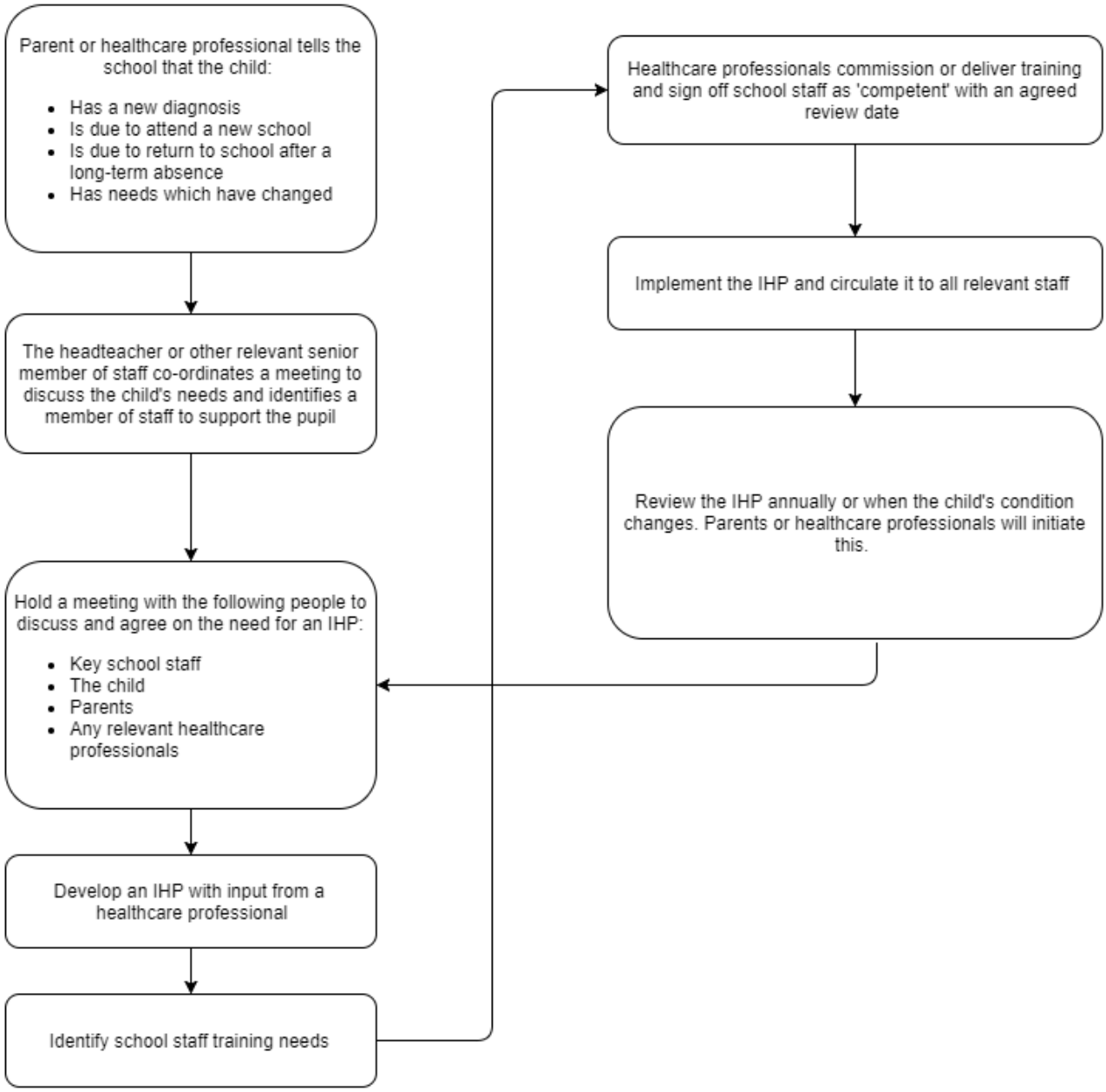
This policy will be reviewed and approved by the governing board every 2 years.

15. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition



Appendix 2: Medical Information

NOTES ON 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 headteachers 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 headteachers 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.

Headteachers 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 from 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 any recommendations 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 overall 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.