

Fountaindale School

FOUNTAINDALE SCHOOL

SUPPORTING PUPILS WITH MEDICAL NEEDS

POLICY AND PROCEDURES

Reviewed April 2017

Philosophy

Fountaindale School is committed to ensuring that all pupils have full access to the school's curriculum experiences and extra-curricula activities. This includes activities which may be organised away from the school or out of school times. Many of our pupils and students are required to take regular prescribed medication or to have prescribed medication administered in emergency situations. Within the school, during the school day such medication is given or supervised by qualified medical personnel. However, it will not be possible for such medically qualified personnel to be present on school trips or for activities taking place outside of the school day.

In these situations the school will accept responsibility in principle for its own staff, giving or supervising pupils taking prescribed medication subject to the following conditions:

- a) Full parental/carer/guardian consent has been received in writing.
- b) Staff giving or supervising the taking of medication do so on a purely voluntary basis.
- c) Staff involved have received adequate training.
- d) Parents accept responsibility for sending their child's medication into school, in original pharmacy labelled containers and containing the information described below, including the information sheet provided with the medication and in accordance with school directions.
- e) The school reserves the right to refuse to administer medication/treatment under guidance/instruction from Health or the Local Authority.

NB Throughout this document 'Parents' should be taken to include all those with parental responsibility for or care of a child. In this context 'care of a child' includes any person who is involved in the full time care of a child on a settled basis, such as a foster parent but excludes baby sitters, child minders, nannies and school staff

Introduction and Legislation

Section 100 of the Children's and Family Act places a duty on the governing bodies of maintained schools and academies to make arrangements for supporting pupils at their schools with medical conditions

This policy aims to ensure that all children within the school are properly supported so that they can play a full and active role in school life, remain as healthy as possible and achieve their individual potential

This policy is to be read in conjunction with DFE Guidance 'supporting pupils at school with Medical conditions' (December 2015) The school will have regard to the statutory guidance issued and make every effort to comply providing that it does not compromise our safeguarding duty to pupils with most complex needs.

All children and young people at Fountaindale School either have a statement of Education Need or an Educational, Health Care Plan (EHCP). An EHCP plan brings together a child's health and social care needs as well as their special educational provision.

Fountaindale School will also comply with their duties under the Equalities Act and the Special Educational Needs Disability (SEND) code of practice

In making decisions about support Fountaindale School will establish relationships with relevant health services and social care professionals and carefully consider their advice. The views of the parents and pupils will be sought and valued. Medical needs will be discussed throughout the year when it is necessary and will form part of the agenda at the child's annual review

Roles and Responsibilities

The Governing Body and the Principal are legally responsible for fulfilling their statutory duty as outlined in the DFE policy; 'Supporting Pupils with Medical needs'

Partnership working between school staff, healthcare professionals, social care professionals, local authorities, parents and where appropriate is essential

The Governing Body should ensure that Health Care Plans (HCP) are reviewed at least annually or earlier if evidence is presented that a child's needs have changed. The HCP should be developed with the child's best interest in mind and ensures the school assess and manages risk to the child's education, health and social wellbeing and minimises disruption.

It is the responsibility of school nurses to complete the Health Care Plans and share with Education

Safety Management of Medicines

Regular, Long Term Medication within School

Medicines which are brought into school must be prescribed by a doctor, dentist, nurse/ pharmacist prescriber. They must be in their original container and with a dispensed by the pharmacist and include, in writing, the child's name, the name of the medication, the prescriber's instructions for administration and a "use by" date. In addition to the label parents must complete the consent form for the medication to be administered. The concentration of the drug on the bottle should match that of the student's medical information consent form. With large numbers of pupils needing regular, long term medication (including a significant number who need it more than once during the school day) it is currently our policy to make this a responsibility of the school nurse. The Nurse will be responsible for the safe appropriate storage of medicines.

Emergency medications will be stored in the class room.

When medication is changed in any way, parents must inform the school in writing by completing the student's medical information consent form. Any out of date medication or empty bottles will be returned to parents unless otherwise stated.

There are no nurses available on educational off site visits and within our residential department. A member of staff who has completed training in 'administration of medication' and has completed their competency will carry out the administration of medication in these situations.

Receiving Medication

Medication required during normal school hours i.e. 08.45 – 15.30 should be sent to school in a bag clearly labelled 'school medication' this will be given directly to the nurse. Medication for school residential or clubs should be sent in a separate clearly labelled bag.

Emergency medication sent in to school will be signed in by school staff and should be stored in a locked safe place, inaccessible by pupils and known by designated staff; The emergency medication will then be signed out at the end of each school day.

It is strongly recommended that parents arrange for medication for other establishments to be dispensed separately and delivered to the appropriate establishment. However, the school will securely store those medicines if parents request this in writing, and adhere to the following:

- An appropriate form (**Appendix 1**) is completed and signed
- Medicines are sent in a separate bag(s) from medicines required in school
- The bag(s) will be clearly labelled e.g. Caudwell Medication/ Respite Medication/ Weekend Medication etc
- The bag(s) contains a full and accurate list of all medication within it, including the pupil's name and the name and amount e.g. 200mls/ 10 tablets/ 2 sachets of each medicine.
- If the child requires more than one drug, each should be supplied in a separate container.

Bags containing these medicines will be locked in a cupboard upon receipt and remain there until handed over to the person collecting the pupil from school. School staff will do their utmost to ensure bags are handed over as requested; however, the responsibility for the medication remains with the parent and the person collecting the pupil will be required to request the bag.

Labelling of Medication

All medication should be supplied by “parents” in a container labelled by a pharmacy with the name of the pupil, the name, strength, dose and expiry date of the drug and the frequency of administration. The information sheet supplied with the medication by the pharmacy should also be included. Parents will supply information on names of medication, dosage and frequency on the forms provided.

If medication arrives in school unlabelled with any of the information required, or the information recorded on the medication form does not match that written on the labels, Parents should be contacted urgently and asked to correct the form or supply accurately labelled containers. Staff should never transfer medicines from the original container supplied by Parents. Medication must never be given if any discrepancy exists.

Storage of Medication

- i) For the safety of themselves and other pupils no pupil should carry their own medication whilst within the responsibility of the school.
- ii) All medication or bags containing medication should be locked in designated cupboards or a case when offsite, except where it is medication required in an emergency. Emergency medication should be stored in an un-locked safe place, inaccessible by pupils and known by designated staff.

Recording of medication or medical treatment

Medical treatment or medication given by medical staff is recorded on the standardised Central Notts Healthcare Trust (CNHT) Attendance Diary Forms.

Medication received, returned and given by non-medically qualified staff will be recorded on the appropriate standardised forms for offsite visits, residential trips, in school residency, Holiday and Evening clubs or dual placements as explained below. The record should include the date the medication is received, who it was supplied by, who it was received by, the name and strength of the medication, the amount supplied and the form it was supplied in e.g. tablet/liquid/powder, the expiry date and the pupil’s dosage and regime (**appendix 2**)

The register of medication administered should include the date and time, the name and strength of the medication, the amount given, the route it was given via, the amount remaining, and any comments or side effects (**appendix 3**) and be signed by the responsible person administering the medication and the member of staff nominated to make the required checks. Where possible the responsible person should remain consistent e.g. evening clubs and/or identified early in the planning process for offsite visits and holiday clubs.

When no longer current these forms should be marked as ‘obsolete’ and filed in the pupil’s school file.

Non-Prescribed Medication

Non-prescribed medication including, pain killers, cough linctus, etc. will only be given by non-medical staff during an-after school or out of school activity. Such medication must be supplied by parents in original pharmacy labelled packets or containers with written instructions given on the appropriate medication form. The dosage stated by the parent must not exceed that for the age of the pupil indicated by the manufacturer on the container. Parents will be informed when

non-prescribed medication has been administered. No stocks of any non-prescribed medication will be kept in school. **Pupils under the age of 16 will not be given medicines containing aspirin unless a doctor has prescribed it for them.**

In cases where a child regularly suffers from frequent or acute pain the child's parents will be encouraged to refer the matter to the child's GP

Creams will only be applied by education staff during the school day if it is part of a toileting or care procedure. The cream must be provided in a labelled container and the procedure must be written into the pupil's Intimate Care Plan.

Invasive Treatments

Invasive treatments, including deep suction, intermittent catheterisation and replacement of gastrostomy buttons, tracheostomy's or tubes will **only** be carried out by non-medically qualified staff in extreme or emergency situations. In these cases staff **must** have received adequate training. Written permission, indicating named trained staff, must be given by parents and this must be recorded on the pupil's Health Care or Intimate Care Plan as appropriate. A minimum of two people - more may be identified in the pupil's Health Care Plan – must be present whilst any invasive treatment is being carried out, however due regard should be taken of the pupil's right to dignity and privacy. All invasive treatment carried out by non-medically trained staff must be recorded on the standardised form (**appendix 15**). The record must include the date and time of the treatment, any pupil reactions, signed by both staff involved

Long Term Medical Needs

All pupils will have their own healthcare plan drawn up by medical staff in consultation with school staff, parents and, where appropriate, the pupil concerned. This healthcare plan will include family and medical contacts, daily care requirements (including medication) and emergency procedures. (**See appendix 4**). The initial healthcare plan will be completed on admission, signed by Parents. Any particular guidelines or descriptions of symptoms should be attached to the Healthcare Plan (e.g. seizures, breathing patterns, etc.).

It will be the responsibility of the parent to inform school of any changes in healthcare needs as soon as possible, at which point the plan will be amended and the new plan again signed by parents. Any information recorded on a pupil's Health Care Plan will remain confidential within school and will not be disclosed to anyone outside of the school without parental consent.

All Healthcare Plans should be routinely reviewed with parents on an annual basis

Completed Health Care Plans should be stored in the child's school file in the main school office. Copies of the plan should be limited to those situations where instant reference is required (e.g. when a pupil is on an offsite visit). Such copies should be made only from the current original. The original plan should always remain in school.

Obsolete original Health Care Plans should be retained and stamped 'obsolete'. Copies should be shredded when no longer needed.

Staff Training

School staff who volunteer to give medication should not do so without appropriate training. General information and advice concerning the administration of medication or medical treatment will be arranged by the school in conjunction with the relevant Health Trust. School staff will be required to attend competency assessments annually. Any staff deemed incompetent by medical staff, will be withdrawn from administering medication. Staff attendance at specific training events will be recorded.

- Eating and drinking – Training is available throughout the year and is provided by a speech and language therapist
- Gastrostomy Feed – Training is available throughout the year and provided by Nottingham Community Health “special “ school training team- annual refreshers and competency assessment carried out by school nurses
- Respiratory care- (Oral suction, oxygen therapy, Mechanical ventilation, Nasal plug change ,Oral and deep suction, Cough assist (clearway) LVR bag, - Training can be provided by the Rapid response Respiratory team for paediatrics. Student may also have their own individual Respiratory team involved
- Epilepsy- Training is available throughout the year and provided by Nottingham Community Health “special “ school training team- annual refreshers and competency assessment carried out by school nurses

Equipment checks are made daily and records are maintained for the above procedures

Lists of staff volunteering and trained to give emergency medications will be circulated and displayed in the outer school office.

It is the responsibility of the Head Teacher in liaison with school staff and the relevant Health Trust to identify further training needs.

Procedures for Offsite Visits and Residential Trips

The appropriate medication form (**appendix 5**) and accompanying letter must be sent home at least 1 week prior to the trip.

The trip leader should nominate **one** staff member who will take responsibility for medication and its administration. This member of staff must not be the trip leader.

The completed medical form and medication, placed in original, pharmacy labelled containers, must be sent into school by the parents at least **3 days** prior to the trip to allow a pupil/student to participate in the offsite activity. Parents should also provide the information sheet which accompanies the medication from the pharmacy.

The member of staff given responsibility for medications should check that the dosages given by parents match those on the pharmacy labels. Any discrepancies should be queried with parents and either a new form or new pharmacy labelled medication obtained from them prior to the trip commencing. **No** medications should be given unless there is a match in dosages.

Medication forms, once received, must be kept in a file along with a copy of each child's Healthcare Plan. The file together with the medication should be kept in a secure, designated medication bag. A record (**appendix 2**) must be kept of all medication received and returned.

Medication should be drawn up **and administered** at the appropriate time, according to the medication form, by the responsible member of staff only. A second member of staff must be nominated to check that the correct child's medication has been drawn up and that the dosage is matched against **both** the medication form **and** the pharmacy label.

During the administering of medication, the 2 members of staff involved should remain focussed and have **no** other responsibilities at that time.

Immediately after the administering of a medication, the register of medication administered (**appendix 3**) should be signed in the appropriate place by each of the two members of staff involved. On return to school, records of medication administered should be marked as 'obsolete' stored in the child's school file for future reference.

For regular (weekly) pre-planned visits a single medication form can be used to cover a period of up to one term. In such cases it should be made clear to parents that it is their responsibility to inform the school of any changes in medication during this period. If a change is made, a new medication form must be completed by the parents.

Procedures for In-school Residency

Every student who is resident during term time will be required to have a medication form. As above, the parent will be responsible for recording the names and correct dosage of all medications on the appropriate form (**appendix 6**) and signing the same to give permission for non-medical staff to administer them. A new form should be completed for each term or if any medication or dosage is changed during that period (**appendix 7**)

Parents should send in adequate medication in the correct pharmacy labelled containers, indicating the strength, required dosage and expiry date and including the information sheet provided with the medication. A record (**appendix 2**) must be kept of all medication received and returned. **NB** The school can only be responsible for medication required during the time the pupil is resident. Medication sent to school for other establishments must adhere strictly to the criteria outlined in the Receiving Medications section above.

The Principal Residential Childcare Officer (or the deputy) is responsible for checking that dosages written on the form match those on the medication labels, for the safe storage of medication and for nominating a member of staff to take responsibility for administering medication at the appropriate times. On each occasion a second member of staff must be nominated to check that the correct child's medication has been drawn up and that the dosage is matched against **both** the medication form **and** the pharmacy label.

Both members of staff should sign the register of medication administered (**appendix 3**) in the appropriate place to confirm for each drug, the date and time administered, the medication and strength, the amount given, the route it was given via, the amount remaining, and any comments or side effects.

No student will be permitted to stay in school residence unless these forms and adequate medication in correctly labelled medication containers are received.

Medication forms should be marked as obsolete and filed in the child's main office file at the end of each term or when replaced by a new updated form.

Evening Clubs

If a pupil attends an evening club, and is not resident but requires medication during the club period (3.30 pm - 5.30 pm), then parents will be required to indicate the fact on the return slip of the original club request letter.

Holiday and Evening Clubs

The club leader will take responsibility for sending the appropriate forms for parents to record the names and dosage of the medication required (**appendix 8**), checking and recording the receipt and returns of medication (**appendix 2**), ensuring the safe locked storage of the medication and organising its administering. Parents will be required to send in the medication in named and clearly pharmacy labelled containers indicating the strength, required dosage and expiry date including the information sheet provided with the medication. This must be provided on the appropriate days or at the beginning of each club period. A record must be kept of all medication received and returned

As above, one member of staff should draw up medication for each pupil in accordance with times and dosages given on the forms. Another member of staff must be nominated to check the accuracy of this before the medication is given. Both members of staff should sign the register of medication administered (**appendix 3**) in the appropriate place to confirm for each drug the date and time administered, the medication and strength, the amount given, the route it was given via, the amount remaining, and any comments or side effects.

Medication forms should be marked as obsolete and filed in the child's main office file at the end of each club period or when replaced by a new updated form.

Dual Placements

Whilst attending a mainstream school or college a dually placed pupil is technically the responsibility of that establishment and therefore falls under that establishment's medication policy. However it is possible that the mainstream school or college does not have such a policy in operation or that it does not adequately cover for a pupil with more complex medical needs. In order to ensure that both the pupil and support staff involved are adequately protected, agreement should be reached with the mainstream establishment as to which school's policy will be enforced.

If Fountaindale's policy is to take precedent then a Dual Placement medication form (**appendix 9**) will need to be completed by parents each half term. A copy of the child's Health Care Plan should also be filed at the mainstream establishment.

The member of staff supporting the pupil should take responsibility for ensuring that forms are correctly filled in by parents and that medication in original pharmacy labelled containers indicating the strength, required dosage and expiry date and including the information sheet provided with the medication is sent in and the appropriate record completed. They should take responsibility for administering medication at appropriate times and for ensuring that a second member of staff at the school is available to make the appropriate checks. The date and time the medication is administered, the medication and strength, the amount given, the route it was given via, the amount remaining, and any comments or side effects should be recorded in the correct place on the form and signed by both members of staff as standard. Any medication taken from medical staff must be signed out and signed back in again.

Obsolete medication forms should be returned to Fountaindale and stored in the child's file.

For 'contact' links, such as integration links or group based link courses it should be assumed that medication responsibility lies with Fountainsdale and procedures as outlined for offsite visits should be adhered to.

Self Management

The school is committed to supporting and encouraging individual pupils to take responsibility for their own medication, where they are able to do so. However, for the safety of all concerned, including that of other pupils at the school, self-medication will only be allowed subject to the following conditions:

- a) Full parental consent has been received in writing (see letter **appendix 10**)
- b) If the pupil is taking part in an offsite visit, residential trip or school based residency, their self-medication has been indicated on the medication forms returned by parents.
- c) Medication is not carried around by the pupil. The pupil should be responsible for taking their medication to the medical staff (or member of staff in charge of an offsite visit or residential) on entering school in the morning and then collecting the medication at the required times.

If it becomes apparent that a pupil is carrying their own medication during the day, then this will be taken by the tutor to the medical staff, where it will be placed in a sealed envelope and returned to parents with a standard letter (**appendix 11**) reminding them of the procedures.

If there is a concern that a pupil, who is responsible for self-medicating, is not adequately administering their medication, then the medical staff should inform the parents of the concern verbally and back this up in writing.

Refusing Medication

If a pupil refuses to take their medication, school staff should not force them to do so. Parents should be contacted as a matter of urgency and if necessary the school should contact the emergency services. In the case of pupils who regularly refuse medication, a plan of action will be agreed and signed by parents.

Recording of Epileptic Seizures

The details of any seizure suffered by a pupil should be recorded in the relevant book kept in each classroom. Where a pupil normally has frequent seizures throughout the day, it should be recorded at the end of the day whether the seizures followed a normal pattern.

Recording of accidents and emergencies

All accidents involving pupils should be recorded in accordance with the accident and emergency procedures highlighted below.

Access to Medication

Medication should only be made accessible to pupils at the required time. Pupils self-medicating should know where and when to obtain their medication.

Disposal of Medicines

School staff should not dispose of medicines. Date expired or excess medication should be sent home in the original sealed container for parents to be responsible for disposal. This should then be recorded on the pupil's record of medication.

Hygiene/Infection Control

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures i.e. use of alcohol hand gels, or effective hand washing with soap and water if hands are visibly soiled; this should be carried out between each procedure. Staff should ensure they have access to disposable gloves and aprons at all times and must use these during all intimate care procedures. Staff should also spray and dry plinths between care procedures. Staff should also take care when dealing with spillages of blood or other body fluids. Dressings or equipment should be disposed of in appropriate waste containers. Needles and other sharp objects must be disposed of in sharps containers. Staff who are regular blood takers e.g. diabetics will require a Hep B injection

Emergency Procedures

Accidents or emergencies in school

Where any accident or emergency occurs in school a 550 code blue call for a first-aider should be put out immediately. The initial first-aider on the scene will take lead responsibility and will decide what treatment to administer and whether hospitalisation is required. If hospitalisation is required that first-aider will, depending on the seriousness of the situation, **co-ordinate** either:

- a) Contact of emergency services
Arrangements for a member of staff to accompany the pupil in the ambulance
Contact of the child's parents directing them to the hospital

OR

- b) Contact of the child's Parents advising that they collect the pupil from school and take them to the hospital, themselves.

In both cases the Assistant Head Teacher and either the Principal (Head Teacher) or Head of School (Deputy Head) should be informed.

For off-site trips and residentials a qualified first-aider should accompany the trip. Details of available first-aiders or medical professionals at the places to be visited should be sought prior to the trips commencement.

The details of all accidents must be recorded in the appropriate pupil/staff Accident Book in the staff room by a witness to the accident or the first person on the scene. The first aider must also record the accident details in the first aiders' black file. Parents must always be informed. If an accident involves a bang to the head, the standard letter (**appendix 12**) should be sent to Parents by the first aider outlining symptoms to look out for and be signed by the Principal (Head Teacher).

Accidents concerning pupils which fall into the following categories, must also be reported on the WellWorker system,

- i. Injury to a pupil or a member of the public which results in a major injury condition.
- ii. Minor accidents where the primary cause of the accident is faulty equipment, buildings, grounds or a lack of supervision.

Accidents resulting in conditions as described in the Notifiable Major Injuries and Conditions chart (**appendix 13**) and staff absent, or unable to do their normal work which he or she would reasonably be expected to do for over 7 consecutive days (this period of time starts the day after the accident and includes weekends and rest days) must be reported after 7 days absence and reported on the WellWorker system within 15 days; this may result in a RIDDOR investigation being required, for which further personal information may be requested

Errors in Administering Medication

If a pupil is given the wrong medication or wrong dosage for whatever reason, the following procedure should be followed.

1. Seek immediate medical advice from a medical professional (e.g. School Nurse, Doctor, NHS Direct)
2. If advice is not available or there is any concern about that advice or the condition of the child, then call 999. Ensure that all medical information concerning the pupil and the medication involved is taken with them and that the medication form records the actual dosage given or believed to have been given.
3. Inform parents as a matter of urgency.
4. Inform either the Principal (Head Teacher) or Head of School (Deputy Head Teacher).
5. If advised to keep the pupil under observation, this should be done by a first aider, who should record any change in condition or behaviour. The first aider must be fully aware of adverse side effects to look out for. The first aider should decide if or when further professional medical intervention is required.
6. Record the incident as an accident in accordance with procedures above.
7. The circumstances of the error should be fully investigated by either the Principal (Head Teacher) or Head of School (Deputy Head Teacher) and a written report copied to Parents and retained in the Principal's (Head Teacher's) confidential file.

The Giving of Midazolam in Emergency Situations

Fountaindale School is committed to ensuring that all pupils have full access to all the school's curriculum experiences and extra-curricular activities. This includes activities which may be organised away from the school or out of school times. On these occasions a school nurse may not be available to administer Midazolam should an emergency occur. Parents of pupils with epilepsy requiring Midazolam to be administered in an emergency situation will be asked if they give their consent for this to be carried out by non-medical staff the standard letter (**appendix 14**) should be signed and returned. If consent is given then the treatment may be carried out by named staff who have received adequate training in accordance with the pupil's Health Care Plan. If consent is not given and/or a member of medically trained staff is not available, alternative emergency procedures will be agreed with the parents (e.g. an emergency 999 call).

School Transport

The LA takes responsibility for the supervision of pupils on home/school transport.

Pupils should not be allowed to leave the school premises on transport without an escort unless written parental permission has been given.

On all offsite visits and residentially suitably trained staff to meet the medical needs of the pupils involved, must accompany pupils on the transport.

Offsite and residential medication forms (**appendices 4, 5 & 6**) and a copy of each child's Healthcare Plan must be carried in the transport. These forms give information on condition, allergies, blood group, GP and hospital contacts, emergency contacts, and emergency protocols which would be necessary should emergency hospitalisation be required.

In case of an emergency a mobile phone should be carried on the transport. The emergency contact numbers of the school, Principal (Head Teacher) and Head of School (Deputy Head Teacher) should also be carried.

Sporting Activities

Any restrictions on a pupil's ability to fully participate in the school's P.E. curriculum or other sporting activities should be included on their individual Healthcare Plan. Staff supervising such activities should make themselves fully aware of any necessary precautions, necessary access to medication and appropriate emergency procedures.

Procedures for Pupils who are Unwell at School

It is the responsibility of the relevant Assistant Head Teacher to decide if a pupil is not well enough to be in school (Principal RCCO or Club Leader in the case of After School Clubs or residency). Advice can be sought from nursing staff. The child's Health Care Plan should always be checked in case an agreed procedure is already in place.

During school hours the Assistant Heads will decide if parents need to be contacted and this may be through the Teaching Assistant Manager (includes parent liaison duties); he/she will then be responsible for contacting the parents to arrange collection of the pupil and to arrange for the supervision of the pupil until parents arrive and keep the Assistant Head teacher updated.

Out of school hours: it is the club leader or Principal RCCO (depending on which service the pupil is accessing) who is responsible for contacting the parents to arrange collection of the pupil and to arrange for the supervision of the pupil until parents arrive.

Pupils on Antibiotics

Pupils who are on antibiotics for an acute infection will not be allowed back into school:

- until two days/ 48hrs has passed since the start of the course of antibiotics
- or in accordance with advice provided by the Health Protection Agency
-

Pupils having Anaesthetic

The school adheres to the guidance from Great Ormond Street and The Association of Anaesthetists of Great Britain. This states that anaesthetics can remain in their system for a 24hr period; therefore, it is advisable that students return to school a minimum of 24hrs/ 1 day after a routine operation has taken place