

SUPPORTING PUPILS WITH MEDICAL CONDITIONS

POLICY

Ref: S04

Author: Rachael Clifford & Kim Southward (School Nurse)

Date: June 2018

Ratified by Governing Body: July 2018

Frequency of Review: Annually

Policy Review Dates:

Date	Changes made	By whom
July 2019	None	
July 2020	Format Update	ARR
July 2021	No changes	ARR
September 2022	No Changes	ARR

PURPOSE OF DOCUMENT

The purpose of this policy is to put into place effective management systems and arrangements to support children and young people with medical conditions or disabilities in school and to provide clear guidance for staff and parents/carers on the administration of medicines. This document, where appropriate, must be considered in conjunction with all other relevant policies, for example, health and safety.

Under the requirements of the Special Educational Needs and Disability Act 2001 it is the responsibility of the L.A. and schools to enable pupils to be in school wherever possible. All pupils should have full access to the National Curriculum unless individual exceptions are advised by a multi-agency review. Unless children are acutely ill they should attend school. To facilitate this it may be necessary for them to take medication during school hours.

Key points from the Children and Families Act 2014 state that:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

ROLES AND RESPONSIBILITIES

Under the Disability Discrimination Act (DDA) 1995, schools and settings are under a duty to make reasonable adjustments for disabled children, including those with medical needs. All provision should be planned with the intention of ensuring access to their full educational entitlement. Under the Children and Families Act 2014 schools are required to have a policy such that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. Where pupils have incurred injuries which restrict their mobility for example as a result of fractures, schools and settings should consider what reasonable adjustments they need to make to enable them to participate fully in all areas of school life, including educational visits and sporting activities.

The writing of this policy has taken into account the views of parents/carers, the staff, school nurse and the Head teacher.

The Headteacher, in consultation with the Governing body, staff, parents/carers, health professionals and the local authority, is responsible for deciding whether the school can support a child to attend school by assisting with their medical needs. The head teacher is responsible for implementing the policy on a daily basis

- ensuring that the procedures are understood and implemented
- ensuring appropriate training is provided
- making sure there is effective communication with parents/carers, children and young people, school/settings staff and all relevant health professionals concerning the pupil's health needs.
- Ensuring the safe management of medications in school

Staff, including supply staff must always be informed of a child's medical needs where this is relevant and of any changes to their needs as and when they might arise. All medical information will be kept in the pupil folder, which all staff in the class must be made aware of. The file must be shown to any supply teacher in the class before they start teaching.

All staff will be informed of the designated person(s) with responsibility for first aid. Posters with the names of the first aiders will be displayed in school.

PARENTS/CARERS

Grange School works in partnership with parents/carers to ensure that their child attends school wherever possible. In order to make this possible:

It is the responsibility of parents/carers to use forms provided by the school to inform the school of their child's medical needs

NOTIFICATION OF PUPIL INFORMATION

Parents/carers are required to give the following information about their child's long term medical needs when the child starts school, and they have a responsibility to update it at the start of each school year:

- a) Details of pupil's medical needs, including asthma
- b) Long term medication, including any side effects
- c) Allergies
- d) Name of GP/consultants
- e) Special requirements e.g. dietary needs, pre-activity precautions
- f) What to do and who to contact in an emergency
- g) Cultural and religious views regarding medical care

When the school is notified of a child having asthma or an allergy, the parent will be asked to fill in the relevant forms (**See appendix for forms**). The forms will be placed in the pupil folder and all staff in that class informed.

When the school is notified that a child has a medical condition, the head teacher will ensure an Individual Health Care Plan is drawn up for the child within two weeks. The plan will be drawn up by a member of staff in consultation with, relevant health professionals, the child's parents and the child, if they are able to contribute to the process. In particular, the plan should take account of the dignity of the child and also their preferences for the manner and location of care, wherever possible. Parents should be able to read and approve the Individual Health Care Plan before it is used in school. The finished plan will be kept in the pupil folder.

CONFIDENTIALITY

Individual Health Care Plans are confidential documents and should only be read by the staff who work with the child. These members of staff must not share details with other staff except when it is necessary to do so in order to protect the child's health or safety. Supply teachers should be shown only the elements of the plan that they need to know. It should be made clear to all staff that the plans are there

to maintain the child's dignity and ensure that they are included in the educational and social life of the school.

REVIEWS

The Individual Health Care Plan should be reviewed at least annually.

INDIVIDUAL HEALTH CARE PLAN

The Individual Health Care Plan will aim to support school attendance wherever possible outlining the child's needs and the level of support required in school. All plans will start with a pen portrait that provides a summary that can be read quickly.

MEDICAL PROTOCOLS

This section of the plan is needed if a pupil needs to regularly have medication during every school day or needs to have a medical intervention or procedure during every school day. It enables staff to follow the procedures associated with administration of any medication by providing clear instructions to follow. The child's parents can contribute to the writing of protocol.

Examples: Pain relief for a child with sickle cell disease, insulin for a child with diabetes.

EMERGENCY MEDICAL PROTOCOLS

This section of the plan is needed for the pupil if it can be anticipated that a medical emergency may arise. It enables staff to follow the procedures associated with administration of rescue medication by providing clear instructions to follow. It also describes the procedure for delivering a medical intervention.

ASSESSING RISK IN THE PHYSICAL ENVIRONMENT

This section of the plan is needed for any pupil who's physical, mental or behavioural needs could put them at risk in the physical environment of the school. All the different areas of the building must be considered, and strategies to minimise risk should be listed. These strategies could involve deployment of staff.

EQUIPMENT PLAN

This section of the plan is needed for any pupil who uses specialist equipment such as a wheelchair or hoist. The plan will detail daily, monthly and yearly checks to be carried out. There is a legal obligation to have hoists professionally checked every 6 months.

PERSONAL EMERGENCY EVACUATION PLAN

This section of the plan is needed if a pupil will need assistance to evacuate the building in case of emergency. This could be because for physical reasons, or because of the pupil's level of understanding. Evacuation from all the different areas of the building must be considered. The child's parents should contribute to the writing of protocol and must consent and sign it before it is used.

Examples: A child with physical disability working upstairs, a child with ASD doing PE.

OFF SITE TRIPS AND VISITS

This section of the plan is needed if the pupil will need specific, individual strategies to be in place to ensure their health and safety on a school trip. It involves a risk assessment which is personal to the child and the particular activity.

The risk assessment must give consideration to the following:

- Sufficient essential medicines and appropriate Individual Health Care Plans will be taken and controlled by the member of staff supervising the trip.
- If it is felt that additional supervision is required during any activities e.g. swimming, school/setting may request the assistance of the parent/carer.
- As far as possible, all children should have access to all activities and areas of school life. No decision about a child with medical needs attending/not attending a school trip will be taken without prior consultation with the parents/carers.

PERSONAL CARE NEEDS PLAN

This section of the plan is needed if a pupil will need support with some or many aspects of personal care or personal independence skills. It sets out the procedure(s) associated with personal care needs. The child's parents should contribute to the writing of protocol and must consent and sign it before it is used.

Examples: A child with severe learning difficulties who needs pads changing, a child with ASD who needs help to eat dinner.

TOILETING OF CHILDREN WITH ADDITIONAL NEEDS

Under the Disability Discrimination Act (DDA) 1995, it is illegal to operate an Admissions Policy which includes a blanket standard of continence for children and young people. Reasonable adjustments must be made to include those pupils who may require help and support with toileting or who are not yet toilet trained. There are no regulations from the local authority stating that a second member of staff must be present to supervise the changing of a nappy or the toileting of pupil to ensure that abuse does not take place.

ADMINISTERING MEDICATION

Many children will need medicine to be administered in school. It is expected that parents/carers will normally administer medication to their children at home. Parents should be encouraged to check with their child's GP if medicine can be administered outside of school hours and still be effective. In particular, medicine that needs to be given three times a day should not need to be given during the school day.

All medication including paracetamol needs to be prescribed from the GP or other health care professional and clearly labelled.

Parents should:

- provide any medication in a container which is clearly labelled with a prescription label containing the following;
 - i. THE CHILD'S NAME
 - ii. NAME OF MEDICINE
 - iii. DOSE AND FREQUENCY OF MEDICATION
 - iv. SPECIAL STORAGE ARRANGEMENTS
 - v. DATE TO BE USED BY
- collect and dispose of any medicines held in school at the end of each term.
- ensure that medicines have not passed the expiry date.

- ensure that all attempts are made to enable their child to attend school.

No medication will be administered without prior written from the parents/carers. The Head teacher/school nurse will decide whether any medication will be administered in school and following consultation with staff, by whom. Pupils will be told where their medication is kept and who will administer it. Pupils who have inhalers and emergency medication and are able to take independently will have access to their inhaler at all times.

All staff in school have a duty to maintain professional standards of care and to ensure that children and young people are safe. Whilst there is no legal duty requiring staff to administer medication or to supervise a child when taking medicines, it is good practice and meets with the Every Child Matters agenda. It is expected good practice that schools and settings will review cases individually and administer medicines in order to meet the all-round needs of the child and to enable them to attend school.

Any member of staff, on each occasion, giving medicine to a pupil should follow the school protocol for administering the medicine, which will always include:

- Hygiene procedures
- Checks on the medicine, including :
 - (a) Name of pupil
 - (b) Written instructions provided by the parents/carers or doctor
 - (c) Prescribed dose (to be confirmed with a second member of staff)
 - (d) Expiry date
 - (e) Check they have the correct child with another member of staff

STORAGE OF MEDICINE

All medicine will be kept in a locked cabinet in the medical room, except inhalers, epipen and buccal midazolam. All medicine will be logged in to the medicines folder.

RECORDS

Staff will complete and sign a record sheet each time medication is given to a child and these will be kept in the medical room medication folder. The sheets will record the following;

- (a) Name of pupil
- (b) Date and time of administration
- (c) Who supervised the administration
- (d) Name of medication
- (e) Dosage

REFUSING MEDICATION

If a child refuses to take their medication, staff will not force them to do so. Parents/carers will be informed as soon as possible. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications must also be recorded as well as the action then taken by the teacher.

TRAINING

Training and advice will be provided by health professions for those staff who are involved in the administration of medicines. Training for further staff will be provided on a range of medical needs as and when appropriate.

ASTHMA

Immediate access to reliever inhalers is essential. All children with asthma should have an easily accessible inhaler in school in line with their asthma care plan. Class teachers will store children's inhalers which must be labelled with the pupil's name within the unlocked class room and kept together in a box. In case of emergency evacuation the inhaler box must be taken outside when the children leave the building.

All inhalers must be taken on school trips and kept accessible to children.

Reliever inhalers are prescribed for use by an individual child only. As such they should not be used by anyone else. It is recognised however that there may be emergency situations where a child experiences severe asthma symptoms and

his/her reliever (or spare) is not immediately to hand. School staff have a duty of care towards a pupil to act like any reasonably prudent parent. In accordance with the British Guideline on the Management of Asthma reliever inhalers are generally accepted to be a very safe form of medicine. In an emergency situation it is therefore recognised that using another child's reliever inhaler may be preferable to not giving any immediate medical assistance. The school will follow the new National Policy of keeping a school reliever inhaler available in case of emergencies.

For children with asthma symptoms the asthma care plan will be used. **See appendix for asthma care plan forms.** The asthma care plan can be photocopied and one copy can be kept in the class medical near the child's inhaler. The other will be kept in reception.

The school ensures that all pupils are aware and have an understanding of asthma; this will be included within the national curriculum.

COMPLAINTS

Any complaints should be addressed to the class teacher in the first instance. If necessary, parents should speak to the head teacher, who will follow the school complaints procedure if necessary.

APPENDIX 1

School Asthma Health Plan			
Pupil's Name:			
Date of Birth:			
Address:			
Class			
Parent(s) / Carer(s)			
Address			
Main Contact Number			
GP	Name:		
	Surgery:		
	Telephone:		

Is your child able to tell you when they need their inhaler?	Yes	No	Sometimes
Does your child need help with using their inhaler?	Yes	No	

Does your child need to take their inhaler before physical activity?	Yes	No
Does your child only require their inhaler when they have a cold?	Yes	No

Medication	Strength	Dose	When to be taken?	
			Before Activity	
			May need before, during or after activity (staff to monitor)	
			Aim to complete activity without symptoms	

My child's asthma triggers: <i>(please tick all the appropriate boxes)</i>							
Cold Air		Colds / Viral Infections		Pollen (tree, plant or grass)		Stress / Anxiety	
Changes in Weather		Exercise		Dust (Dust Mite)		Emotion / Excitement	
Damp / Mould		Night		Pets		Cigarette Smoke	
Other: Observe for unknown triggers							

Relief treatment when needed: cough, wheeze, breathlessness or sudden chest tightness, give or allow the child to take the inhaler below. After 5-10 minutes the child should feel better and be able to return to normal activities			
Medication	Strength	Dose	When to be taken
Expiry Date:		Signed: (Parent/Carer)	

IN AN EMERGENCY

An emergency is when any of the following happen:

- 1) The reliever inhaler doesn't help.
- 2) Symptoms of cough, wheeze, breathlessness or tight chest get worse.
- 3) The child is too breathless or exhausted to speak or is usually quiet.
- 4) The child lips are blue.

WHAT TO DO:

- Continue to give the child 1 puff of reliever inhaler (blue) every minute for 4 minutes (4 puffs). Children under 2 years 2 puffs
- After 5-10 minutes the child should feel better & be able to return to normal activities.
- If the reliever inhaler has no effect after 5-10 minutes, call 999 for an ambulance

Parent / Carer Name:	
Parent/Carer Signature:	Date:
Health Professional: GP / Consultant / Practise Nurse / Asthma Nurse / Other:	
Name:	
Signature:	Date:
Review Date:	

ASTHMA HEALTH PLAN

Part 2

It is recognised that reliever inhalers are prescribed for use by an individual child only and as such they should not be used by anyone else. However, if your child is having a severe asthma attack and his/her reliever inhaler is not readily accessible then there may be circumstances where it is appropriate to use a school inhaler or another child's inhaler to relieve the symptoms. This would only occur in exceptional circumstances and your child would be expected to use his/her own inhaler at all other times.

If your child is having a severe asthma attack, and his/her reliever inhalers are not immediately or readily available do you agree your child may use another child's reliever inhaler? Yes/No

Would you give permission for your child's inhaler to be used by another child who is having a severe asthma attack? Yes/No

Is your child known to be allergic to or unable to use any known alternative reliever inhalers? Yes/No

(If you are unsure how to answer this question please discuss it with your GP.)

If yes please provide full details:

This would only happen in an emergency situation

Agreed by Parent / Guardian:

Name_____

Signature_____

Date_____

