



Grove Vale Primary School

# Management of children with medical needs

November 2023

**Written by:** S. Pickett

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### **Background:**

This policy has been written using guidance from Department for Education:

[“Supporting pupils with Medical Conditions”](#) – DfE 2014

Management of Medical needs in schools Dec 2020 – Sandwell

### **Introduction**

At Grove Vale Primary School, we maintain close links with parents, carers and agencies such as the school nurse and any others providing for pupil health.

Community nursing teams are a valuable resource for school to seek advice and support in relation to children with a medical condition.

**School nurses can be contacted at: 0121 612 2974 or [swbh.shnsandwell@nhs.net](mailto:swbh.shnsandwell@nhs.net)**

### **As a school we:**

- Ask parents to take responsibility for ensuring that their child is well enough to attend school. Please note that parents should keep their children at home if acutely unwell or infectious. However, there are many instances in which children can attend school, e.g. minor coughs and colds.
- Seek to support any child with long or short term medical needs. The administration and management of medicines is part of this process.
- Request that, wherever possible, parents ask doctors to prescribe medicines which can be administered outside the school day.
- Recognise that, at times, it may be necessary for medication to be administered in school. In such cases, agreed procedures must be followed and medication should only be administered when all other options have been explored.

### **On Admission to School:**

On admission, all parents and carers will be asked to complete an admissions form, giving full details of any known medical conditions including allergies and dietary requirements. They will also be required to disclose any regular and/or emergency medication along with emergency contact details, the name of the family doctor, any hospital consultants.

### **Administration and Storage of Medication in School:**

Should a pupil require medication during the school day, parents/carers must come into school to speak to a member of staff.

### **If agreed:**

- The medication must be prescribed by a doctor and be in its original container, with the child's name and dosage clearly visible on the label. The school will not accept items of medication in unlabelled containers or out of date.
- A request for school to administer medication form must be completed by the parent/carers. (appendix 1a)
- The medication must be handed over to the school office, who will complete appropriate paperwork and stored the medication in the correct place.



- A "Record of the Administration" form will be completed and signed after each dose by the member of staff responsible. (appendix 1b)
- School must be notified in writing if the medication is to change or cease.
- The parent must take responsibility for replenishing the supply including upon expiry of existing medication.
- Where it is appropriate to do so, pupils will be encouraged to administer their own medication, under staff supervision.
- Medicines should only be accepted that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.
- Short term medications, e.g. Antibiotics, will only be administered in school if the dosage is 4 times a day.
- Where children are in need of an adrenalin auto-injector pen, and there is a individual care plan (IHP) in place, parents/carers must supply a pen and any other medication detailed on the care plan.

Medicines will only be administered at school in cases where it would be detrimental to a child's health or attendance not to do so.

If a child refuses their medication, then the school will inform parents. If the member of staff administering the medication has any doubts or queries regarding the dosage or instructions, they should telephone the pharmacist using the details provided on the label.

### **Asthma**

- Children with asthma, where possible should be responsible for administering their own medication via an inhaler.
- The inhalers must be clearly marked with the child's name.
- Inhalers must be kept in the class medication box.
- Parents need to complete an Asthma information slip that is kept with the inhaler (see appendix 5).
- Inhalers must be provided in the original box displaying a prescription label.
- The school keeps a record of all pupils with asthma, complete with medication requirements and expiry dates of medication, using the asthma Register. This is reviewed yearly.
- If a child has a severe asthma attack in school, parents will be contacted and this will be recorded on CPOMs, under the first aid section.
- Children with severe asthma may need a personal Asthma Action plan (written and reviewed with the GP once a year) and an individual health care plan.

### **Emergency inhalers**

The emergency inhaler should only be used by children:

- Who have been diagnosed with asthma, and prescribed an inhaler or have been prescribed a reliever inhaler.
- For whom written parental consent for use of the emergency inhaler has been given.



### **Allergies/Anaphylaxis**

Some children and young people may have a mild reaction when exposed to an allergen requiring over the counter anti histamine medication.

Not all children with allergies/food sensitivities have severe reactions requiring anti histamines and/or adrenaline injection. However, it remains appropriate to have an Individual Health Plan (IHP) documenting the type of reactions they experience and how to prevent and manage these.

#### **Management of a child/young person with allergies/anaphylaxis:**

- Oral Antihistamines e.g. Cetirizine (non-sedating), Loratadine (non-sedating), Chlorphenamine
- Pre-loaded Auto Adrenaline Injectors (AAI's) e.g. EpiPen, Emerade, JEXT
- Inhaled bronchodilator.

These emergency medications are located in the class medical boxes. Each EpiPen is in a green medical bag. These are taken to the hall and the playground by an adult at lunchtime. Oral antihistamine is kept in a locked medical cabinet in the medical room.

### **Eczema**

Atopic eczema is a chronic inflammatory itchy skin condition.

Not all children diagnosed with eczema will require an Individual Health Plan (IHP), therefore guidance should be sought from the school nurse service, if eczema is having an impact on the child's/young person's learning.

#### **Management of a child/young person with eczema:**

'Topical' means '. Most eczema treatments are applied to the skin surface using moisturisers (emollients), steroid creams/ointments, although for more severe eczema some people need to take 'oral' medication as well.

If prescribed, creams and emollients can be sent into school, however children have to apply these themselves whilst supervised by an adult.

### **Diabetes**

#### **Management of a child with Type 1 Diabetes in school.**

- School will need trained staff who are competent to support and supervise the child to manage their condition. Training must be updated every year or if there are changes.
- Education staff will need to be trained to test the child's blood sugars and give insulin as prescribed.
- School will need to provide an appropriate environment to maintain the dignity and privacy of the child, access to soap and water, clean environment and storage of equipment.





- Hypoglycaemia is **an emergency**, so the child will need their emergency box with them at all times.
- Education staff will need to work closely with the medical team and parents to manage the child's condition so that the child does not have significant disruption to their day.
- Education staff to work with the specialist team and dietician to write an individual care plan.
- Parents will need to provide equipment and medication on a daily/weekly basis and report any issues from the previous day.

### **Epilepsy**

- School must have appropriately trained staff. The training will include management of seizures and administration of emergency medication. Training must be updated every year.
- Education staff will need to work closely with the School Nurse / Community Children's Nurse (CCN) and parents to establish a suitable environment for the child/young person in school so that the child does not have significant disruption to their day.
- Education staff to work with School Health Nurse and/or CCN to write an individual Health plan.
- The majority of children and young people will be treated with medication which is usually twice a day. Some children and young people will need medication during the school day.
- Some children will need emergency treatment if they have a generalised seizure lasting longer than 5 minutes (please see Emergency Buccolam Care plan, appendix 4)
- School need to call an ambulance in the following situations; if this is the young person's first seizure, if the seizure lasts 5 minutes and they do not have emergency treatment, if you are concerned about the young person's breathing or if the seizure continues after the administration of emergency medication.

### **Children with Special Needs:**

Should a new pupil be admitted having medical needs or should a condition develop for an existing pupil, the school SENCO will arrange to discuss their needs with the parents, and a referral made to the school nurse and/or other medical advisors.

### **Individual healthcare plans**

IHCP can help to ensure that schools effectively support pupils with medical conditions (see appendix 2). Plans capture the key information and actions that are required to support the child effectively. They provide clarity about what needs to be done, when and by whom. Where a child has an individual healthcare plan, this clearly defines what constitutes an emergency and explains what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

Individual healthcare plans (IHCP's) should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. IHCPs are monitored and reviewed annually by the SENCO, or sooner if initiated by a healthcare professional.

A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at appendix 3. The Head Teacher and SENCO will arrange for any training needs to be met. These should have been identified and assessed during the development or review of individual healthcare plans.



### **Out of School Activities and Educational Visits:**

It is essential that a full risk assessment is undertaken before every off-site visit. This must include an assessment of the possibility of administering medication or medical treatment.

The Head Teacher must ensure that appropriate arrangements have been taken into account for administering medication during educational visits and the needs of the child.

All staff involved in such visits must be made aware of any pupils with medical needs, what medication or action is required or what medication or action may be required in an emergency.

The school reserves the right to administer non-prescribed medication issued by a pharmacy as long as permission has been given by parents. In cases where this occurs, the lead teacher should administer the medication following appropriate manufacturer instructions and guidance.

### **Children Unable to Attend School:**

- Where a child is unwell and unable to attend school on a long-term basis of a period longer than two weeks due to illness confirmed by a doctor or other medical professional, work will be set and marked on an ongoing basis via the school's remote learning strategy by the class teacher.
- Children will only be expected to complete work at home when they are well enough to do so.
- Where a child is unable to attend school due to hospitalisation, Hospital Education would provide ongoing education.

### **Storage and Disposal of Medication:**

All medication, with the exception of emergency medicines, will be kept in a locked cupboard in the medical room. This key is available to those who are responsible for administering prescribed medication. A record must be maintained of the medicines held in school.

Antibiotics should rarely be given in school. However, if on rare occasions they are stored in school, they should be kept within a clearly labelled container in the fridge in the medical room.

Each term, medicines kept in school will be checked. Parents will be asked to dispose of any medication that is out of date. Any out-of-date, unclaimed medicines will be taken to the local pharmacy for disposal. The record for medicines in school will be amended accordingly.

### **Roles and Responsibilities**

- The Governing Body and staff of Grove Vale Primary School will ensure that pupils with medical needs receive appropriate care and support at school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented.
- The Head Teacher will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day where those members of staff have volunteered to do so.
- The Head Teacher will ensure that all staff who agree to administer specialised medication will receive appropriate training or instruction, i.e. ideally those who are listed in the policy will administer medication but on occasions, other staff can administer if the Head Teacher authorises this and appropriate instructions have been given. Training should include the risks and legal liabilities involved and how to deal with emergency situations.



- The Head Teacher will also ensure that all relevant staff are suitably trained and made aware of any child's condition. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- The Head Teacher will ensure regular training related to emergency medication and management of medical needs will be undertaken by all staff as recommended by Sandwell Health Authority, e.g. asthma, epilepsy and allergies.
- The Head Teacher will ensure that during staff absence, the supply staff are fully briefed on any child with a medical condition.
- Other healthcare professionals, including GPs and paediatricians - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes).
- Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and are involved in the development and review of their child's individual healthcare plan. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- It is the responsibility of the Governing Body to ensure support, advice and guidance, including suitable training for school staff, so that the individual healthcare plans can be delivered effectively.

#### **Unacceptable practice**

- Although school should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:
- Prevent children from easily accessing/administering their inhalers/medication
- Assume children with the same condition require the same treatment
- Ignore the views of the child/parents, or ignore medical evidence/opinion (although this may be challenged)
- Send children with conditions home frequently or prevent them from doing normal school activities unless specified in their plan
- If the child becomes ill, send them to the school office or medical room unaccompanied
- Prosecute/Issue Penalty Notices to families for their child's absence if absences are related to their medical condition
- Prevent pupils from drinking, eating or toilet breaks whenever they need to in order to manage their condition
- Require parents/carers to feel obliged to attend school to administer medication or support the medical needs of their child
- Prevent children from participating in any aspect of school life

#### **Complaints**

Should parents or pupils be dissatisfied with the support provided, they should discuss their concerns directly with the school.



Formal complaints should be made via the school's complaints procedure.

**Guidance:**

Further guidance is available from:

[www.nhs.uk/medicine-guides](http://www.nhs.uk/medicine-guides)

[www.medicinesforchildren.org.uk](http://www.medicinesforchildren.org.uk)







## APPENDIX 2

### Individual Health Care Plan (IHP) for a child with medical needs

Photo	Name:	
	Date of Birth:	
	Current Year/Class:	
	School:	
	NHS No:	
Photo		

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#### Family/ carer Contact 1:

Name:	
Home Telephone:	
Work Telephone:	
Relationship:	

#### Emergency Contact 2:

Name:	
Home Telephone:	
Work Telephone:	
Relationship:	

#### Hospital Doctor/Paediatrician:

Name:	
Telephone:	

#### School Health Nurse Cluster (where applicable)

Name:	
Telephone:	

#### Community Children's Nurse or Specialist Nurse (where applicable)

Name:	
Telephone:	



**Details of pupil's medical conditions**

**Triggers or things that make this pupil's condition worse**

**Regular requirements: (e.g. PE, dietary, therapy, nursing needs)**

**Does the pupil have regular medication? Yes ☐ No ☐**

Name and type of medication	
What does the medication do?	
Dose and method of administration:	
Time:	
Are there any side effects?	
When should it be given?	
Can the pupil self-administer?	<u>Yes</u> / No / Supervised (delete)

If there is more than one medication taken regularly during school hours, please complete a "Request for School to Administer Medication" form.

**Does the pupil have emergency medication: Yes ☐ No ☐**

**FOR EMERGENCY PROCEDURES SEE ATTACHED EMERGENCY PLAN**



### Parental and Pupil Agreement

I agree that the information contained in this plan may be shared with individuals involved with my child/young person's care and education. I understand that I must notify the school of any changes in writing.			
Signed (Pupil) (where appropriate)			
Print name			
Date			
Signed (parent/carer) (If pupil is below the age of 16)			
Print Name		Date	

### Healthcare Professional Agreement

I agree that the information is accurate and up to date at the present time			
Signed			
Job Title			
Print Name		Date	

Review of care plan to be completed by (date) .....

<b>School to insert own Privacy Notice</b>
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To understand more about why we collect your information, what we do with your information, how you can access your information, your personal information rights, how and to whom to raise a complaint about your information, please visit our privacy notice page at <a href="http://www.sandwell.gov.uk/privacynotices">http://www.sandwell.gov.uk/privacynotices</a>
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For School Health Nursing Team use only:

	Name / Sign	Date
Nurse completing clinical information		
Nurse carrying out check with parent		
Team Leader checking MC / Record Keeping compliance		



## APPENDIX 1a

### Request for school to administer medication

You have indicated on the parental consent form that your child is currently receiving medication and/or treatment. The school will not give your child medicine unless you complete and sign this form, and the head teacher has agreed that school staff can administer medication.

Surname:			
Forename(s):			
Date of Birth:		NHS No:	
		M	<input type="checkbox"/>
		F	<input type="checkbox"/>
Address:			
Post Code:		Year/Class	
Condition/Illness:			

### Medication

Name/Type of medication (as per dispensary label):
For how long will your child take this medication?
Date dispensed:
Expiry date:





Dosage (amount) and method of administration:

Time(s) to be given:

Special precautions (if any):

Known side effects:

Self-administration:

Yes ☐

No ☐

Procedures to take in any emergency:

#### Contact Information

##### Family Contact 1:

Name:

Home Telephone:

Work Telephone:

Relationship:



**Family Contact 2:**

Name:

Home Telephone:

Work Telephone:

Relationship:

**Parental Agreement:**

I understand that I must deliver the medicine personally to \_\_\_\_\_  
(name of staff member receiving medication) and accept that this is a service which the  
school is not obliged to undertake.

Signature:

Date:

Name (print):

Relationship to Pupil:

***School to insert own Privacy Notice***



..... School

<div style="text-align: center;">Photo</div> <div style="text-align: center;">Photo</div>	Name:	
	Date of Birth/NHS No	<div style="display: flex; border: 1px solid black;"> <div style="flex: 1; border-right: 1px solid black;"></div> <div style="flex: 2;"></div> </div>
	Medicine name and strength	
	Dosage and Method of administration:	
	Timing	
	Transcribing Signatures	<div style="border: 1px solid black; padding: 5px;"> 1.  2. </div>

[illegible]



## Appendix 3

### Individual Health Plan Process

### Append

<p>Pupils with medical conditions requiring Individual Healthcare Plans are: those who have diabetes, epilepsy with rescue medication, anaphylaxis, gastrostomy feeds, central line or other long term venous access, tracheostomy, difficult asthma. There may be other pupils with unusual chronic conditions who need an Individual Healthcare Plan, please liaise with the Nursing Teams as required.</p>	
<p>Form SS12 sent out asking parents / carers to identify any medical conditions:</p> <ul style="list-style-type: none"> <li>• Transition discussions</li> <li>• At start of school year</li> <li>• New enrolment (during the school year)</li> <li>• Parents / carers inform school of any new diagnosis</li> </ul> <p>→ School inform School Health Nursing (SHN) / Community Children's Nursing (CCN) Team</p>	School
<p>School Health Nursing / Community Children's Nursing review information available and contact family</p> <ul style="list-style-type: none"> <li>• Identify if Individual Healthcare Plan (IHP) is indicated (NB not all children with a health condition will need an IHP, it depends on the severity of the condition)</li> </ul> <p>→ SHN / CCN inform school of IHP to be completed</p>	School Health Nursing / Community Children's Nursing
<p>IHP completed in liaison with child / young person (where appropriate), parents / carers and review of available medical records:</p> <ul style="list-style-type: none"> <li>• Review emergency contact details</li> <li>• Record medical information; diagnosis, signs and symptoms, symptom management, including medication</li> <li>• Identify if Emergency Care Plan is indicated → complete</li> <li>• Sign agreement; pupil (where appropriate), parents / carers and nurse.</li> </ul> <p>→ SHN / CCN to share IHP with designated person in school</p>	School Health Nursing / Community Children's Nursing
<p>Pupil to added to IHP register</p>	School
<p>All parties to ensure IHP is in place. If there are any difficulties in getting this finalised, School to discuss with SHN / CCN Team.</p>	School & School Health Nursing / Community Children's Nursing





#### Appendix 4

### EMERGENCY BUCCOLAM CARE PLAN

Pupils Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Pupil starts seizing,  
commence timing  
seizure.

Move anything away  
from the pupil that  
could cause harm.

**DO NOT restrict  
their movement**

ONE  MG PRE-FILLED BUCCOLAM SYRINGE TO BE ADMINISTERED

MINUTES AFTER THE ONSET OF SEIZURE.

Take one plastic tube,  
break the seal and pull  
the cap off. Take the  
syringe out of the tube.

Remove the syringe cap  
and gently insert into the  
mouth, between the gum  
and cheek.

**NOTHING IS TO  
BREAK THE LINE  
OF TEETH.**

Slowly press the syringe  
plunger to release the  
whole amount of the  
buccal midazolam into  
the side of the mouth.

Remove the syringe from  
the child's mouth, keep  
the empty syringe to give  
to a doctor or paramedic  
so they know what dose  
has been given.

**THE TIME THAT  
BUCCOLAM IS  
GIVEN MUST BE  
PASSED ONTO  
AMBULANCE CREW  
AND PARENTS**

When pupil has stopped  
seizing place in recovery  
position if appropriate.

#### AN AMBULANCE MUST CALLED BE WHEN:

IT IS THE FIRST DOSE GIVEN IN THE COMMUNITY (should this be  
school rather than community (Amy))

THE SEIZURE LASTS A FURTHER 5 MINUTES AFTER BUCCOLAM

YOU ARE CONCERNED ABOUT THE PATIENTS BREATHING



## Appendix 5

### Asthma Policy Information Slip

Grove Vale Primary keeps a record of pupils with asthma in order to ensure the best possible care for your child. In order for us to maintain effective records on our asthmatic children, please enter information as requested below:

Child's Name: .....

Date of Birth: .....

Class: .....

Doctor: .....

Type of Inhaler: .....

.....

Dosage (how many puffs): .....

Name of Inhaler .....

I would also ask that you give us your permission to administer emergency treatment as indicated below by signing the section at the bottom of the letter.

At school we keep a Ventolin Inhaler (Salbutamol) and a spacer device which are available in emergency situations. We are able to provide these to children who have forgotten their inhaler or are undergoing a severe attack, where the spacer may be more effective in administration.

I hereby allow Grove Vale staff to administer emergency treatment as indicated below:

Signature of Parent/Guardian: .....

Date: .....