



Medical Policy

Supporting Students with Medical Needs

1. Aims

- Students at this school with medical conditions will be properly supported so that they have full access to education including school trips and physical education. The school will consult health and social care professionals, students and parents to ensure that the needs of students with medical conditions are effectively supported.
- The overall aim is to ensure that all students 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.
- The impact of long-term and frequent short-term absences will be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.
- Students whose illnesses are so severe as to require an Education, Health Care Plan are dealt with under the SEN policy rather than this policy though the aims of the policies are the same.

2. Roles and Responsibilities

1. Governors

- The Governing Body will ensure that arrangements are in place to support students with medical conditions. In doing so they will ensure that such children can access and enjoy the same opportunities at school as any other child.
- The Governing Body will ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- The Governing Body will ensure that their arrangements give parents and students confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They will ensure that staff are properly trained to provide the support that students need.

2. The Head teacher

The Head teacher will ensure:

- That the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting students with medical conditions and understand their role in its implementation.
- That sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

3. The Pastoral Leader

The Pastoral Leader has overall responsibility for policy implementation. Specific responsibilities include:

- Ensuring that sufficient staff are suitably trained,
- Ensuring that all relevant staff are made aware of the child's condition,
- Cover arrangements in case of staff absence or staff turnover to ensure the school always has first aid cover and that there is cover for any member of staff named in an individual care plan,
- Advising on risk assessments for school visits, holidays, and other school activities outside of the normal timetable (completion of the risk assessment remains the responsibility of the visit leader), and
- Instigating, monitoring and reviewing individual healthcare plans.

4. **All staff**

All staff have the responsibility to ensure:

- They are familiar with the needs of students with healthcare plans and medical needs.
- They plan activities that take account of the medical needs of students.
- They keep up to date with training on dealing with some of the most common health problems.

5. **Parents**

Parents have responsibility to:

- Share relevant information about a child's medical needs with the school.
- Ensure that all medication stored in school is up to date and properly labelled.

6. **The Student**

- Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans.
- Wherever possible, students will be allowed to carry their own medicines and relevant devices or be able to access their medicines for self-medication quickly and easily.
- Students who can take their medicines themselves or manage procedures will be offered appropriate level of supervision if needed. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them (see Appendix F).

3. **Notification of Medical Need**

This is done in any of the following ways:

- By parents filling in the appropriate section of the admission form on entry to school
- By parents informing school (the Pastoral Leader) in writing at other times of the year
- By the transferring school passing on information
- By the School Nurse informing school

4. **The school will:**

- Collate information into a medical list and put individual information onto the schools current systems in operation.

Inform staff: students with medical needs and Healthcare Plans who may need urgent attention during the day are identified on the school's student medical register.

- Students with Healthcare Plans will have a copy of the plan recorded on SIMS (in Linked Documents) and in the schools class charts programme and a paper copy kept in the care plan file which can be located in the medical room.

5. Individual Healthcare Plans

- Healthcare Plans will be drawn up in cases where conditions fluctuate or where there is **a high risk that emergency intervention will be needed** and are likely to be helpful in the majority of other cases, especially where **medical conditions are long-term and complex**. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate.
- Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school (the school will be represented by the Pastoral Leader and the member of staff responsible for emergency First Aid), parents and a relevant healthcare professional, eg school, specialist or children's community nurse who can best advise on the particular needs of the child. Students will also be involved whenever appropriate. The aim is to capture the steps which the school will take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but **responsibility for ensuring it is finalised and implemented rests with the school**. Students with existing Care Plans on entry to the school will have that plan reviewed during the induction period. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan. See appendix A and B (flow chart and care plan template).

6. Managing Medicine on the School Premises

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 will be given prescription or non-prescription medicines without their parent's / carers consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. School will set out the circumstances in which non-prescription medicines may be administered.
- A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be consulted and informed.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- School will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- All medicines will be stored safely. Children will know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage

facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be carried by the student. This is particularly important to consider when outside of school premises, eg on school trips. Spares are stored in school and are readily available to children.

- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Students who are deemed competent to carry and self-administer controlled drugs will be provided with a safe, confidential place to administer the drug, if required, but otherwise self-administration of controlled drugs is not supervised. School will otherwise keep controlled drugs that have been prescribed for a student securely stored in a non-portable container. Qualified First Aiders will have access to administer the drugs.
- Controlled drugs will be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes must be used for the disposal of needles and other sharps
- Written records must be kept of all medicines administered at school and parents must be informed.

7. Unacceptable Practice

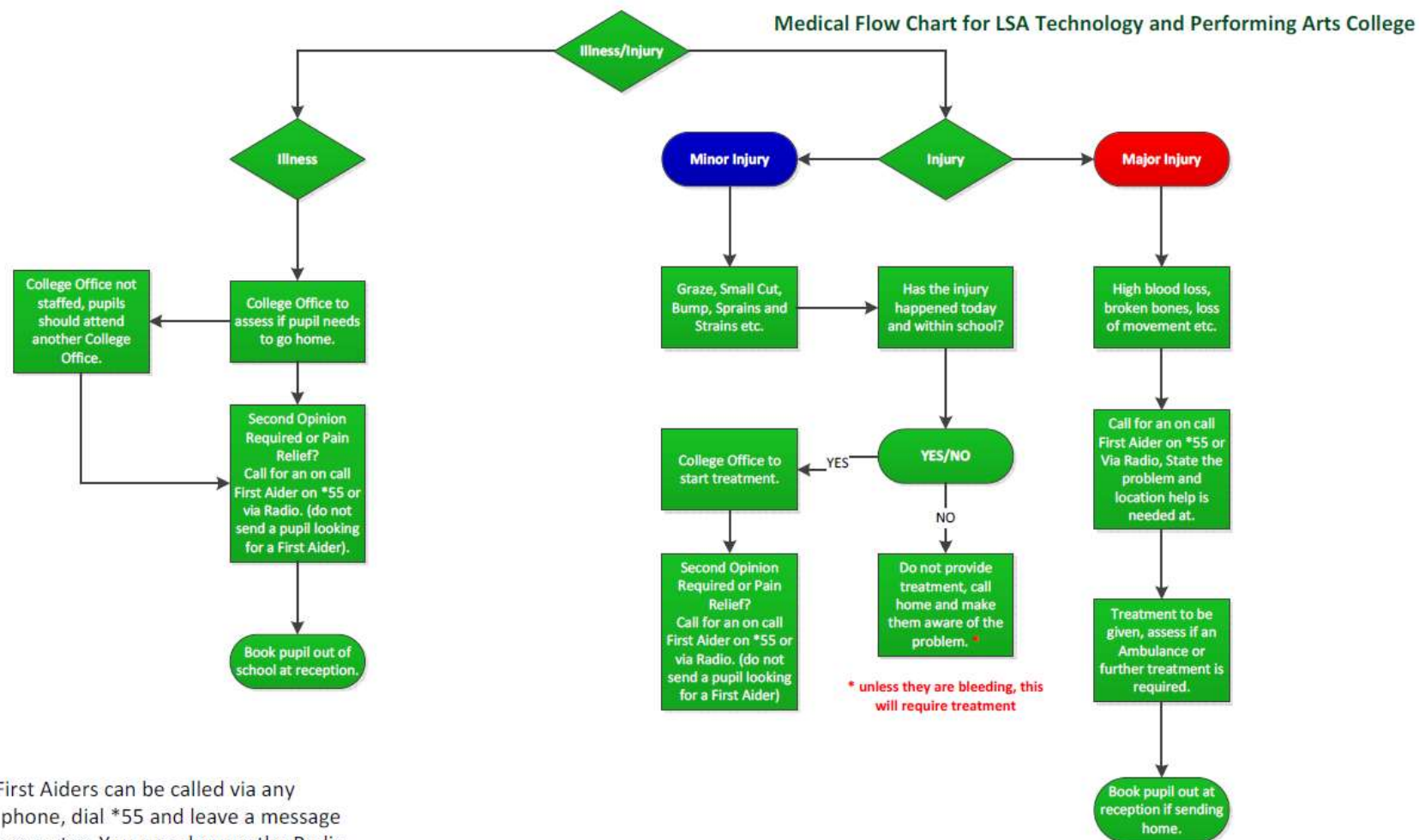
Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is NOT generally acceptable practice to:

- Prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- Send students with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise students for their attendance record if their absences are related to their medical condition, eg hospital appointments;
- Prevent students 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 child, including with toileting issues.
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

8. Complaints

Any complaints about the application of this policy should be made to the Head teacher using the school's Complaints Policy available on the school website or from the Head teacher's PA.

Appendix A: Medical Flow Chart



On Call First Aiders can be called via any internal phone, dial *55 and leave a message with the operator. You can also use the Radio to summon help.

Appendix B: Care Plan Template

Lytham St Annes High School – Individual Healthcare Plan	
Student's name	
Form & Year Group	
Date of birth	
Student's address	
Medical diagnosis or condition	
Date of Care Plan	
Review Date	

Family Contact Information	
Name	
Relationship to student	
Phone no.	work
	home
	mobile
Name	
Relationship to student	
Phone no.	work
	home
	mobile

Clinic/Hospital Contact	
Name	
Phone no.	

G.P.	
Name	
Phone no.	

Who is responsible for providing support in school	
Describe medical needs and give details of child's	

symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.	
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision	

Daily Care Requirements	
Specific support for the pupil's educational, social and emotional needs	
Arrangements for school visits/trips etc.	

Other Information	
Describe what constitutes an emergency, and the action to take if this occurs	
Who is responsible in an emergency (state if different for off-site activities)	
Plan developed with	
Staff training needed/undertaken – who, what, when	
Form copied to	

Appendix C: First Aid information in school and dealing with accidents

1. First Aid Provision in School

First Aid provision on site is managed on four levels:

a) Head of Year Offices

- All Heads of Year offices will be issued with a First Aid box that is approved under the First Aid at work regulations 1981. There is other extra items of equipment available such as sick bowls, plasters and ice packs and heart packs.
- All Heads of Year offices can access the low level accident treatment log so that all minor injuries can be recorded.
- The above will aid in the early treatment to students and will prevent one of the on call First Aiders attending for minor injuries.
- Heads of Year will be trained in basic First Aid to allow them to carry out this role

b) First Aid Kits Across School

- First Aid kits will be placed across the site in prime locations so that staff that are trained in First Aid can access the First Aid kits.
- The boxes will provide provisions for 21 to 50 people as set out under the First Aid at work regulations 1981.

c) First Aid Room

- The First Aid room is available to take students that are more seriously injured to be treated or as a holding area for assistance from the on call First Aider.
- Students should only be taken to the First Aid room if their injury is of a traumatic nature or they have a medical condition that will need further intervention.
- Main Reception should be informed if an ambulance is to be called and the location of the incident provided. Where possible, the student should be conveyed to the First Aid room so that the Ambulance Service can assess the student in a more controlled environment.
- Any student that states that they have injured their back or neck must not be moved for any reason. If a student also informs you that they cannot move an injured part of their body, leave them in the position that they are in and inform reception of the incident and your location.

d) On Call First Aiders

- On Call First Aiders will be available to attend incidents that are of a traumatic nature or to medical incidents.
- The On Call First Aiders will have access to a First Response bag which will contain equipment for the more severe injuries that they are likely to attend.
- The On Call First Aiders should be used when First Aiders in the heads of year offices or Departmental area are not available or if another First Aider needs help with treatment or a second opinion.

2. Contact with Home

- When a student is treated within school and the injury is of a significant nature, direct contact **MUST** be made with parents. The First Aider is responsible for ensuring this happens.
- Secondly, the Heads of Year office should be informed with details of the injury/accident.

3. Documentation

- When a student or member of staff is treated in school, this will be logged on the minor injury form or the accident/incident report form by the senior First Aider in school.
- For serious accidents the 'serious accident protocol' should be followed. All serious accidents should be reported to the Head teacher who will apply the protocol or appoint a responsible person to undertake this role.

4. Dealing with Accidents

a) Students

- Use common sense and speedy action. Help keep the student calm and send for help from a qualified First Aider using your two-way radio or by sending a student. Remain with the original student. Calmly give clear and precise instructions about your location and the nature of the injury.
- The accident/incident report for the incident will be completed by the First Aider
- Parents will be notified so that a student can be taken home or for medical treatment. In urgent cases an ambulance will be called.
- If the accident does not warrant a student leaving your room it is wise to see the student at the end of the lesson to check on his/her welfare and in marginal cases you or your Department Head may wish to contact home to inform parents.
- If a student has suffered a bump to the head, parents should be informed by telephone (the First Aider is responsible for contacting parents) and a 'Bump to the Head' letter should be issued (X:\Health & Safety\Bump to the Head letter or see Appendix E)

b) Staff

- If you injure yourself seek help or send a student for help. First Aid or medical assistance will be provided.
- The accident/incident report for the incident will be completed by the First Aider
- If you have an accident outside working hours that may impact on your ability to carry out your job, this must also be reported to your line manager, irrespective of whether you are prevented from attending school.
- If the accident is serious and has happened at work or during a work activity off-site, e.g. a broken bone, or involves a stay in hospital you should **ALSO** notify the senior First Aider who will produce a RIDDOR report.

c) Near Misses

- Accidents can often be prevented if action is taken following a near miss. Report any incident you witness on the normal accident form, labelling it accordingly.

Appendix D: Procedures - Guidelines for Staff

1. ASTHMA

A Medication

Asthma sufferers carry their own medication. Medication is NOT held centrally unless a parent makes a specific request, nor is it administered by the school.

B Treatment

Preventers: These are taken daily at home am & pm to make the airways less sensitive to the triggers. Generally speaking preventers come in brown (*sometimes white*) containers.

Relievers: These medicines, sometimes called bronchodilators quickly open up narrowed airways and help the student's breathing difficulties. Generally speaking relievers come in blue containers.

RELIEVER MEDICATION SHOULD BE CARRIED BY THE STUDENT AT ALL TIMES INCLUDING DURING ACTIVITIES SUCH AS CROSS-COUNTRY RUNS /PE

Children with asthma learn from their past experience of attacks; they usually know just what to do and will probably carry the correct emergency treatment. As asthma varies from child to child it is impossible to give rules that suit everyone, however the following guidelines may be helpful:

C During an attack

- Ensure that the reliever medicine is taken promptly and properly
- Make sure an adult stays with the student
- If in doubt contact a qualified First Aider
- Stay calm and reassure the student
- Listen to what the student is saying and to what he/she wants: the student probably has been through it before
- Loosen tight clothing around the neck
- Offer the student a drink of warm water
- Try tactfully to take the student's mind off the attack
- Don't put your arm around the student's shoulder as this is restrictive
- Encourage the student to breathe deeply and slowly
- Most people with asthma find it easier to sit upright or to lean forwards slightly
- The student may want to rest his/her hands on the knees to support the chest
- Make sure that the student's stomach is not squashed up into the chest
- Lying flat on the back is **not** recommended

IF THE RELIEVER HAS NO EFFECT AFTER 5-10 MINUTES CALL AN AMBULANCE.

D After an attack

Minor attacks should not interrupt a student's concentration and involvement in school activities. As soon as the attack is over encourage the student to continue with normal activities.

2 DIABETES MELLITUS (TYPE 1 DIABETES)

This is a condition which is ever present in schools. The following can happen:

- Hypoglycaemia – when blood sugar levels fall below normal 4mmol/l
- Hyperglycaemia – prolonged high blood sugar level, which can lead to diabetic coma.

A. Hypoglycaemia (low blood sugar most common) – symptoms:

- Faintness
- Palpitations
- Strange behaviour
- Sweating
- Cold skin
- Strong pulse
- Shallow breathing

B. Treatment – Follow the Student's Care Plan

Mild or Moderate Hypoglycaemia; below 4mmol/l

Awake with symptoms of hypoglycaemia i.e. shaky pale sweating, hungry, dizzy, don't feel well, aggressive feel faint

- Sit down, check blood glucose level. **Stay with child**
- Give 3 dextrose tablets or sugary drink i.e. 50 mls of Lucozade or 100 mls of Coca Cola or sugary drink
- Type 1 Diabetics have emergency boxes stored in the medical room.
- Students also carry emergency supplies with them.
- When student recovers - blood glucose rises above 4mmol/l - give starchy food, e.g. 2 biscuits or sandwich.
- In the unlikely event of a student losing consciousness call an ambulance.

C. Severe Hypoglycaemia

- If the student is unconscious and not able to swallow, do not give anything by mouth
- Stay with the student, put them into the recovery position
- Call 999

D. Hyperglycaemia (high blood sugar) – symptoms:

- Dry skin, rapid pulse
- Deep breathing, very difficult to inhale
- Smell of acetone on casualty's breath
- Treatment – rest and reassure patient, call for an ambulance.

This usually comes on over days and so is not an acute problem, but can be serious.

3 ANAPHYLATIC SHOCK

There is a sudden allergic reaction to:

- Certain foodstuffs
- Drugs
- A sting from an insect
- Latex rubber

In such cases breathing is dramatically reduced because of tightening of the airways due to swelling. They become shocked because of dilated blood vessels.

A. Symptoms:

- Anxiety
- Blotchy skin/rash
- Swelling of face/eyes/throat
- Seriously impaired breathing
- Rapid pulse
- Unconsciousness

B Treatment:

- Dial 999
- If shocked, it is best to lie the patient down
- Keep patient warm

If a member of school displays those symptoms contact a First Aider IMMEDIATELY. Medication for all known sufferers of anaphylactic shock is kept in a named box in the medical cupboard in the medical room. Key is kept in main office.

4 Epilepsy – Minor Partial Seizure (may remain conscious)

A Symptoms

- Sudden 'switching off'
- Staring blankly
- Slight twitch/jerking
- Possible shouting/noise making

B Treatment

- Sit the casualty in a quiet place and observe. Remove sources of harm.
- Reassure patient
- Notify parents.

5 Epilepsy - Complex Partial seizure (where consciousness is affected)

A Symptoms

- Confusion
- Unaware of surroundings
- Mumbling sounds
- Chewing movements
- Not respond when spoken to

B Treatment

- Sit the casualty in a quiet place and observe. Remove sources of harm.
- Reassure patient
- Notify parents.

6 Epilepsy - Tonic Clonic Seizure (loses consciousness)

A Symptoms:

- May start with casualty crying out
- Casualty falls down & may go unconscious
- Rigid back
- Breathing may become difficult
- Lips may go blue
- Clenched jaw
- Convulsions
- Saliva and/or blood in the mouth
- Loss of bowel control.

B Treatment:

- Observe casualty
- Loosen clothing
- Administer Emergency Medication (as per care plan)
- Place in recovery position when convulsions cease
- Call 999 if fitting continues and recovery to consciousness is slow
- Contact Parents

Quite often after a seizure the child or young person may feel tired, be confused, have a headache and need time to sleep. Recovery times vary some may feel better after a few minutes while others may need to sleep for several hours.

Staff training is provided annually on dealing with the above illnesses.

Staff should familiarise themselves with the medical records log for all students.

Appendix E - Bump to the Head Letter



Date.

Dear Parent/ Carer,

We write to inform you that your child had an accident at school today.

They received a bump to the head at approx..... They were checked by a qualified first aider and have been well for the rest of the school day. It is important however, that you now monitor your child to check for any further signs of a more serious injury.

PLEASE WATCH FOR:

- Increasing drowsiness.
- Worsening headache.
- Confusion/strange behaviour or loss of memory.
- Any vomiting episodes since the injury.
- Weakness in an arm or leg.
- Speech difficulties.
- Dizziness, loss of balance or seizures.
- Any visual problems.
- Blood or clear fluid leaking from the nose or ear.
- Any breathing problems or unusual breathing patterns.

If any of these signs develop then please contact your doctor or ring 111 for further advice.

Yours faithfully,

Paul Tozer

Senior First Aider

✂.....

Bump to the Head Letter To the Teacher p5 today

Student:

Has received first aid for a bump to the head today. Please release them from your p 5 lesson, with an escort, at to be medically reassessed by the first aider who treated them. If they were first seen by Mr Tozer, please send them to reception. If they were first seen by Mr Wright please send them to the IT Technicians Office.

Signed:.....

Date:.....

Appendix F - Staff Administering & Accepting Student Medication

- 1.** Staff who observe and record students who are required to take daily medication will have received the appropriate training and instruction to enable them to carry out this daily duty.
- 2.** Students who are required to take daily medication administered by a member of staff must have consent from their parent or guardian. Students who have emergency medication stored in the schools medicines cabinet should have a care plan in place which states that in the event of emergency treatment or medication to be administered it will be logged on the care plan and signed by the students parent or guardian.
- 3.** Staff will only administer medication to students who require daily medication as detailed in point 2. A senior first aider will administer emergency medication if this is required.
- 4.** Medication from students / parents will only be accepted if it is in the correct packaging stating the batch number, expiry date, and if has been prescribed by a medical professional, no medication either loose or in blister packs will be accepted.
- 5.** An individual medication control sheet must be completed for each student. The control sheet must detail the individual's prescribed medication, it must clearly indicate the name of the medication, the batch number, the expiry date and the quantity initially received and after each dosage the sheet must be updated accordingly to take into account the dosage / amount taken and the remaining stock. In the case of oral suspension, the recording sheet will indicate the dosage taken. It is difficult to attain the remaining quantity of liquids as there may have been some spillage.
- 6.** On each occasion new medication is received a new sheet must be completed to reflect the new batch number, quantity and expiry date. Any medicines which are out of date will be highlighted during regular audits carried out by a senior first aider. In the first instance college offices will be notified in order that they inform students and parents to collect and dispose of the out of date medication and to request new and up to date medication.
- 7.** Students who need to take temporary medication prescribed by a medical professional due to illnesses injuries etc should wherever possible administer this medication themselves.
- 8.** However, if it needs to be stored in the medical room and supervision is necessary parents should contact the student's head of year with the details of the illness and the medication required.
- 9.** The head of year should then inform a senior first aider so this can be logged and a record sheet can be completed. As for all other medicines it must be in its original packaging clearly stating the batch number, expiry date and required dosage to be taken.
- 10.** If a student does not attend to receive their daily medication inform the Head of Year or Pastoral Leader as soon as it is possible to do so to make them aware that the student did not take their daily medication.
- 11.** A quarterly audit of the control sheets and the contents of the medicines cabinet will be undertaken by a senior first aider.

Reviewed and amended November 2020