

# Pensby Primary School



## **Medical Conditions Policy**

### **Supporting Children with Medical Needs**

Mrs K Brown

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## DEFINITION

Pupils' medical needs may be broadly summarised as being of two types:

- (a) Short-term affecting their participation in school activities which they are on a course of medication.
- (b) Long-term potentially limiting their access to education and requiring extra care and support

## RATIONALE

LAs and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. **Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.**

However, teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. The school takes advice and guidance from the local authority and DFE.

## AIMS

The school aims to:

- assist parents in providing medical care for their children;
- educate staff and children in respect of special medical needs;
- adopt and implement the LA policies and procedures
- arrange and update training for staff to support individual pupils;
- liaise as necessary with outside agencies in support of the individual pupil;
- ensure access to full education if possible.
- monitor and keep appropriate records.

## ENTITLEMENT

The school accepts that pupils with medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils.

The school believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support.

The school accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- To choose whether or not they are prepared to be involved;
- To receive appropriate training;
- To work to clear guidelines;
- To bring to the attention of management any concern or matter relating to supporting pupils with medical needs.

## MEDICATION

- Where parents have asked the school to administer the medication for their child they must ask the pharmacist to supply any such medication to be dispensed in a separate container, containing only the quantity required for school use. The prescription and dosage regime should be typed or printed clearly on the outside. The school will only administer medicines in which the dosage is required 4 times a day. The name of the pharmacist should be visible. Any medications not presented properly will not be accepted by school staff. Pupils should not bring in their own medicine. This should be brought into school by the parent. Parents can come into school at lunchtime to administer these medicines if they have not been prescribed
- School staff will consider carefully their response to requests to assist with the giving of medication and that they will consider each request separately.
- the school will liaise with other medical agencies for advice about a pupil's special medical needs, and will seek support from the relevant practitioners where necessary and in the interests of the pupil.
- Any medicines brought into school by the staff e.g. antibiotics, pain medication, hayfever medication, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the school.
- Only staff that have had first aid training can administer medicines. All doses must be recorded, signed and dated in the medical folder. These records are collated annually and kept in school for reference.

## RESPONSIBILITIES

### Parents and Carers

If the school staff agree to administer medication on a short term or occasional basis, the parent(s) are required to complete a Consent Form *Verbal instructions will not be accepted*. Consent forms are available from the school office.

For administration of emergency medication, a Care Plan must be completed by the parent(s) in conjunction with the school nurse or other medical staff and school staff. Minor changes to the Care Plan can be made if signed and dated by the parent(s). If, however, changes are major, a new Care Plan must be completed. Care Plans should be reviewed annually.

The parent(s) need to ensure there is sufficient medication and that the medication is in date. The parent(s) and carer(s) must replace the supply of medication at the request of relevant school/health professional. Medication should be provided in an original container with the following, clearly shown on the label:

- Child's name, date of birth;
- Name and strength of medication;
- Dose;
- Expiry dates
- Dispensing date/pharmacists details.

### School Staff

Medication is only administered by staff that have received first aid training. It is important that school staff who agree to administer medication understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise. Regular training relating to emergency medication and relevant medical conditions will be undertaken involve recruiting a member of staff for this purpose. The Head teacher has overall responsibility for the development of individual healthcare plans. They will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They will contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

The school will also work closely with the School Nurse and other agencies such as GPs and Paediatricians, the Local Authority, pupils and parents.

## **Governing Body**

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

## **HEALTH CARE PLANS**

**The Health care Plan should be completed by Parent(s), designated school staff and school nurse/medical agency. It should include the following information.**

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

**Sometimes a child may need a 'Safe systems of work' plan - e.g., if a child uses a wheelchair, plinth, hoist, special seating. This plan will be put together with the help of outside agencies such as Fountainsdale, Occupational Therapy, etc and discussed with school staff. These plans will be reviewed annually. (Examples can be found in school)**

## **PEP (PERSONAL EVACUATION PLAN)**

For any child with medical needs a Personal Evacuation Plan is written in case of a fire. This plan is shared with all staff, including supply staff, working with the child in order to ensure a safe evacuation if necessary.

## **STAFF TRAINING**

When training is delivered to school staff, the school will ensure that a training record is completed for inclusion in the Health and Safety records. This is for both insurance and Audit purposes. Full training and refresher training is offered to staff for Emergency and Paediatric first aid, Managing Actual and Manual handling and any specific training for individual training (tracheotomy, catheterisation, diabetes, asthma, etc) as appropriate. Training is carried out by the official medical agency involved with the child and family and is regularly reviewed and updated. Clear records are kept of the training.

## **STORAGE OF MEDICINES**

When items need to be available for emergency use, e.g. asthma pumps and Epipens, they are kept in the Medical Room. KS2 pupils inhalers are kept in the classrooms. Medicines are stored in the medical fridge in the deputy heads room.

## **INTIMATE CARE**

Some medical intervention will be of an intimate nature. This will be handled sensitively by the school. The management of all children with intimate care needs will be carefully planned. The child who requires care will be treated with respect at all times; the child's welfare and dignity is of paramount importance. The safety and safeguarding needs of staff are also paramount and as such staff are instructed to only provide intimate care with another member of staff nearby. This second member staff is not a 'watcher'.

Staff who provide intimate care are trained to do so (including Child Protection and Moving and Handling) and are fully aware of best practice. (Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from physiotherapist/ occupational therapist.)

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty or menstruation. Wherever possible staff involved in intimate care will not be involved in the delivery of sex education to the children in their care as an

extra safeguard to both staff and children involved.

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as they are able.

Individual intimate care/medical plans will be drawn up for children as appropriate to suit the circumstances of the child.

Intimate care arrangements will be discussed with parents/carers on a regular basis. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

### **CLASS 1 and 2 DRUGS**

When Class 1 and 2 drugs (primarily "Ritalin" prescribed for Attention Deficit Syndrome) are kept on school premises, a **written stock record is also required** in order to comply with the Misuse of Drugs Act legislation. This should detail the quantities kept and administered, taken and returned on any educational visit, and returned to the parent/carer, e.g. at the end of term.

### **ANTIBIOTICS**

Parent(s) should be encouraged to ask the GP to **prescribe an antibiotic which can be given outside of school hours wherever possible**. Most antibiotic medication will not need to be administered during school hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day doses can normally be given in the morning before school, immediately after school (provided this is possible) and at bedtime.

It should normally only be necessary to give antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

Parent(s) must complete the Consent Form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into school in the morning and taken home again after school each day by the parent. Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent(s).

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose and the date of dispensing. In school the antibiotics should be stored in a secure cupboard or where necessary in a the refrigerator in the deputy heads room. Many of the liquid antibiotics need to be stored in a refrigerator - if so; this will be stated on the label.

Some antibiotics must be taken at a specific time in relation to food. Again this will be written on the label, and the instructions on the label must be carefully followed. Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent.

The appropriate records must be made. If the child does not receive a dose, for whatever reason, the parent must be informed that day.

### **ANALGESICS (PAINKILLERS)**

For pupils who regularly need analgesia (e.g. for migraine), an individual supply of their analgesic should be kept in school. School does not keep stock supplies of analgesics e.g. paracetamol (in the form of soluble), for potential administration to any pupil. Parental consent must be in place and this medicine must be prescribed.

***CHILDREN SHOULD NEVER BE GIVEN ASPIRIN OR ANY MEDICINES CONTAINING ASPIRIN***

### **DISPOSAL OF MEDICINE**

Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should collect medicines held by the school at the end of each term.

### **RESIDENTIAL VISITS**

On occasion it may be necessary for the school/centre to administer an "over the counter" medicine in the event of a pupil suffering from a minor ailment, such as a cold, sore throat while away on an Educational Visit. In this instance the parental consent form will provide an "if needed" authority, which should be confirmed by

phone call from the Group Leader to the parent/carer when this is needed, and a written record is kept with the visit documentation. Medications for any residential visit must be handed in to school the day before the visit. Parents must write full instructions for the use of the medication and complete the usual consent form. 2 members of staff will accommodate this procedure and sign each form submitted. On the morning of the visit, the visit leader **MUST** hold a briefing meeting and **ALL** medical needs will be discussed by the staff going on the visit. All staff must then sign the form to confirm they understand the medical needs. During the residential visit, any administration of medicines must be undertaken by 2 members of staff and both sign to confirm this has been completed.

### **REFUSING MEDICINE**

When a child refuses medicine the parent should be informed the same day and be recorded accordingly. Staff cannot force a child to take any medicine.

### **TRAVEL SICKNESS**

In the event of a pupil suffering from travel sickness (by coach or public transport) the following procedure may apply:

#### **DAY VISITS (e.g. to a museum or exhibition)**

The pupil should be given the appropriate medication before leaving home, and when a written parental consent is received he/she may be given a further dose before leaving the venue for the return journey (in a clearly marked sealed envelope with child's details, contents, and time of medication). Medication is to be kept in the charge of a named member of staff, and the parental consent is signed by that staff member before inclusion in the visit documentation.

### **GUIDELINES FOR THE ADMINISTRATION OF EPIPEN BY SCHOOL STAFF**

An Epipen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An Epipen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one dose used correctly in accordance with the Care Plan. An Epipen can only be administered by school staff that have been designated as appropriate by the head teacher and who has been assessed as competent by the school nurse/doctor. Training of designated staff will be provided by the school doctor/nurse and a record of training undertaken will be kept by the head teacher. Training will be updated at least once a year.

1. There should be an individual Care Plan and Consent Form, in place for each child. These should be readily available. They will be completed before the training session in conjunction with parent(s), school staff and doctor/nurse.
2. Ensure that the Epipen is in date. The Epipen should be stored at room temperature (school office) and protected from heat and light. It should be kept in the original named box.
3. The Epipen should be readily accessible for use in an emergency and where children are of an appropriate age; the Epipen can be carried on their person.
4. Expiry dates and discoloration of contents should be checked by the school nurse termly. If necessary she may ask the school doctor to carry out this responsibility. The Epipen should be replaced by the parent(s) at the request of the school nurse/school staff.
5. The use of the Epipen must be recorded on the child's Care Plan, with time, date and full signature of the person who administered the Epipen.
6. Once the Epipen is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administering the Epipen. The used Epipen must be given to the ambulance personnel. It is the parent's responsibility to renew the Epipen before the child returns to school.
7. If the child leaves the school site e.g. school trips, the Epipen must be readily available.

## **GUIDELINES FOR MANAGING ASTHMA**

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects. School staff, who are assisting children with inhalers, will be offered training from the school nurse.

1. If school staff are assisting children with their inhalers, a Consent Form from parent(s) should be in place. Individual Care Plans need only be in place if children have severe asthma which may result in a medical emergency.
2. Inhalers **MUST** be readily available when children need them. Inhalers are kept in the pupils classes and a first aid trained member of staff is always on hand to administer. A record is kept of any dose given. If a child has needed their inhaler a text message is sent home to parents.
3. Parent(s) should supply a spare inhaler for children who carry their own inhalers. This is stored safely at school in case the original inhaler is accidentally left at home or the child loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year.
4. All inhalers should be labelled with the child's name.
5. Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
6. School staff should take appropriate disciplinary action if the owner or other pupils misuse inhalers.
7. Parent(s) should be responsible for renewing out of date and empty inhalers.
8. Parent(s) should be informed if a child is using the inhaler excessively.
9. Physical activities will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler **MUST** be available during PE and games. If pupils are unwell they should not be forced to participate.
10. If pupils are going on offsite visits, inhalers **MUST** still be accessible.
11. School staff have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent(s).
12. Asthma can be triggered by substances found in school e.g. animal fur, glues and chemicals. Care should be taken to ensure that any pupil who reacts to these are advised not to have contact with these.

## **GUIDELINES FOR MANAGING HYPOGLYCAEMIA (HYPO'S OR LOW BLOOD SUGAR) IN PUPILS WHO HAVE DIABETES**

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of children the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during school hours, but some older children may need to inject during school hours. All staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. This might be in conjunction with paediatric hospital liaison staff or Primary Care Trust staff.

Staff who have volunteered and have been designated as appropriate by the head teacher will administer treatment for hypoglycaemic episodes.

*To prevent "hypo's"*

1. There should be a Care Plan and Consent Form in place. It will be completed at the training sessions in conjunction with staff and parent(s). Staff should be familiar with pupil's individual symptoms of a "hypo".  
This will be recorded in the Care Plan.
2. Pupils must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra curricular activities at lunchtimes or detention sessions. Off site activities e.g. visits, overnight stays, will require additional planning and liaison with parent(s).

### *To treat "hypo's"*

1. If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the pupil may experience a "hypo". Symptoms may include sweating, pale skin, confusion and slurred speech.
2. Treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink, chocolate bar or hypostop (dextrose gel), as per Care Plan. Whichever treatment is used, it should be readily available and not locked away. Many children will carry the treatment with them. Expiry dates must be checked each term, either by a member of school staff or the school nurse.
3. It is the parent's responsibility to ensure appropriate treatment is available. Once the child has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious or fitting, a 999 call must be made and the child put in the recovery position. Do not attempt oral treatment.  
Parent(s) should be informed of "hypo's" where staff have issued treatment in accordance with Care Plan.

### **If Hypostop has been provided**

The Consent Form should be available.

Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Hypostop must be recorded on the child's Care Plan with time, date and full signature of the person who administered it. It is the parent's responsibility to renew the Hypostop when it has been used.

***DO NOT USE HYPOSTOP IF THE CHILD IS UNCONSCIOUS.***

### **GUIDELINES FOR MANAGING EPILEPSY**

#### **WHAT IS EPILEPSY?**

Epilepsy is a neurological disorder. The brain contains millions of nerve cells called neurons that send electrical charges to each other. A seizure occurs when there is a sudden and brief excess surge of electrical activity in the brain between nerve cells. This results in an alteration in sensation, behaviour, and consciousness.

Seizures may be caused by developmental problems before birth, trauma at birth, head injury, tumour, structural problems, vascular problems (i.e. stroke, abnormal blood vessels), metabolic conditions (i.e. low blood sugar, low calcium), infections (i.e. meningitis, encephalitis) and idiopathic causes. Children who have idiopathic seizures are most likely to respond to medications and outgrow seizures.

#### **FIRST AID**

- Stay calm
- Protect student from injury but do not restrain movements
- Help the student lie down and turn on one side if possible
- Loosen all tight clothing
- Do not put anything in the mouth
- Do not give medicines or fluids until the child is completely awake
- Stay with the student until he or she is fully alert and oriented
- Provide reassurance and support after the seizure episode
- CPR should not be given during a seizure
- Record the duration and describe the seizure on the epilepsy log
- Report the seizure to the appropriate person: parents, school nurse and/or administrator

#### **EMERGENCY FIRST AID**

Call 999 if:

- First known seizure



- Seizure lasts more than 5 minutes
- Another seizure begins soon after the first
- The student stops breathing or has difficulty breathing after the seizure
- Student cannot be awakened after the seizure
- There are specific orders to call 999 from the doctor or parent
- The recovery is different than usual
- The need for assistance is uncertain.

### **LIABILITY AND INDEMNITY**

Before carrying out clinical/medical procedures staff will be trained and assessed as competent in the relevant procedures on an individual child/young person basis. There will be written evidence via a risk assessment and/or appropriate training and/or written competency assessment.

### **EMERGENCY PLANNING**

Pensby Primary School has an Emergency Plan.

Where a child has an individual health care plan this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in school may need to know what to do, such as informing an adult immediately if they think help is needed.

If a child is taken to hospital staff should stay with the child until the parent arrives or accompany the child in the ambulance. Staff should not take children to hospital in their own car.

### **COMPLAINTS**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

### **MONITORING**

This policy is monitored by the Head teacher Mrs K Brown, SENCo Mrs M Toal and the SEND governor Mrs K Roberts on behalf of the governing body. Staff receive the full support of the SLT and governing body.

## Annex A: Model process for developing individual healthcare plans

