Supporting Pupils with Medical Conditions

This policy is for Lockington CE VC School

Effective Date:	February 2017
Date Reviewed:	February 2017
Date Due for Review:	February 2020
Contact:	Julie Cattle (Headteacher)
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Approved By:	Governing Body

Contents

Introduction:

We believe that pupils should have an equal opportunity to reach their full potential in school and that pupils should not miss out on any activities because of a medical condition that normally adversely affects them. As a school, we are fully committed to supporting pupils with medical conditions and work closely with parents/carers to ensure they receive all the support they need.

Some pupils with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010 to make reasonable adjustments for the pupil to be in school.

The Governing Body will ensure this policy is reviewed and updated when necessary and is responsible for arrangements are in place to provide effective support for pupils. To do this, we will consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions can be met within school.

This policy complies with:

Equality Act 2010

Children and Families Act 2014

Department for Education – Supporting pupils at school with medical conditions, December 2015

Epilepsy Action, Diabetes guidelines, 2014

Definitions:

- **Short term condition** – This normally affects their participation at school because they are on a course of medication. The pupil will normally be ill for less than one week and then return to school, the pupil may require subsequent medication.
  Examples: ear infections, chest infections.
- **Long term conditions** – These could potentially limit access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances.
  Examples: epilepsy, diabetes, asthma.

Responsibilities:

<u>School Staff</u>

Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support

children with medical conditions. 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.

School Nurses

School nurses are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, e.g. on training.

Parents

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. Parents should be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting. 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.

Individual Health Care Plans:

Individual healthcare plans will help to ensure that the school effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. It will be the responsibility of the school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be appropriate.

Individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the pupils needs have changed. They will be developed and reviewed with their best interests in mind and ensure that we assess and manage risks to the child's education, health and social wellbeing, and minimises disruption.

Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the pupil will need to reintegrate effectively.

A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at annex A.

Content

Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Preserving confidentiality is essential and personal information will be safeguarded with the utmost care. However the individual health care plans will be accessible to all staff who need access to them to help deliver the correct medical support to the pupil.

Managing Medicines on School Premises:

- Medicines should 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 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. Schools should set out the circumstances in which non-prescription medicines may be administered.

- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.

- Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container 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 should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. They should know who holds the key to the storage area. Medicines and devices - asthma inhalers, blood glucose testing meters and adrenaline pens - should be always readily available to children and not locked away.

- A child 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. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs prescribed for a pupil securely stored in a non-portable container and only named staff should have access.

- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Record Keeping:

Every time a medicine is administered, a record should be kept of the time and date, what was administered and who administered it. If it is an emergency, the procedure laid out in the pupils' individual health care plan must be followed, and the fact that it is an emergency administration must also be noted down.

School Trips:

We will actively support pupils with medical condition to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents\carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

Specific Conditions:

Diabetes

We recognise that Diabetes is a common condition affecting children and as a school we welcome all pupils with diabetes and will support in the management of every day medical issues.

The majority of children have type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan.

The most common problem encountered is Hypoglycemia, when the blood sugar level goes too low. The onset of Hypoglycemia occurs in a matter of minutes and untreated the child may then go unconscious within minutes. The child may recognise the symptoms which include:

- Feeling faint
- Unsteadiness
- Sweating
- Pallor
- Irrational, argumentative and aggressive behaviour.

Epilepsy

Epilepsy is a tendency to have recurring seizures. Seizures usually last between a few seconds and several minutes. After a seizure, the child's brain and body will usually return to normal. It is extremely important that staff understand and can recognise different types of seizure, so that they can provide students with the right support. Here are the most common types of seizure that school staff will come across. The most common types of seizures in young children are:

Tonic-clonic seizures

Tonic-clonic seizures are the most widely recognised type of epileptic seizure. They used to be known as grand-mal seizures. A child who has a tonic-clonic seizure loses consciousness and falls to the ground. Their body goes stiff and their limbs jerk. When the seizure is over, the 6 child's consciousness returns, but they may be very confused and tired. It's important that you stay with the child at this point, to make sure they have fully recovered.

It's important to be aware that most children need a rest following this kind of seizure. Depending on how a child is feeling, they may be able to return to lessons. However, if a child takes many hours to recover, they may need to be taken home.

Absence seizures

Absence seizures used to be known as petit-mal seizures. They are most common in children between the ages of six and 12. During an absence seizure, a child briefly loses consciousness, but will not lose muscle tone or collapse. They appear to be daydreaming or distracted for a few seconds. While these episodes may seem unimportant for some children, they can happen hundreds of times a day. This can cause the child to become confused about what is happening around them.

As the child loses consciousness during seizures, they are missing out on pieces of information. This can have an impact on what they are learning. If a child is only having absence seizures during the school day, the child's parents may not be aware that their child has epilepsy. Spotting these seizures can help doctors make a diagnosis. There is no first aid needed for absence seizures, but it is important that they are not mistaken for daydreaming or inattentiveness.

Focal (partial) seizures

This type of seizure can be difficult to recognise. The child's level of consciousness may be affected, and they may not be fully in touch with what is happening around them. During the seizure they may do things repeatedly, such as swallowing, scratching or looking for something. Some focal seizures can be misinterpreted as bad behaviour. In fact the child may not know what has happened and may not remember what they were doing before the seizure started. Although there is no real first aid needed for focal seizures, it's important not to restrain the child unless they are in immediate danger. This is because they may not recognise you, and become frightened. However, if the child is walking towards a busy road, for example, you should obviously try to guide them to safety. When the seizure ends the child is likely to be confused, so it is important to stay with them and reassure them.

Signed

Headteacher		April 2017
Chair of Governors		April 2017

Annex A: Template for Individual Healthcare Plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
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

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