



**SUPPORTING CHILDREN WITH MEDICAL
CONDITIONS POLICY**

FOR SCHOOLS WITHIN

THE KEYS FEDERATION ACADEMY TRUST

**St. Peter's C. of E. Primary School, Hindley
Hindley Green Community Primary School
St. John's C. of E. Primary School, Hindley Green
St. John's C. of E. Primary School, Abram**



September 2018

Supporting children with medical conditions policy

Introductory Statement

Local Authority, schools and academies 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, however, 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.

Aims

All schools within The Keys Federation Academy Trust aim to:

- assist parents in providing medical care for their children;
- educate staff and children in respect of special medical needs;
- arrange training for volunteer staff to support individual pupils;
- liaise as necessary with medical services in support of the individual pupil;
- ensure access to full education if possible, including participation in school trips and visits or sporting activities;
- monitor and keep appropriate records.

Entitlement

The schools believe that pupils with medical needs should be enabled to have full attendance and receive the necessary care and support to access the full education available to other pupils.

Schools will put plans in place, whenever possible, to facilitate children participating in any aspect of school life, including school trips, and children's individual healthcare plans will be a point of reference at all times.

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

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

Teachers' conditions of employment do not include administering medicines or supervising a pupil taking medicines. Any member of staff who volunteers to provide support to pupils with medical conditions and agrees to accept responsibility for supervising the administration of prescribed medicines to a child, will receive appropriate training and guidance. Staff should also be aware of possible side effects of the medicines and what to do if they occur. The type of

training necessary will depend on the individual case.

Expectations

It is expected that:

- children are encouraged to take responsibility for their own medicine from an early age and parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative;
- where parents have asked the school to supervise the administration of medication for their child they must ask the pharmacist to supply any such medication in a separate container, containing only the quantity required for school use and the child's name. The prescription and dosage regime should be typed or printed clearly on the outside. The school will only supervise the administration of medicines in which the dosage is required 4 times a day. The name of the pharmacist should be visible and the instruction leaflet with prescribe medicines should show any side effects and the expiry date. 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 would consider whether their child is well enough to be at school if they require medicine four times a day.
- employees will consider carefully their response to requests to assist with the supervision of self-medication and that they will consider each request separately.
- the school will liaise with health and social care professionals, pupils and parents to ensure that children with medical needs are effectively supported, and will seek advice from the relevant practitioners where necessary and in the interests of the pupil.
- the school will not be able to store or give medicines that have not been prescribed to a child (e.g. Calpol, Piriton or cough medicines). If parents/carers wish to administer these medicines, it is expected they would make their own arrangements for this.
- any medicines brought into school by the staff e.g. headache tablets, 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 and should be used with discretion.

Implementation

The Principals have overall responsibility for the implementation of this policy and will ensure all staff are aware of its contents through whole school awareness training. The policy will also be included in induction procedures for new staff.

Principals and the Trust Inclusion Manager will be responsible for ensuring that all staff who need to know are aware of a child's medical needs and that sufficient staff are trained where necessary to enable suitably trained staff to be available at all times.

When the school is first notified that a pupil has a medical condition the following steps will be followed:

- 1) Child diagnosed or child due to attend new school
- 2) Parent or healthcare professional informs school
- 3) Principal/Trust Inclusion Manager co-ordinates meeting to agree individual Healthcare Plan
- 4) Meeting to agree Healthcare Plan to include child, parent, specialist nurse and GP/Paediatrician, key school staff
- 5) Develop Healthcare Plan and agree who writes it – normally the healthcare professional
- 6) School staff training needs identified
- 7) Specialist nurse/school nurse delivers training and staff signed-off as competent
- 8) Healthcare plan implemented and circulated to all relevant staff
- 9) Healthcare plan reviewed annually or when condition changes – parent or healthcare professional to initiate.

Safety Management

All medicines may be harmful to anyone for whom they are not appropriate. When medicines are brought to school, staff will ensure that the risks to the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

Procedure for supervising/administering medication

As is set out in the school prospectus; following the guidance of the Local Authority, it is preferable that parents administer medicines to their own children.

If that is not possible, eg where the dosage is four times a day, the following guidelines apply:

- The Principal must receive a *Medication Permission Record Form* available from the school office – appendix 1 - which has been completed and signed by the child's parent/carer. The *Medication Permission Record Form* is then kept with the medication and will be completed and signed after each dosage has been supervised/administered.
- The medicine should be brought into school by the child's parent, in its original container, with the dispensing pharmacy label attached clearly stating what the medication is, the child's name, the dosage and regularity of dosage. The medication should be handed to the Principal, or a member of the office administration staff.
- Medicines to be stored in a secure, locked cupboard or refrigerator as appropriate. If stored in the refrigerator, medicines will be kept in airtight container and clearly labelled.
- The Principal, Assistant Principal, Office Assistants, HLTA or a TA will supervise the administration of the medicine at 12.15 pm. There are no exceptions to this time. Where this does not meet the requirements of the prescription, parents may need to make alternative arrangements.
- A visual check, against the name of the child on the medicine packet/bottle will be carefully checked with the name of the child who is attending the medicine administration. When possible, a second member of staff will be present to ensure and verify that the correct dosage is given to the correct child.
- The *Medication Permission Record Form* will be completed and signed after each dosage has been supervised/administered. A record of all medicines administered will also be kept in school – Appendix 2.
- Where a child refuses medicine the parent/carer will be informed immediately.
- The Principal may require parents to administer medicine if:
 - The timing of a dose is vital
 - A missed dose could have serious consequences
 - Technical or medical knowledge is required or Intimate contact is necessary.
- When no longer required, medicines should be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

For the child's safety, these procedures will be strictly adhered to.

Longer term needs

Where a child has a long term medical need, a written individual health care plan will be drawn up by the Trust Inclusion Manager with the parents/carers and health professionals. School staff will assist with medicines if this is included in the care plan. The health care plan will clarify for staff, parents and the child the help that can be provided and will be reviewed annually, unless the nature of the child's particular needs identify more frequent reviews. See The Keys Federation Academy Trust SEN&D Policy for further information.

Common conditions

The medical conditions in children that most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). See Appendix 3 for more information.

Staff Training

The Principal will liaise with health professionals and school nurses to determine the training needs of school staff, the type and level of the training, and agree who would be best placed to provide this training. Training should be sufficient to ensure staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements as set out in individual health care plans.

Staff will receive training or be provided with information about asthma regularly. This will support staff to feel confident about recognising worsening symptoms of asthma, knowing about asthma medicines and their delivery and what to do if a child has an asthma attack.

Sources of further information include: Asthma UK – www.asthma.org.uk;

NHS – www.nhs.uk/conditions/asthma

When necessary, staff will receive training from local health services in the administration of rectal diazepam for children who have longer epileptic seizures.

Sources of further information include: Epilepsy Action – www.epilepsy.org.uk;

NHS – www.nhs.uk/conditions/epilepsy

When necessary, staff who agree to administer blood glucose tests or insulin injections will be trained by an appropriate health professional.

Sources of further information include: Diabetes UK – www.diabetes.org.uk;

NHS – www.nhs.uk/conditions/diabetes-type2

In the event of possible severe allergic reactions, members of staff are regularly trained in the administration of Epi-pens by local health professionals and have the opportunity to practice with trainer injection devices.

When necessary, staff will be trained in the use of Gastronomy Button and administration of medicines and food through this route. Staff will be trained to risk assess the Mickey Button and have procedures in place if problems occur – see appropriate health care plan.

Records of staff training will be kept and renewed when necessary – appendix 4.

Emergency Treatment and medicine administration

In the event of an emergency, the school will call for medical assistance and the parent or named emergency contact will be notified. All staff should know how to call the emergency services – see Appendix 5. A member of staff who is a paediatric first aider should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives.

Staff should never take children to hospital in their own car; it is safer to call an ambulance.

The Board of Directors will support any member of staff who assists with medicine in a reasonable good faith attempt to prevent or manage an emergency situation, regardless of outcome.

Complaints

Should parents/carers be dissatisfied with the support provided to their child, they should discuss their concerns directly with the school. If, for whatever reasons, this doesn't resolve the issue, they may make a formal complaint via the Trust's complaint procedure, details of which are available from the school office.

This policy has been reviewed with due regard to the Equality Act 2010 and was presented and approved by the Board of Directors on 11th September 2018.

Signed: *B. Anthon*

Chair of Board of Directors

Common Medical Conditions

The medical conditions in children that most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis).

It is important that these guidelines are read alongside the child's individual health care plan which will give detailed information on the child's medical condition, symptoms and any necessary or emergency treatment.

Asthma – The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. When a child has an attack they should be treated according to their individual health care plan/information supplied from parents/carers. Children with asthma need to have immediate access to their reliever inhalers when they need them.

A good example of children being responsible for self-mediation is using their own asthma reliever. Parents/carers must still complete a medicine record form, noting that the child will self-administer and sign the form. This will then be kept with the asthma inhalers in a safe, but accessible place in each classroom. Each child may use their inhaler as required, under the supervision of the class teacher or TA. All inhalers and spacer tubes are clearly marked with the user's name. It is the parents' responsibility to ensure that inhalers are within the use by date and operational. A record will be kept of all medication administered.

Children with asthma should participate in all aspects of the school day, including physical activities. Reliever inhalers are taken out of class during PE and on all off-site activities/visits.

Epilepsy – Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can take many different forms and a wide range of terms may be used to describe the particular seizure pattern that individual children experience. Parents/carers and health care professionals should provide information to schools, to be incorporated into the individual health care plan. If a child does experience a seizure in school, the following details will be recorded and communicated to parents to enable accurate information to be forwarded to the child's specialist:

- Any factors which might possibly have acted as a trigger to the seizure eg, visual/auditory stimulation, emotion (anxiety, upset)
- Any unusual 'feelings' reported by the child prior to the seizure
- Parts of the body demonstrating seizure activity, eg limbs or facial muscles
- The timing of the seizure – when it happened and how long it lasted
- Whether the child lost consciousness
- Whether the child was incontinent

During a seizure it is important to make sure the child is in a safe position, not to restrict movements and to allow the seizure to take its course. Nothing should be placed in their mouth. After a convulsive seizure has stopped, the child should be placed in the recovery position and stayed with, until they are fully recovered. An ambulance will be called during a convulsive seizure if:

- It is the child's first seizure
- The child has injured themselves badly
- They have problems breathing after a seizure
- A seizure lasts longer than the period set out in the child's health care plan
- A seizure lasts for five minutes if you do not know how long they usually last for that child
- There are repeated seizures, unless this is usual for the child as set out in the child's health care plan.

Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours. Some children who have longer seizures may be prescribed diazepam for rectal administration. This is an effective emergency treatment for prolonged seizures and guidance will be provided by health professionals as to when to administer it and why. Arrangements will be made for two adults, at least one of the same gender as the child, to be present for such treatment. This safeguards all concerned and ensures the dignity of the child is protected, even in emergencies.

Children with epilepsy should be included in all activities. Extra care may be needed in some areas such as swimming.

Diabetes – Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes).

The majority of children have Type 1 diabetes and would normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone.

Each child may experience different symptoms which may include greater than usual need to go to the toilet or to drink; tiredness and weight loss.

The diabetes of the majority of children is controlled by injections of insulin each day. Most children will be on a twice a day insulin regime or a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do, it may be necessary for an adult to administer/supervise the injection.

Children with diabetes may need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this in school during the school lunch break, before PE or more regularly if their insulin needs adjusting. Younger children may need adult supervision to carry out the test and/or interpret the results.

Children with diabetes will be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose levels fall too low. Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar –

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking or trembling
- Lack of concentration
- Irritability
- Headache
- Mood changes, especially angry or aggressive behaviour

If a child has a hypo, it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablets, or a sugary drink is brought to the child and given immediately. An ambulance should be called if the child's recovery takes longer than 10-15 minutes or the child becomes unconscious.

Some children may experience hyperglycaemia (high glucose level) and have a greater than usual need to go to the toilet or to drink. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

Anaphylaxis – Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit and also, penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. This is rare among young children below teenage years. More commonly there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting breathing are serious.

Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting.

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. An ambulance should always be called.

Children who are at risk of severe allergic reactions are not ill in the usual sense. They are normal children in every respect, except that if they come into contact with a certain food or substance, they may become very unwell. A detailed health-care plan will be put in place for children who may potentially suffer a severe allergic reaction.

It is important to note that anaphylaxis is manageable. With sound precautionary measures and support from staff, school life may continue as normal for all concerned.

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Staff Training Record – administration of medicines

Name of school: _____

Name: _____

Type of training received: _____

Date training completed: _____

Training provided by: _____

Profession and title: _____

I confirm that _____ (name of staff member) has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated _____

Trainer's signature: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Date: _____

Suggested Review Date: _____



The Keys Federation Academy Trust

Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information:

- 1. Your telephone number**
- 2. Give your location as follows: (insert school address)**
- 3. State what the postcode is**
- 4. Give exact location in the school: (insert brief description)**
- 5. Give your name**
- 6. Give name of child and a brief description of child's symptoms**
- 7. Inform Ambulance Control of the best entrance and state that the crew will be met and take to....**

Speak clearly and slowly and be ready to repeat information if asked.

Additional notes

Ensure the child's health care plan, pupil details form is available in case the ambulance crew request further information.

Contact child's parent/carer

Please keep a completed copy of this form by the telephone in the main office.