

FINEDON INFANT AND FINEDON MULSO CE JUNIOR SCHOOL

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

The Federated Governing Body of Finedon Infant and Finedon Mulso CE Junior Schools formally adopted this policy at a meeting held on

Signed:.....
Chair of Governors

Signed:.....
Head Teacher

Finedon Schools

Supporting Pupils with a Medical Condition Policy

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1. Policy statement

Finedon Schools are an inclusive community that welcomes and supports pupils with medical conditions.

Finedon Schools provides all pupils with any medical condition the same opportunities as others at school.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution

Finedon Schools;

- make sure all staff understand their duty of care to children and young people in the event of an emergency

- understand that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood
- understand the importance of medication and care being taken as directed by healthcare professionals and parents
- understand the medical conditions that affect pupils at this school and ensure staff relevant receive training
- encourage pupils with medical conditions to take control of their condition(s), ensuring pupils feel confident in the support they receive from the school to help them do this
- aim to include all pupils with medical conditions in all school activities

2. Policy purpose

The purpose of this policy is to ensure that pupils with medical conditions in school are effectively supported so that they have full access to education. It has been written with reference;

- ‘Supporting Pupils at School with a Medical Condition’ April 2014 Department for Education
- ‘Guidance on the use of emergency salbutamol inhalers in school’ September 2014 Department for Education
- Children and Families Act 2014, section 100
- ‘Supporting Pupils at School with a Medical Conditions’ December 2015 Department for Education

3. The Governing Body:

- Ensure arrangements are in place for pupils with medical conditions, so that they can access and enjoy the same opportunities at school as any other child
- Ensure the schools consult with health and social care professionals, pupils and parents so that the needs of individual children with medical conditions are effectively supported
- Ensure that staff are properly trained to provide the support pupils need
- Ensure that arrangements are put in place give parents and pupils confidence in the school’s ability to provide effective support for medical conditions in school e.g. Healthcare plans, NHS protocols
- Ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk

- Ensure parents are informed about the medical conditions policy via the schools' website

4. Parents / Carers:

Parents/Carers have the prime responsibility for their child's health and should provide Finedon Schools with information about their child's medical condition. This should be done upon admission or when their child first develops a medical need.

Parents / Carers should notify the school immediately:

- if their child's medication changes or is discontinued, or the dose or administration method changes
- inform the school of any changes to their child's condition
- ensure their child's medication and medical devices are labelled with their child's full name
- provide the school with appropriate spare medication labelled with their child's name
- ensure medication is within expiry dates
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional.

In line with government guidelines we ask that children are not sent to school when they are clearly unwell or infectious.

5. Policy Implementation

The Headteacher, supported by the school's SENCo, Mrs. Karen Ellis has overall responsibility for the implementation of this policy, ensuring that:

First aiders at our schools have a responsibility to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the school
- when necessary ensure that an ambulance or other professional medical help is called

When a pupil has a specific need e.g. epilepsy, diabetes etc then the schools ensure that:

- sufficient staff are trained
- all relevant staff are made aware of the child's condition

- arrangements are made in case of staff absence to ensure that someone is always available to support the child
- risk assessments are completed for school visits
- health care plans for supporting pupils with medical conditions are developed and monitored
- upon notification of a child's medical condition, or knowledge that the school will be admitting a child with a medical condition, we aim to have arrangements in place for the start of term. In the case of a mid-term transfer or a newly diagnosed condition, within 2 weeks or as soon as staff can be trained by the health care professionals

6. Individual Healthcare Plans

Plans will be written to ensure that we effectively support pupils with a medical condition and will state the steps the school should take to help the child manage their condition and overcome any barriers to getting the most from their education. They will include detail on what needs to be done, when and by whom.

They may be written in partnership with parents and school using Appendix 6, or they may be written in partnership with healthcare professionals, such as health visitors, the child's consultant, the community nursing team and the school nurse and social care using the NHS Protocol. We will always have the child's best interests in mind, ensuring the school assesses and minimises risks to the child's education, health and social well-being and minimises disruption.

Where a child has Special Educational Needs or Disability, their healthcare plan will incorporate those needs too, if necessary and relevant.

The plans will be easily accessible by all who need to refer to them. The detail required in the plan will depend on the complexity of the child's condition and the degree of support needed.

The plans will be reviewed at least annually or earlier if there is evidence that the child's needs have changed.

When deciding what information to include in individual healthcare plans, the following will be considered:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. movement between rooms;
- the level of support needed, including emergencies;

- who will provide the support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional and ensure enough staff are trained to cover absences
- who in school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements.

Training for school staff should be sufficient to ensure that they are competent and have confidence in their ability to support pupils with medical conditions and to fulfill the requirements set out in individual healthcare plans. They will need an understanding of the specific medical condition, their implications and preventative measures. Staff **MUST NOT** give prescription medicines or undertake procedures without appropriate training.

Consideration will be given to arrangements for children who are competent to manage their own health needs and medicines.

7. Managing Medicines on School Premises

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

Medicines should only be administered at school when it would be detrimental to a child's health or attendance not to do so.

Only prescribed medicines which are in-date, labelled, provided in the original container as dispensed by a pharmacist and include details for administration, dosage and storage will be accepted in school. The only exception to this is insulin which should be in date, but will generally be available to school inside an insulin pen or pump rather than in its original container.

Medicines will be safely stored in the locked cabinet in the staff room at Finedon Infant School and the locked cabinet in the office at Finedon Junior School. The child should know this too.

Asthma inhalers are stored in the child's classroom. Emergency inhalers are also available. In the Foundation Stage they are stored on top of the units in the kitchen, in KS1 on top of the medicine cabinet in the staff room and in KS2 in the school office.

Blood glucose testing meters and adrenaline pens should not be locked away but be more readily available.

Only named staff should have access to any prescribed drug. A record will be kept of doses used. (Appendix 9)

When no longer required or if they are out of date, medicines should be returned to the parent to arrange for their safe disposal.

Sharps boxes should be used for the disposal of needles and other sharps and returned to the parent for safe disposal.

If a child refuses to take medicine, we will not force them to do so, but will note this in the records and contact the named contact on the medicine record form. If a refusal to take medicines results in an emergency then our emergency procedures will be followed.

Parents / Carers are requested to sign a parental agreement form for school to administer medicine (Appendix 6 or NHS protocol). A record will be made of when the medicine was dispensed (Appendix 9) or individual pupil record book, as for example in the case of diabetes.

Parents/ Carers are requested to sign a parental agreement form for their child to administer their own medicine e.g. asthma inhaler (Appendix 7). There are also consent forms, that parents will also be asked to sign (Appendix 8) to enable school to provide an emergency inhaler, should it be required.

Finedon Schools deem it unacceptable practice to:

- prevent children from 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 parents, or ignore medical evidence or opinion;
- send children 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;
- prevent children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life;
- to administer prescription or non-prescription medicines without parental written consent.

8. Complaints

Should parents be dissatisfied with the support provided for a child with a medical condition, they should discuss the concerns directly with the school. If this does not resolve the issue, they may make a formal complaint following the school's complaints procedure.

This policy will be reviewed annually.

What to do in an asthma attack

- keep calm.
- encourage the child or young person to sit up and slightly forward
- child or young person to use their inhaler as follows:
 - make sure the child or young person shakes their reliever inhaler (usually blue)
 - that they breathe out gently
 - put the mouthpiece in and as they breathe in, slow and deep take a puff whilst holding their breath
 - remove inhaler and continue to hold breath for approximately 10 seconds
 - breathe out gently
 - repeat 30 - 60 seconds later, up to a maximum of 10 puffs
- ensure tight clothing is loosened.
- reassure the child.
- send a message to the school office to ask for a first aider to come to the child **immediately**

If there is no immediate improvement

Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

Call 999 urgently if:

- the child's symptoms do not improve in 5–10 minutes
- the child is too breathless or exhausted to talk
- the child's lips are blue
- you are in doubt

Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance arrives.

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.

Common signs of an asthma attack are:

- coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling tight in the chest as a tummy ache

After a minor asthma attack

- minor attacks should not interrupt the involvement of a pupil with asthma in school
- when the pupil feels better they can return to school activities
- the parents/carers must always be told if their child has had an asthma attack

Important things to remember in an asthma attack

- never leave a pupil having an asthma attack
- if the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare / emergency inhaler and/or spacer
- in an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent
- reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- send another pupil to get another teacher/adult if an ambulance needs to be called.
- contact the pupil's parents or carers immediately after calling the ambulance.
- a member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.

Appendix 2 **Epilepsy awareness for school staff**

A) Complex partial seizures

Common symptoms

- the person is not aware of their surroundings or of what they are doing
- plucking at their clothes
- smacking their lips
- swallowing repeatedly
- wandering around

Send a message to the school office to ask for a first aider to come to the child immediately

Call 999 for an ambulance if...

- you know it is the child's first seizure
- the seizure continues for more than five minutes
- the person is injured during the seizure
- you believe the person needs urgent medical attention

Do...

- guide the person from danger
- stay with the person until recovery is complete
- be calm and reassuring

Don't...

- restrain the person
- act in a way that could frighten them, such as making abrupt movements or shouting at them
- assume the person is aware of what is happening, or what has happened
- give the person anything to eat or drink until they are fully recovered
- attempt to bring them round
- explain anything that they may have missed

B) Tonic-clonic seizures

Common symptoms:

- the person goes stiff
- loss of consciousness
- falls to the floor

Do...

- protect the person from injury (remove harmful objects from nearby)
- cushion their head
- look for an epilepsy identity card/identity jewellery
- aid breathing by gently placing the person in the recovery position when the seizure has finished
- stay with them until recovery is complete
- be calm and reassuring

Don't...

- restrain the person's movements
- put anything in their mouth
- try to move them unless they are in danger
- give them anything to eat or drink until they are fully recovered
- attempt to bring them round

Call 999 for an ambulance if...

- you know it is the child's first seizure
- the seizure continues for more than five minutes
- one seizure follows another without the person regaining consciousness between seizures
- the person is injured
- You believe the person needs urgent medical treatment

ANAPHYLAXIS

Symptoms of allergic reactions:

Ear/Nose/Throat

Symptoms: runny or blocked nose, itchy nose, sneezing, painful sinuses, headaches, post nasal drip, loss of sense of smell/taste, sore throat/swollen larynx (voice box), itchy mouth and/or throat and blocked ears.

Eye

Symptoms: watery, itchy, prickly, red, swollen eyes. Allergic 'shiners' (dark areas under the eyes due to blocked sinuses).

Airway

Symptoms: wheezy breathing, difficulty in breathing and or coughing (especially at night time).

Digestion

Symptoms: swollen lips, tongue, itchy tongue, stomach ache, feeling sick, vomiting, constipation and or diarrhoea.

Skin

Symptoms:

Urticaria - wheals or hives-bumpy, itchy raised areas and or rashes.

Eczema -cracked, dry, weepy or broken skin. Red cheeks.

Angioedema - painful swelling of the deep layers of the skin.

Symptoms of Severe Reaction/ Anaphylaxis:

These could include any of the above together with:

- difficulty in swallowing or speaking
- difficulty in breathing -severe asthma
- swelling of the throat and mouth
- hives anywhere on the body or generalized flushing of the skin
- abdominal cramps, nausea and vomiting

- sudden feeling of weakness (drop in blood pressure)
- alterations in heart rate (fast pulse)
- sense of impending doom (anxiety/panic)
- collapse and unconsciousness

What to do:

- send message to the school office and ask for an epipen trained first aider to come to the child
- send a member of staff to collect 2nd epipen and to ask them to ring for an ambulance and parents
- if child is conscious keep them in an upright position to aid breathing
- if child is unconscious then place in recovery position
- trained member of staff to administer epipen as per training, record time of giving
- if no improvement within 5 minutes then 2nd epipen to be administered, record time of giving
- keep used epipens and give to paramedics when they arrive

Appendix 4 **Diabetes awareness for school staff**

What is diabetes?

Abnormal fluctuations in blood sugar can lead to someone with diabetes becoming unwell and, if untreated, losing consciousness.

There are two conditions associated with diabetes - hyperglycaemia (high blood sugar) and hypoglycaemia (low blood sugar).

Hypoglycaemia is the more common emergency which affects brain function and can lead to unconsciousness if untreated.

Signs and symptoms:

Hypoglycaemia:

- hunger
- feeling 'weak' and confused
- sweating
- dry, pale skin
- shallow breathing

Hyperglycaemia:

- thirst
- vomiting
- fruity/sweet breath
- rapid, weak pulse

Hypoglycaemia:

Trained staff will try to:

Raise the child's blood sugar level as quickly as possible by:

- sitting the child down
- if conscious, give them a sugary drink, chocolate or other sugary food
- if there's an improvement, offer more to eat or drink
- use the child's glucose testing kit to check their level

However - if consciousness is impaired, do not give them anything to eat or drink and dial 999 for an ambulance

Hyperglycaemia: Call 999 immediately

Further actions

If the casualty loses consciousness

- **open airway** and check breathing
- place them in **recovery position**
- prepare to give **resuscitation**

Appendix 5 Contacting Emergency Services

Request for an ambulance

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

1. Telephone number of the school

Finedon Infant School 01933 680467

Finedon Junior School 01933 680433

2. Give your location:

**Finedon Infant School
Orchard Road
Finedon
Northants NN9 5JG**

**Finedon Junior School
Wellingborough Road
Finedon
Northants NN9 5JT**

3. Give location of the child in the school
4. Give your name
5. Give name of the child and brief symptoms
6. Inform Ambulance Control of the best entrance and state the crew will be met by

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

Appendix 6

Finedon Schools Healthcare Plan

Parental agreement for school to administer medicine

| | | |
|--|-----------------------------|--|
| Name of School: | | |
| Child's name: | | |
| Class: | | |
| Date of Birth : | | |
| Child's Address: | | |
| Medical Diagnosis or Condition: | | |
| Date form completed: | | |
| Review date: | | |
| Family contact 1: | Name | |
| | Daytime phone number | |
| | Home phone number | |
| | Mobile phone number | |
| Family contact 2: | Name | |
| | Daytime phone number | |
| | Home phone number | |
| | Mobile phone number | |
| Clinic/Hospital / GP contact: | Name | |
| | Address | |
| | Phone number | |

| | |
|---|--|
| Describe medical needs and give details of child's symptoms: | |
| Name of medicine as described on the container: | Note: Medicines must be the original container as dispensed by the pharmacy |
| Date dispensed: | |
| Expiry date: | |
| Dosage and method: | |
| Timing: | |
| Special Precautions: | |
| Are there any side effects that the school needs to know about? | |
| Describe what constitutes an emergency for the child, and the action to take if this occurs: | |
| Signature of parent(s): | |
| Form copied to: | School medical file Pupil record |

Please use a separate form for each medicine

Appendix 7

Finedon Schools

Parental agreement for child to administer his / her own medicine

THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN

| | | |
|---|---|--|
| Name of School: | | |
| Child's name: | | |
| Class: | | |
| Date of Birth : | | |
| Child's Address: | | |
| Medical Diagnosis or Condition: | | |
| Date form completed: | | |
| Family contact 1: | Name | |
| | Daytime phone number | |
| | Home phone number | |
| Family contact 2: | Name | |
| | Daytime phone number | |
| | Home phone number | |
| Name of medicine as described on the container: | <p>Note: Medicines must be the original container as dispensed by the pharmacy</p> | |
| Dosage and method: | | |
| Are there any side effects that the school needs to know about? | | |
| Describe what constitutes an emergency for the child, and the action to take if this occurs: | | |
| Signature of parent(s): | <p>I would like my son/daughter to keep his/her medicine on him/her for use as necessary.</p> | |

Please use a separate form for each medicine

Consent form for an emergency use of a salbutamol inhaler

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:

Date:

Name (print)

Child's name:

D. O. B:

Parent / Carer address and contact details:

Telephone:

E-mail:

Please use a separate form for each child

Record of medicines administered to children

| Print Name | Signature of staff | Any reactions | Dosage | Name of medicine | Time | Child's name | Date |
|------------|--------------------|---------------|--------|------------------|------|--------------|------|
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