

Policy number	PS15
Policy name	Managing medical conditions
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Owner	Senior Leadership Team (SLT)

1. Policy Statement

- 1.1 This policy has been written in conjunction with the most recent government advice “Supporting pupils at school with medical conditions” (*DfE-April 2014 updated 16th August 2017*).
- 1.2 Portfield School observes the duty specified in the Children and Families Act 2014 that pupils with medical conditions will have the same right of admission to the school as other pupils and will not be refused admission or excluded from school on medical grounds. Appropriate levels of assessments will be undertaken to establish and determine the support required by pupils with medical conditions. This will be done in partnership with parents and health professionals such as the school health team and other healthcare professionals employed by Autism Wessex and with the forged links within the local NHS services.
- 1.3 The following policy applies only to Portfield School; this policy is in place to ensure good practice, systems and processes are in place for management of health conditions.
- 1.4 All students should have opportunity to make decisions about their health care, support and treatment, in partnership with their family, and their health and social care professionals. Portfield School will take into account individual needs and preferences regarding their care. If an individual does not have capacity to make decisions, the Mental Capacity Act of 2005 will be observed for those 16 or over to reach an agreed decision in health related matters.
- 1.5 This policy must be read in conjunction with the Medication Policy PS16 (2019) when an aspect of education is a feature of managing medical conditions, which require medication administration.

2. Management of long term health conditions

- 2.1 Some students have long term health conditions, which we support them to manage effectively in conjunction with their families and health care professionals (Children’s and Families Act 2014).
- 2.2 The ethos for support at Portfield School is to promote enjoyment, enable children and young people to participate fully in school, play an important role within the school and achieve and progress academically. Portfield School supports children and young people

with access to services that are specific to their health needs and offers individualised support through various avenues dependent on their health need. Portfield School has a close working relationship with the Consultant Community Paediatrician, Children's Intellectual Disability Service and the CAMHS team (who support young people with their mental health needs). Portfield School holds regular clinics, onsite at the school for the team around the child to attend.

- 2.3 Students are monitored and supported by the Education Team (and where necessary under the guidance of the Health and Wellbeing Manager) with the care of long term health conditions; one facet of support is through specific clinics held with appropriate health care practitioners on site. Portfield School holds clinics with the child's Paediatrician, CAMHS team, Dietician and Dentist regularly and has specific path ways for seeking further advice and support.
- 2.4 The team which supports the student will be made aware of the individual's long term health condition in advance and have access to the child's or young person's initial assessment information, nursing assessment, risk managements plans and specific health guidance as well as relevant training. All 'red risk management' health plans are monitored and updated by the Lead Professional in conjunction with the Class Teacher and support from the Practice Clinical Support Team as required.
- 2.5 Portfield School follows the SEND code of practice (2015) and Equality Act (2010) to ensure that each student has equal support and access to the same opportunities, education and also access to resources to manage their long term health condition. This includes making reasonable adjustments and arrangements for access to the buildings.
- 2.6 Staff encourage students to develop skills in self-management of their long term condition, which are appropriate to the young person's goals and ability, often set out in the objective on their individual Education and Health Care Plan (EHCP). Students may require support in understanding their condition which we have a variety of resources to assist in developing understanding.
- 2.7 Health Care Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. The plans will be developed with the child's best interests in mind and the responsibility for reviewing health care plans is that of the school health team.

3. Individual (Education) and Health Care Plans

- 3.1 With respect to this policy, the EHCP section for health needs will explore as appropriate:
 - The medical condition, its triggers, signs, symptoms and treatments
 - The person's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, dietary requirements and environmental issues. Specific support for the individuals educational, social and emotional needs.
 - The level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with a plan as to how this will be supported and monitored in school.
- 3.2 Medication Administration Record charts (MAR) are recorded in the appropriate medical file.

4. The School Health Service

- 4.1 Any Nurse working within an education setting must have active registration with the Nursing and Midwifery Council and their practice will be in accordance with the NMC Code of Conduct.

5. Training

- 5.1 Every staff member has appropriate medication and care of medical conditions training as identified by the health team or class teacher. Mandatory training is online, class-based and individual.
- 5.2 All staff are required to complete a One Day First Aid course, a 2 hour Epilepsy Awareness course and an online Medication training session with practical assessment and observations as a requirement of that.
- 5.3 In addition staff may request to undertake First Aid at Work and Paediatric First Aid (EYFS) training. This will be decided by the head Teacher who will identify the need in terms of legislation and CPD (continuous professional development) for the member of staff.
- 5.4 Staff who support children with specific medical conditions will also have individualised training programmes delivered by the Health and Wellbeing Manager on admission and as requested for update training and changes.
- 5.5 The Training Department (within the Charity), oversees all staff training and keeps record of when staff training should be updated. The training Department will then notify individual staff when training is required.
- 5.6 All members of staff working directly with students have responsibility for administering medication once they have been trained to do so and once that individual member of staff feels safe to do so. The Charity training department and the health team has a record of staff who have been trained to give medication.

6. Use of medication in managing medical conditions

- 6.1 Staff working within the school are trained in the administration of medication, both for regular use and for emergencies; The process and procedure for administering medication is set out in the School Medication Policy (PS16). Staff should only administer medication, including emergency medication, for which they have been trained and deemed competent. At no time should a student be given a medication which has not been prescribed for them (unless an as and when required medication PRN that the student has permission to receive), even in an emergency. If these guidelines are contravened then the charity's disciplinary policy will be implemented.
- 6.2 Where any medication is prescribed for use in an emergency there will be clear guidelines on when and how it should be administered. Additional support and guidance on the use of medication can be obtained from prescribing doctor or pharmacist.
- 6.3 The School Medication Policy (PS16) details how medication should be stored including any controlled drugs

7. Storage of emergency medication

- 7.1 Medication must be stored securely. Due to the risk that may be posed by a student inadvertently taking a medication, it is appropriate for emergency medication to be stored in

a locked cupboard. All staff must be able to easily access this cupboard if the medication is needed.

8. Risk assessment

- 8.1 When completing an individual risk assessment the medical needs of all students should be considered. Individuals should not be excluded from any activities due to a medical condition except where it has been identified that it will present an increased risk of injury. Where possible an activity should be modified to meet the needs of all students, rather than some being excluded all together.

9. Related policies

PS16	Medication
PS26	First aid
PS14	Infection control

Appendix 1 –

Guidance on most common specific medical conditions

Appendix 1

Specific medical conditions – most common (not an exclusive list)

Epilepsy

1. Epilepsy is a condition where an individual is prone to having seizures. A seizure is caused by a sudden burst of intense electrical activity in the brain. This causes a temporary disruption to the way that messages are passed between brain cells, so the brain's messages briefly pause or become mixed up. There are many different kinds of epilepsy and about 40 different seizure types.
2. There are two aspects to the management of epilepsy; firstly preventing seizures from happening, and secondly managing seizures if they do occur. Staff should be trained to identify seizures, and the appropriate action to take with each. Additionally they should be made aware of when emergency medication, such as buccal midazolam, should be administered.
3. In many pupils with epilepsy, seizures happen without warning, but in some people certain triggers can be identified. Where possible steps should be taken to avoid these triggers, but it is recognised that it is not possible to completely remove all triggers.
4. Staff should be aware of the effects that epilepsy can have on an individual's learning. Some seizures may be very short and appear as if the individual is day dreaming; if these occur frequently then they may be missing parts of a lesson or activity. Staff should be vigilant to identify these seizures, and ensure they are supported to catch up with any information they may have missed.
5. It is of paramount importance that all seizure related activity is recorded accurately, including, date, time, location, descriptions, length and any other information e.g. triggers. This information will be used during medical reviews.

Anaphylaxis and allergic reactions

1. Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline. Any allergic reaction, including anaphylaxis, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat.
2. Staff must be aware of the triggers for any allergic reactions, and act to reduce these triggers. It is recognised however that it may not be possible to completely remove a trigger, but all reasonable precautions should be taken. Where the trigger is a food item then catering staff should be made aware so that any meals can be modified accordingly.
3. The treatment for anaphylaxis is adrenaline, which is administered via an EpiPen. Staff should have appropriate training in how to use an EpiPen, and ensure it is taken on all outings with the student or which it is prescribed. If an EpiPen has been given then ambulance assistance must be obtained. The used EpiPen should be treated as a sharp, and given to the ambulance crew so they know exactly what has been administered. They will also be able to dispose of it in a safe and appropriate manner.
4. If an EpiPen has been given and it is found that the service user is not having an allergic reaction there should be no serious side effects, but their heartbeat could increase and they may have palpitations for a few minutes. However, it is still advisable to take the service user to hospital for observation.

Asthma

1. Asthma is a long-term medical condition that affects the airways. Individuals with asthma have airways that are almost always red and sensitive (inflamed). Asthma triggers then irritate these airways, causing them to react. When an individual with asthma comes into contact with an asthma trigger, the muscles around the walls of the airways tighten so that the airways become narrower. The lining of the airways becomes inflamed and starts to swell. Often sticky mucus or phlegm is produced. These reactions lead to the symptoms of asthma.
2. There are two aspects to the management of asthma; firstly preventing asthma attacks from happening, and secondly managing asthma attacks if they do occur. This may include the use of inhalers, both as a preventer and a reliever.
3. All students with asthma should be prescribed a reliever inhaler, which is to be used in case of an asthma attack; these inhalers are usually blue. This should be treated as an emergency medication and kept in an accessible location at all times. Should this medication be administered and the symptoms either do not improve or worsen, ambulance assistance should be obtained.

The school has a 'spare' emergency inhaler for the treatment of asthma attacks. This inhaler is stored in the medical room and is available for use to those students and staff that require emergency treatment and their own inhaler is not available.

4. Preventer inhalers are used regularly to prevent asthma attacks from occurring; these inhalers are usually brown or orange. Not all individuals with asthma will be prescribed a preventer inhaler; some may take other forms of preventative medication, while others will not need to take any. Service users may also have a spacer device which helps them to take their inhaler. This should be kept with the inhaler(s) at all times.
5. There may be triggers for an individual's asthma; it is important that staff are aware of these triggers and act to reduce them as much as possible. For some triggers, such as pollen, it is recognised that some exposure will be inevitable. Individuals with asthma should not be excluded from physical activity unless it has been specifically identified that this is a trigger for their asthma.

Diabetes

1. Diabetes is a long-term medical condition where the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. This happens because:
 - the pancreas does not make any or enough insulin
 - the insulin does not work properly
 - sometimes it can be a combination of both.
2. Insulin is the hormone produced by the pancreas that helps glucose, from digestion of carbohydrate, move into the body's cells where it is used for energy. The body's cells need glucose for energy and it is insulin that acts as the 'key' to 'unlock' the cells to allow the glucose in. Once the door is 'unlocked' the glucose can enter the cells where it is used as fuel for energy. When insulin is not present or does not work properly, glucose builds up in the body. Glucose comes from the digestion of starchy foods and from the liver, which makes glucose.
3. There are two main types of diabetes:
 - **Type 1 diabetes**

Type 1 diabetes develops if the body is unable to produce any insulin. Individuals with this form of diabetes need to replace their missing insulin, so will need to take insulin (usually by injection or pump therapy) for the rest of their lives.

- **Type 2 diabetes**

Type 2 diabetes develops when the body can still make some insulin but not enough, or when the insulin that is produced does not work properly (known as insulin resistance).

4. The management of diabetes will vary depending on the type and severity. Where insulin is required it will be in the form of a traditional injection, insulin pen or a pump. It is essential that all staff have received appropriate training before attempting to administer insulin. The training should include how to check an individual's blood sugar, and how to recognise when it is too low or too high. Staff should also be trained to manage any incidents where the blood sugar is at an extreme low (hypoglycaemia) or high (hyperglycaemia); these incidents should be considered an emergency, and appropriate medical attention should be obtained. This may include obtaining ambulance assistance.
5. Any injection device, and the equipment used to monitor blood sugar, produces sharps. Procedures must be in place within all services to manage and dispose of sharps safely.
6. Type 2 diabetes is often controlled through changes in diet; if this is necessary then it should be communicated with catering staff so that any meals can be modified accordingly. All staff should ensure that any service user who has specific dietary requirements is not excluded from any activities or meals. Additionally, medication may be required to manage this form of diabetes; this should be handled as per the medication and homely remedies policy (PS14).
7. If a service user is going on an outing then all the necessary equipment should be taken with them, and staff appropriately trained to use it. Service users should not be excluded from any activities if they are diabetic, but should be closely observed particularly during physical activity.

Eczema

1. Eczema is a chronic skin condition, which can cause the skin to become itchy, reddened, dry, and cracked. It varies in severity between individuals, and there are a range of treatments which may be utilised.
2. Atopic eczema is the most common form of eczema, and it predominantly affects children. Although the exact cause of atopic eczema is unknown, the condition often occurs in people who are prone to allergies. Atopic eczema is an inherited condition; it may be made worse by 'external' factors, such as pet fur and pollen, or 'internal' factors, such as stress and hormone levels.
3. Service users are frequently prescribed more than one medication for eczema (usually in the form of creams and ointments), and their use is dependent on the severity of the condition at that time. Staff should be trained to identify the severity, and decide on the appropriate medication to administer. In addition, staff should be made aware of any triggers which have been identified and act to reduce them wherever possible.

HIV and AIDS and other blood born diseases

1. HIV is an autoimmune condition that is not infectious through casual contact. Individuals with such conditions should not be treated any differently and as standard good practice for all individuals (with such conditions or not) should adhere to "a set of precautions designed to prevent transmission of HIV, hepatitis B virus (HBV), and other blood borne pathogens

when providing first aid or health care. Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV and other blood borne pathogens".

Universal precautions apply to:

- Blood
- bodily fluids containing visible blood
- semen
- vaginal fluid
- cerebrospinal
- synovial, pleural, peritoneal, pericardial, and amniotic fluids
- needles, scalpels and other sharp instruments

Universal precautions are achieved by using protective barriers that include:

- gloves
- protective eyewear (if appropriate)
- aprons

Universal precautions do not apply to:

- faeces
- nasal
- secretions
- sputum
- sweat
- tears
- urine
- vomitus

Source of information www.aids.about.com