



Supporting Students with Medical Conditions

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1	Tony Sinton	11/2011		11/2012	
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Introduction

At Dowdales school we want all children and young people to have successful and fulfilling lives. Section 100 of the Children and Families Act 2014 places a statutory duty on all schools to effectively manage and meet the needs of students with medical conditions including mental health, medical needs and physical disabilities. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school. The outcome should be that they can play a full and active role in all aspects of school life including extended school activities, such that they remain healthy and achieve their academic potential. This policy document should be considered in conjunction with all other relevant duties, policies and guidance, for example, Health and Safety legislation, the SEND Code of Practice and the Equality Act 2010 that may impact on support / provision for students with medical conditions. Some children with medical conditions may be disabled. Where this is the case, our governing body complies with the duties under the Equality Act 2010. For example, our school will make reasonable adjustments to minimise or remove barriers to access and participation and ensure that individuals are not subject to less favourable treatment because of their disability. Some children may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP) which brings together health and social care needs as well as their special educational provision. For children with SEND at Dowdales school this policy should be read in conjunction with the school SEN policy. Supporting a child with a medical condition during school hours is not the sole responsibility of one person and the school's ability to provide effective support will depend on co-operative working with other agencies including healthcare professionals, alternative provisions, the local authority, parents/carers, the child and, where appropriate, social care or other outreach professionals. This type of partnership working aims to ensure that the needs of students with medical conditions are met effectively. Medical conditions can sometimes result in short term, frequent or long-term absence from school, which can impact on educational attainment.

Rationale and Aims

The purpose of this policy is to put in place effective management systems, arrangements and practices to support children and young people with medical conditions to attend Dowdales school. This policy also aims to give confidence to parents/carers that school will provide effective support for their child's medical condition and support their child to feel safe.

This policy clarifies the range of medical needs that may result in a child requiring support, namely:

- children with long term and/or complex medical conditions who require support to manage their medical needs on a day to day basis to keep them healthy;
- children requiring monitoring and/or intervention in emergency circumstances;
- children whose health needs may change over time in ways that cannot always be predicted.

All staff at Dowdales school have a duty to maintain professional standards of care and to ensure that children and young people are safe. We consider it to be good practice to review cases individually and actively support students with medical conditions, including administering medicines or medical interventions in order to meet the all-round needs of the child. However, there is no legal duty requiring individual staff to administer medication, carry out medical interventions or to supervise a child when taking medicines. Any member of staff may be asked to administer medicines or medical interventions but they cannot be required to do so. This is a voluntary role. This policy aims to ensure that appropriate support is put in place to limit the impact on educational attainment in the event of a short or long-term absence from school.

Long Term Medical Needs

The school will be fully informed of the child's needs before admittance. It is essential to have sufficient information in order for the child's medical needs to be adequately supported. (Reference should be made to the 2015 Supporting Pupils at school with Medical conditions.)

If the individual health needs of a child change in the years following admittance, then it may become necessary to develop a Health Care Plan to reflect the requirements required to support the child.

Health care plans

Where appropriate, a Health Care Plan (HCP) will be drawn up in consultation with the school, parents/carers and any other relevant professionals. The plan will outline the individual requirements and the information shared with all staff working with the child. This will be kept in the Shared area and emailed out to staff to make them aware. There will also be a copy attached to individual student files on SIMs. The Health Care Plan will be reviewed either annually or sooner if needs change. The Health Care Plan will include steps to be taken in the event of an emergency for the child. Where necessary medical practitioners e.g., Diabetic Nurse, will be involved in drawing up the Health Care Plan. A signed copy of the plan will be kept in Student Welfare.

Intimate and Invasive Care Cases where intimate or invasive care is required will be agreed on an individual basis. Decisions made about procedure and practice will be recorded within the students Healthcare Plan and take account of safeguarding issues for both staff and students.

Administering Medicines

Medicine / medical interventions will only be administered at school when it would be detrimental to a student's health or attendance not to do so. Dowdales school will only administer medication to students if it has been requested by a medical professional and with written consent by parent/carer. It is expected that parents/carers will normally administer medication / medical interventions to their children during their time at home, where at all possible.

No medication / medical intervention will be administered without prior written permission from the parents/carers. The Head Teacher will decide whether and by whom any medication or medical intervention will be administered in school, following receipt of a request and consultation with staff. No changes to administration method or dosage of medication or changes in procedures relating to medical interventions will be carried out without written authority from parents/carers.

Parents / Carers are requested to bring medication to the school office and sign a parental agreement form for school to administer any medication.

Members of staff giving medicines should check:

- The child's name
- Prescribed dose
- Frequency
- Expiry date
- Written instructions on the packaging

Members of staff giving medicines will not be teaching members of staff but support staff who are:

Willing to perform such tasks

Trained where necessary for the task

If a staff member is in doubt, then they should not administer medicines without checking with Student Welfare who will then contact parents or the medical practitioner. Staff should **never** give non-prescribed drugs to a child unless there is specific written or verbal permission from the parent.

All medicines administered to children (what, how much, how given, when, by whom and any side effects experienced): on an Individual Record Sheet where medicines are ongoing, or record information on the General Record Sheet if one-off e.g., pain relief.

Controlled Drugs

Controlled drugs should be signed for when presented at the school office. They should never be administered unless cleared by the Head. Reference should be made to the DFE document

Supporting pupils with medical conditions 2014

All controlled drugs administered to children as with other medications will be recorded on an Individual Record Sheet and double signed for.

Self-Management

Children who are able will be encouraged to manage their own medicines. This will generally apply to relief treatments for asthma and diabetes. Other medicines should be kept in secure storage so access will only be through Student Welfare.

Storing Medicines

Medicines should be stored away from children, be in their original containers and refrigerated where necessary. This will be the responsibility of the Student Welfare. Children should know where their medicines are kept and who is responsible. This should be an exceptional duty and only used when medical advice dictates that no other course of action is possible.

Emergency medicines such as asthma inhalers and adrenaline pens should not be kept locked away but always in the vicinity of the relevant student. Any problems or issues arising shall be initially referenced to **supporting pupils as school with medical conditions DFE 2014**

Prescribed Medicines

School will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

It is helpful when clinically appropriate that medicines are prescribed in dosages that enable them to be taken outside of school hours. School will encourage parents to discuss this with the prescriber. Parents will be reminded of this on an annual basis through the Head's letter.

Refusing Medication / Medical Intervention

If a child refuses to take their medication / medical intervention, staff will not force them to do so. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications / medical intervention must also be recorded as well as the action then taken by the member of staff. Parents/carers will be informed as soon as possible. Where the child is potentially placing themselves at risk by refusal, parents/carers will be informed immediately.

Off-site and extended activities

Students with medical conditions will be actively supported in accessing activities on offer including school trips, sporting activities, clubs and residential activities. Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully. Dowdales school will consider what reasonable adjustments may be put in place to enable children with medical conditions to participate safely and fully. The school will carry out a thorough risk assessment to evaluate the measures which may be put in place to ensure safety of all students and staff. In the case of students with medical needs the risk assessment process will involve consultation with child, parents/carers and relevant healthcare professionals to ensure the student can participate safely. For further information please refer to Health and Safety Executive (HSE) Guidance on School Trips (<http://www.hse.gov.uk/services/education/school-trips.htm>). In some circumstances evidence from a clinician, such as a hospital consultant, may state that participation in some aspects offered is not possible. Arrangements will be in place to ensure that an HCP can be implemented fully and safely when out of school. Risk assessment will identify how HCPs will be implemented effectively off-site and where additional supervision or resources are required.

All medicines required by children on educational visits will be part of the overall risk assessment for the visit. Medicines not self-managed by students will be in the safe care of a nominated member of staff. This colleague should be one who is willing to carry this responsibility.

Sporting Activities

It is advisable to prepare a risk assessment of medical needs of individual children, including those who may suffer from an asthma attack. Asthma relievers not self-managed should be taken to the venue of the sporting activity in a box or container and be supervised by a support member of staff. Similar provision should be in place for those suffering from diabetes where there is the possibility of hypo.

Short Term Medical Needs

In order to reduce the time a child is away from school the school will administer medicines, for example the end of a course of antibiotics, but only for a short course of up to 5 days and only when previous avoidance strategies have been examined.

If a child presents with new medical needs, they will be sent to Student Welfare for their immediate needs to be logged and if applicable, a note for students to present to staff until the Health Care Plan has been agreed and communicated to staff.

Managing emergencies and emergency procedures

The Head Teacher will ensure that all staff are aware of the school's general risk management processes and planned emergency procedures. Where a child has a health care plan this will clearly define what constitutes an emergency and describes what to do.

This may include:

- an Emergency Medical Protocol that details the actions to be taken by staff and supported by specialist training where relevant e.g., seizure management and administration of rescue medication;
- a Personal Emergency Evacuation Plan (PEEP) that details the actions to be taken by staff to support the child's evacuation from the building, supported by specialist training where relevant e.g., use of an Evac chair; the Personal Emergency Evacuation Plan should also detail the actions to be taken by staff to support how staff will manage the child's medical needs during the evacuation e.g., ensuring appropriate medication is taken outside and is available

whilst at the assembly point. School has a procedure for contacting emergency services which is available in the school office.

Record Keeping

Parents should inform the school of the medicines their child needs. School will check that the medicine is in its original container and that the dispenser's instructions are clear. A written record is kept of all medication given.

The Head Teacher

The Head Teacher will ensure that all staff receive appropriate support and training and are aware of this policy. Likewise, the Head Teacher will inform the parents of the policy and its implications for them.

In all complex cases the Head Teacher will assign a member of staff to liaise with the parents and where parental expectation is deemed unreasonable then the Head will seek the advice of a medical professional.

Teachers and Other Staff

All teachers should be aware of the possible medical risks attached to certain students. They should be aware of possible emergency action and emergency contacts. Teachers' conditions of employment do not include the giving or supervising of students taking medicines. Any support member of staff agreeing to administer prescribed medicines should be in receipt of appropriate training. The training shall be commensurate with the situation.

Child's Role in Managing their own Medical Needs

After discussion with parents/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and medical interventions. Written permission from the parents/carers will be required for students to self-administer medicine(s) / medical intervention(s). Written permission from the parents/carers will be required for students to carry medicine(s) or resources associated with a medical intervention(s). Children who can take medicines or manage medical interventions independently may still require a level of adult support e.g., in the event of an emergency. In this situation agreed procedures will be documented in an HCP.

Confidentiality and sharing information within school

The school is aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the child and family at all time. School will disseminate information to key members of staff involved in the child's care on a needs-to-know basis, as agreed with parents/carers. Where the child has a Healthcare Plan this will be shared with key staff with regular scheduled re-briefings. School will ensure that arrangements are in place to inform new members of staff of the child's medical needs. School will ensure that arrangements are in place to transfer information on a child's medical needs to staff during any transition.

Asthma Policy

The Asthma register is available to all staff on the shared area along with up-to-date copies enclosed with the Emergency Inhalers. These will be updated Termly by designated staff.

HOW TO RECOGNISE AN ASTHMA ATTACK

Guidance on the use of emergency salbutamol inhalers in schools Sept 2014.

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler but only if we have received written permission (**Check asthma register first**)
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

Emergency Asthma Inhaler

The school will keep 3 emergency inhalers in school for use **only in an emergency**. One in Ashburner House, one in DASH and one in Student Welfare. The supply, storage, care, and disposal of the inhalers and spacers will be managed by designated staff in each of the areas. Appropriate support and training will be provided for staff in the use of the emergency inhalers along with detailed instructions within the Emergency Inhaler pack referenced from **Guidance on the use of emergency salbutamol inhalers in schools Sept 2014**. A record of use of the emergency inhalers will be maintained by attending First Aider and parents or carers informed that their child has used the emergency inhaler.

If a student appears to be experiencing an asthma attack, then follow guidelines from above. Student Welfare should be contacted via phone (ext. 259) or the nearest First Aider. If necessary, staff can

send an appropriate student to Student Welfare and a First Aider will be sent. The First Aider will then follow the guidelines and if necessary, administer the Emergency Inhaler.

Asthma register is available for a quick check in an Emergency situation in the Inhaler containers located in Ashburner, Student Welfare and the Sports Hall.

Dissemination of the Policy

A copy of this policy is available on the school's Shared Area and in the policy file in the main school office. A copy of the policy is available to any current or prospective parent on request to the Head Teacher.

Monitoring and evaluation of the policy

The policy will be reviewed every 3 years.

Medication details (e.g., name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision, whether carried by the child and how carried etc.)

Agreed procedure in the event that medicine or procedures are refused by the child

Daily care requirements (e.g., before sports activities, at lunchtime etc.)

Specific support in place for any educational, social and emotional needs (include re-integration and any partnership working following absences e.g., Local Authority hospital/home tuition services etc. and sensitive management of re-integration after serious or embarrassing incidents at school.

Arrangements for educational visits or other activities outside the normal timetable

Other Information

Describe what constitutes an emergency and the action to take if this occurs

Permission held to administer **salbutamol** in an asthma emergency.

Describe any follow-up care required

Who is responsible in an emergency? (Please state if different for different activities e.g., off-site etc):

Adult present and then first aider.

Staff training needs identified or already undertaken (e.g., names of staff trained, what training they have received and when, along with any plans to train others and when)

Plan developed with (e.g., the child, named parents, staff, healthcare professionals and any others)

Form copied to (Please state who holds copies of this information and where):

All staff, via SIMS.

Consent: The above information is, to the best of my knowledge, accurate at the time of writing. I will inform the school immediately, in writing, if there is any change.

Parent/Guardian signature: Date:



RECORD OF MEDICINE ADMINISTERED TO ALL CHILDREN

Name of School/Setting

Dowdales School, Dalton-in-Furness, Cumbria, LA15 8AH

DATE	CHILD'S NAME	TIME	NAME OF MEDICINE	DOSE GIVEN	ANY REACTIONS	SIGNATURE OF STAFF	PRINT NAME



RECORD OF CONTROLLED MEDICINE ADMINISTERED TO AN INDIVIDUAL STUDENT

Name of school/setting	Dowdales School, Dalton in Furness, Cumbria LA15 8AH
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____



RECORD OF CONTROLLED MEDICINE ADMINISTERED TO AN INDIVIDUAL STUDENT

NAME OF STUDENT

DATE	TIME GIVEN	DOSE GIVEN	STAFF 1	STAFF 2