



Blackfen School for Girls

Raising aspirations - releasing potential

SUPPORTING STUDENTS WITH MEDICAL NEEDS POLICY

Issue Status:-

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Approved		SFG	
	Chair of Committee		

Blackfen School – Policy for supporting students with medical conditions

Date: June 2017

Lead person: Head Teacher

Statutory statement

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of academies to make arrangements for supporting students at the school with medical conditions. This policy is produced with due regard to the statutory guidance – Supporting students at school with medical conditions (December 2015 – please note that there have not been any subsequent updates as at April 2017).

Rationale

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. No child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. Students at Blackfen School with medical conditions must be properly supported so that they have full access to education, including school trips and physical education. All students at the school with medical conditions are properly supported so that they play a full and active role in school life, remain healthy and achieve their academic potential.

Definition

The policy is restricted to students with an ongoing medical condition. This is a student with a long term condition with acute episodes which requires ongoing support and involves the need for medication and/or care whilst at school.

Outcomes

- A clear focus on the needs of each individual child and how their medical condition impacts on their school life.
- Students can access and enjoy the same opportunities at the school as other students.
- Parents/carers feel confident that the school will provide effective support for their child's medical condition.
- Short-term and frequent absences are effectively managed.
- Reintegration back into school following a long-term absence due to a medical condition is well supported so that the student does not fall behind when they are unable to attend.

Procedures (see Procedure Flowchart)

The procedures to be followed cover transitional arrangements between schools, reintegration of a student or when a student's need changes. Arrangements for staff training or support are also included.

(See Appendix 1 – Individual Healthcare Plans)

Key roles and responsibilities

Governing Body

- Ensure that the policy is developed and implemented.
- Ensure that sufficient staff have received suitable training and are competent to take on responsibility to support students with medical conditions.

Head Teacher

- Ensure that the policy is developed and effectively implemented with partners.
- Make all staff aware of the policy and understand their role in implementation.
- Ensure all staff who need to know are aware of a particular student's medical condition.
- Ensure sufficient staff are appropriately trained.
- Have overall responsibility for the development of individual healthcare plans.

School staff

- Any member of staff may be asked to provide support to students with medical conditions.
- Although administering medicines is not part of teachers' professional duties, they should take into account the needs of students with medical conditions that they teach.
- 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 staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.
(See Appendix 3 – Staff Training and Support)

School Nurse

The school does not have a school nurse.

Other healthcare professionals

- Should notify the school when a student has been identified as having a medical condition that will require support at school.
- May provide advice on developing individual healthcare plans.

Parents

- Should provide the school with sufficient up to date information.
- Should be involved in the development and review of the individual healthcare plan.
- Ensure the school is provided with medication.

Students

- Are best placed to provide information about how their condition affects them.
- Should be fully involved in discussions about their medical support needs.
- Should contribute as much as possible to the development of the SCHP.

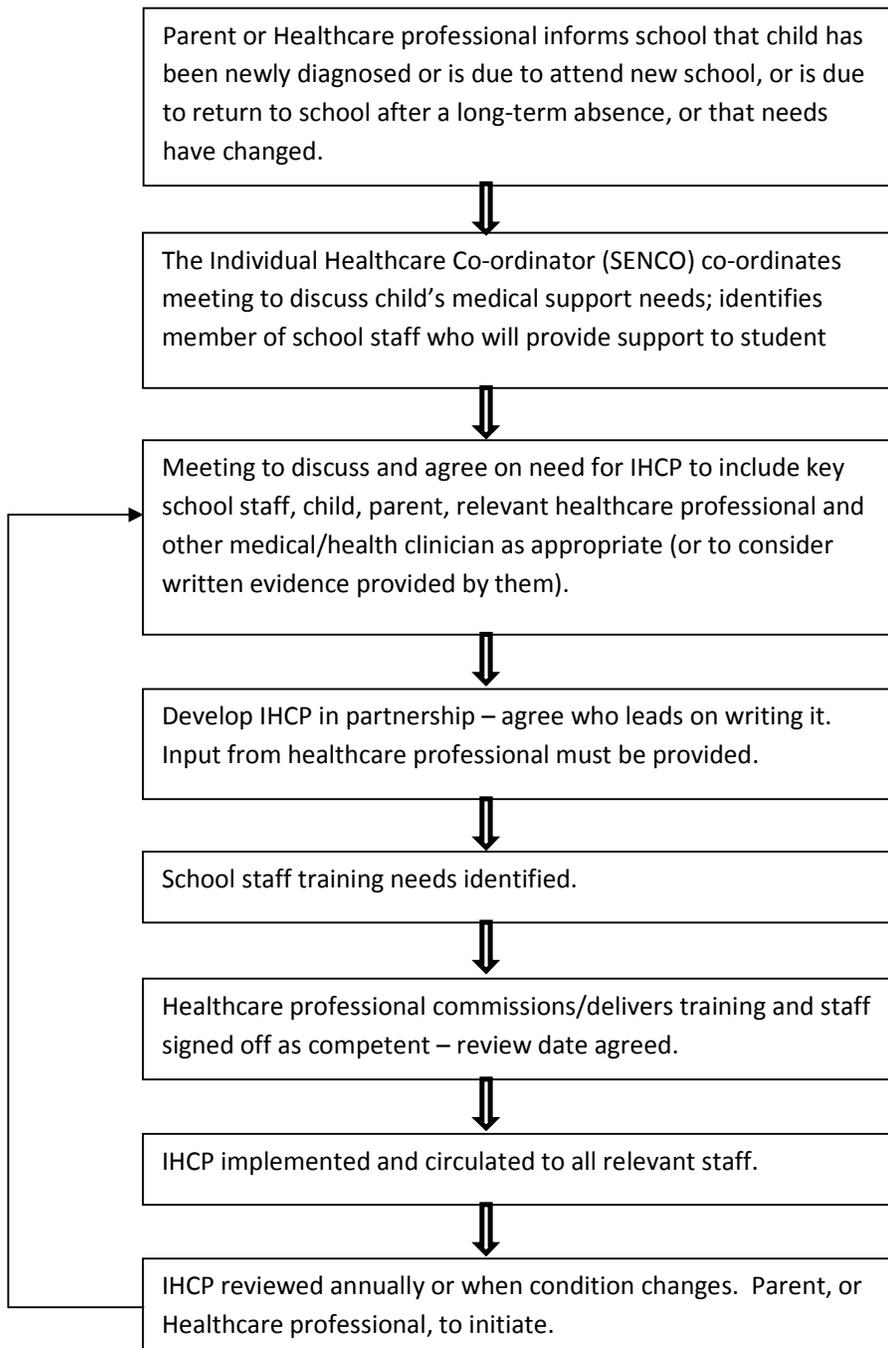
Local authority

- Have a duty to promote co-operation between relevant partners with a view to improving the well-being of children with regard to their physical and mental health and their education, training and recreation.

Clinical commissioning groups

- Can commission other healthcare professionals such as specialist nurses.
- Ensure that commissioning is responsive to students' needs.

Procedure Flowchart



Individual healthcare plans

The individual healthcare plan exists to document a student's medical condition and the provision being made for those needs. These are written with input from all relevant parties including the school nurse, school staff and the parent/carer.

The individual healthcare plan will be reviewed at least annually or earlier if evidence is presented that the student's needs have changed.

The individual healthcare plan co-ordinator at the school is **Sarah Cascarino (SENCO)**.

The procedure which is followed is shown in the flowchart.

The following information will be recorded on the individual healthcare plan:

- The medical condition, its triggers, signs, symptoms and treatments.
- The student'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 eg crowded corridors, travel time between lessons.
- Specific support for the student's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- 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 appropriate arrangements for monitoring.
- Who will provide this 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 cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the child's condition and the support required.
- Arrangements for written permission from parents and the head teacher 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 school timetable that will ensure the child can participate, eg 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. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Appendix 1a – Individual Healthcare Plan

Appendix 1b – Individual Healthcare Plan (Diabetes)

Appendix 1c – Individual Healthcare Plan (Seizures)

Appendix 1d – Individual Healthcare Plan (Use of Epipen)

Staff training and support

The school has a responsibility to ensure staff are properly trained and all staff will receive awareness training of this supporting students with a medical condition policy. Any member of staff providing support to a student with a medical condition will receive suitable training. This will be identified during the development or review of the individual healthcare plan.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting students with a medical condition.

Appendix 2a – Staff Training Record – Administration of Medicine

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. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Non-prescription medicines can only be administered in school when the medicine is kept in the school office and permission from the parent is sought prior to administration of the medicine.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist 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. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, eg on school trips.
- A child who has been 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. The school otherwise keeps controlled drugs that have been prescribed for a student securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. The school should keep a record of all medicines administered to individual children, stating

what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.

- 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.

Written records are kept of all medicines administered to students.

Appendix 3a – Parental Agreement for Blackfen School to Administer Medicine

Appendix 3b – Record of Medicine Administered to All Students

Appendix 3c – Record of Medicine Administered to an Individual Student

Emergency Procedures

The school will follow specific emergency procedures as detailed in the students' individual healthcare plan where relevant.

In the case of serious medical situations an ambulance will always be called. Parents will be notified and they should attempt to come to school to accompany their child in the ambulance. If this is not possible, a member of staff will accompany the student in the ambulance. The member of staff must be met at the hospital by a parent/carer. Staff will supervise any student who is waiting for an ambulance.

Day trips and sporting activities

The school carries out risk assessments for all off site trips and activities. This will include specific risk assessments regarding the participation of students with medical conditions. The school may meet parents as part of preparing to meet the student's needs on a trip. Where possible the student's needs will be met.

Unacceptable practice

It is not generally acceptable practice to:

- prevent children from easily 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 their parents; or ignore medical evidence or opinion (although this may be challenged);
- 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;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, eg hospital appointments;
- prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No

parent should have to give up working because the school is failing to support their child's medical needs; or

- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

Liability and Indemnity

- The Governing Body ensures that the appropriate level of insurance is in place and reflects the level of risk.
- Medicine must be administered by a suitably trained person or following a clear risk assessment.

Defibrillator

The school has a defibrillator which is located in the schools' medical room near the main school office.

Complaints

If there is a complaint about the support provided for a student with a medical conditions it should be raised in accordance with the school's complaints policy.

Policy Review Date – June 2018

Appendix 1a – Individual Healthcare Plan

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	
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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

Form copied to

INDIVIDUAL HEALTHCARE PLAN - DIABETES

Health Care Plan for a student with Diabetes whilst in the care of the school

THIS CONDITION IS LIFE THREATENING

Name of student _____ DOB _____

Year Group _____ Reg Group _____

This student may suffer with high or low blood sugar levels during the course of the day

If this occurs she may need urgent medical attention

(Please detail any medications re)

.....
.....

Usual symptoms can include:

- Hunger
- Pallor
- Glazed Eyes
- Shaking
- Mood Swings
- Unusual Behaviour
- Blurred Vision
- Lack of Concentration
- Drowsiness
- Tingly mouth and hands
- Unconscious (if left untreated)

Not all of these symptoms need to be present at the same time and may not always follow the same pattern.

The student can come to the medical room at any time to check her levels and leave a supply of glucose tablets, sweet drinks, snacks, etc. in the school office

The school will ensure that:

- Parent/carer will be called if drinks/snacks have no impact
- An ambulance will be called if condition deteriorates ie. If student collapses
- Parent/carer will always be called after the ambulance
- The child will not be left alone until the arrival of the ambulance and handover is completed

The parent/carer will:

- Provide spare medication/equipment clearly labelled with the child's details in a suitable hard container
- Check medication regularly to ensure it is not past its expiry date and is usable
- Inform the school of any changes in the child's condition, required medication or dosage.
- Ensure that all contact details for the child are up to date.
- Ensure that any member of staff taking the child out of school is fully advised of this condition and is aware of the medication required and its application by way of a completed medical form.

We, the undersigned agree to this plan.

Head Teacher **Date**

Parent/Carer **Date**

INDIVIDUAL HEALTHCARE PLAN - SEIZURES

Health Care Plan for a student who suffers with seizures whilst in the care of the school

THIS CONDITION IS LIFE THREATENING

Name of student _____ DOB _____

Year Group _____ Reg Group _____

It is thought probable that this student may suffer a seizure whilst in school

If this occurs she will need urgent medical attention and the administration of:

(Please detail any medications re)
.....

For a partial seizure the usual symptoms can include:

- Repetitive movements or actions
- Lips smacking
- Pulling at clothes
- Eyes twitching

For a complex seizure the usual symptoms can include:

- Absences eg. Vacant staring and unresponsive
- Collapse
- Twitching of limbs
- Passing urine

Not all of these symptoms need to be present at the same time and seizures may not always follow the same pattern.

The school will ensure that:

Any medication is kept safely available in the school office

In the event ofexperiencing a seizure the following procedure will be followed:

- A trained member of staff will administer medication if necessary
- An ambulance will be called
- Parent/carer will always be called after the ambulance
- The child will not be left alone until the arrival of the ambulance and handover is completed

The parent/carer will:

- Provide the correct medication clearly labelled with the child's details in a suitable hard container
- Check medication regularly to ensure it is not past its expiry date and is usable
- Inform the school of any changes in the child's condition, required medication or dosage.
- Ensure that all contact details for the child are up to date.
- Ensure that any member of staff taking the child out of school is fully advised of this condition and is aware of the medication required and its application by way of a completed medical form.

We, the undersigned agree to this plan.

Head Teacher **Date**

Parent/Carer **Date**

INDIVIDUAL HEALTHCARE PLAN – USE OF EPIPEN

Health Care Plan for a student requiring EpiPen whilst in the care of the school

THIS CONDITION IS LIFE THREATENING

Name of student _____ DOB _____

Year Group _____ Reg Group _____

It is thought probable that this student may suffer an anaphylactic reaction if she eats or comes into contact with or products containing

If this occurs she will need urgent medical attention and the administration of:

(Please detail any medications re)
.....

Can a second dose of EpiPen be administered? YES / NO

When can a second dose be administered?

(Second dose of EpiPen is to be given in the other thigh)

Usual symptoms can include:

- Itching or a strange metallic taste in the mouth
- Hives anywhere on the body
- Difficulty in swallowing
- Generalised flushing of the skin
- Abdominal cramps and nausea
- Increased heart rate
- Sudden feeling of weakness or sloppiness
- Swelling of the throat and tongue
- Difficulty in breathing, noisy breathing, stopping breathing
- Collapse and unconsciousness
- Other

Not all of these symptoms need to be present at the same time and attacks may not always follow the same pattern.

The school will ensure that:

All reasonable steps are taken to ensure that the child does not eat or come into contact with the known allergen, but the school cannot guarantee this.

The medication is kept safely available in the school office

In the event ofexperiencing an anaphylactic reaction the following procedure will be followed:

- A trained member of staff will administer following the instructions given at the training session.
- An ambulance will be called stating a child is experiencing an anaphylactic reaction.
- Parent/carer will always be called after the ambulance
- The child will not be left alone until the arrival of the ambulance and handover is completed

The parent/carer will:

- Provide the correct medication clearly labelled with the child's details in a suitable hard container
- Check medication regularly to ensure it is not past its expiry date and is usable
- Inform the school of any changes in the child's condition, required medication or dosage.
- Ensure that all contact details for the child are up to date.
- Ensure that any member of staff taking the child out of school is fully advised of this condition and is aware of the medication required and its application by way of a completed medical form.

We, the undersigned agree to this plan.

Head Teacher **Date**

Parent/Carer **Date**

APPENDIX 2a - Staff Training Record – Administration of Medicine

Staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

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

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date

Appendix 3a – Parental agreement for Blackfen School to administer medicine

Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

Appendix 3c – Record of medicine administered to an individual student

Record of medicine administered to an individual child

Name of school/setting	
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 _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			