



Supporting Pupils with Medical Conditions: Policy and Guidance

These guidelines need to be read in conjunction with:

- Infection Control Policy
- Health and Safety Policy
- Attendance Policy
- First Aid Policy
- Pupil Illness Policy

Approved by Governors: Autumn Term 2017
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All pupils have an entitlement to a full time curriculum, or as much as their medical condition allows. Frederick Holmes is an inclusive community that supports and welcomes pupils with medical conditions into a caring and supportive environment. This policy has been developed in line with the DFE statutory guidance which came into force on September 1st 2014 under section 100 of the Children and Families Act 2014-Supporting Pupils at School with Medical Conditions

Definitions for the purpose of the FHS Managing Medical Conditions Policy are as follows:-

'Medical condition' is defined as either a physical or mental health condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery.

Being 'unwell' and common childhood diseases are not covered.

'Medication' is defined as any prescribed or over the counter treatment.

'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.

A 'staff member' is defined as any member of staff employed at Frederick Holmes School and includes members of staff seconded to other organisations .

Key Roles and Responsibilities

a) The Local Authority (LA) is responsible for:

- 1) Commissioning of school nurses
- 2) Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- 3) Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

b) The Humber Education Trust (HET) is responsible for:

- 1) Ensuring the CCG and LA provide the necessary advice /guidance to schools and staff to enable Individual Healthcare Plans (IHP) to be effectively delivered.

c) The Governing Body of Frederick Holmes is responsible for:

- 1) Ensuring a policy for supporting pupils with medical conditions is in place, is reviewed regularly, is accessible to staff and parents.

- 2) Ensuring the policy identifies the roles and responsibilities of all those involved to support pupils at school with medical conditions including the role of developing the Individual Health Care Plans.
- 3) Ensuring the school policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- 4) Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits, sporting activities, and achieve their academic potential.
- 5) Ensuring school leaders consult health and social care professionals, pupils and parents to ensure that arrangements are in place and are effectively implemented to support pupils with medical conditions in school. The focus must be on the individual needs of each pupil and take into account that many medical conditions may be life threatening.
- 6) Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. They should also ensure that any staff supporting pupils with medical conditions are able to access information and other teaching support materials.
- 7) Ensuring the school policy is clear about procedures to be followed for managing medical needs including arrangements where pupils contribute to their own health care. This will include written records of medicines administered.
- 8) Ensuring that arrangements give parents and pupils confidence in the school's ability to provide effective support for pupils with medical conditions including an understanding of how the medical condition impacts on learning and providing effective training for staff to support pupils with medical conditions including in emergency situations.
- 9) Ensuring that insurance is in place which appropriately reflects the level of risk.

d) The Head Teacher is responsible for:

- 1) Ensuring the school is inclusive and welcoming and that the Supporting Pupils with Medical Conditions Policy is in line with local and national guidance and shared appropriately.
- 2) The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures at Frederick Holmes.
- 3) Maintaining a continuous liaison with school nurses, parents and school in the case of any child who has an identified medical condition and ensuring effective communication where a child has been unwell at school.
- 4) Liaising with healthcare professionals regarding the training required for staff to ensure a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations. If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy.

- 5) Ensuring that information held by the school is accurate and up to date and that Individual Healthcare Plans and medical information is shared with staff
- 6) Ensuring the correct level of insurance is in place for education staff who support pupils in line with this policy.
- 7) Ensuring pupil confidentiality and data protection systems are in place
- 8) Assigning appropriate accommodation for medical treatment/ care and the storage of medications.

e) Staff members are responsible for:

- 1) Reading the school's Supporting Pupils with Medical Conditions Policy
- 2) Knowing which pupils in their care have a medical condition and being familiar with the content of the pupil's Healthcare Plan.
- 3) Undertaking training to achieve the necessary competency for supporting pupils with medical conditions as agreed by the HT and raising awareness of training needs to the WFD co-ordinator.
- 4) Taking account of the needs of pupils with medical conditions in lessons to ensure they are not excluded unnecessarily from activities they wish to take part in or forced to take part in activities if they feel unwell
- 5) Being aware of the potential triggers, signs and symptoms of common medical conditions, familiarising themselves with procedures and taking appropriate steps to provide necessary support.
- 6) Allowing all pupils to have immediate access to their medication or food when they need it including when they go on a school visit or out of the classroom
- 7) Maintaining effective communication with parents/carers including informing them if their child has been unwell at school
- 8) Supporting pupils through long term absence or frequent short term absences so that pupils with medical conditions fully engage with learning
- 9) Administering routine medication where this has been agreed by parents and school (See Appendix 5)

f) School Nurses are responsible for:

- 1) Notifying the school when a child has been identified as requiring support in school due to a medical condition and ensuring any changes to support needs are shared.
- 2) Take the lead role in developing an IHP for specific medical conditions such as epilepsy or diabetes and working in partnership with lead clinicians, parents and school to ensure the needs of pupils with medical conditions are met effectively.
- 3) Providing regular training for school staff in managing the most common medical conditions and providing information about where the school can access other specialist training.
- 4) Supporting staff to implement an IHP and participating in regular reviews of the IHP especially prior to EHCP meetings.

- 5) Managing the Health Care Support Staff on a day to day basis including staff seconded to the Health Care support
- 6) Preparing medication to be administered by Health Care Staff in school.
- 7) Maintaining effective communication with parents including informing them if their child has been unwell at school or when medication is out of date
- 8) Informing the school if Nursing cover is unavailable in a timely manner.
- 9) Attending Initial Assessment meeting and ensuring appropriate health care support is in place prior to the admission date.

g) Parents and carers are responsible for:

- 1) Participating in the development and regular reviews of their child's Individual Healthcare Plan including providing the necessary information so that the school is able to develop an Asthma Plan
- 2) Keeping the school and school transport informed about changes to their child/children's health and medication routines.
- 3) Completing a parental consent form for medical interventions.
- 4) Providing the school with in date medication /medical devices with a prescription label and the child's name on them and informing the school when their child is bringing medication into school.
- 5) Carrying out actions assigned to them in the IHP with particular emphasis on identifying a nominated adult who is contactable at all times in case of emergencies or if their child is unwell.
- 6) Ensuring their child attends any appointments with the GP or specialist healthcare professional
- 7) Keeping their child at home if they are not well enough to attend school and ensuring any child poorly as a result of vomiting or diarrhoea does not attend school for a minimum of 48 hours from the last episode of vomiting or diarrhoea. This ruling is specified by the Health Protection Agency (ref Pupil Illness Policy).

h) Pupils are responsible, where appropriate, for:

- 1) Providing information on how their medical condition affects them.
- 2) Contributing to their Individual Healthcare Plan where appropriate
- 3) Complying with the IHP and self-managing their medication or health needs including
informing a member of staff if they feel unwell or if they know another pupil is unwell
- 5) Not excluding others unnecessarily because of medical condition

i) Clinical Commissioning Group (CCG) is responsible for :

- 1) Commissioning healthcare professionals responsive to children's needs
- 2) Co-operating with schools supporting children with medical conditions and seeking to strengthen links with healthcare services.

j) OFSTED IS responsible for :

- 1) Considering how well the needs of pupils with chronic or long term medical conditions are being met

Medical Passport and Health Care Plans

- 1) Healthcare information is shared with school staff by parents as part of the Admission Process or when a condition is diagnosed. The Admin Team collate this information to create a Medical Passport which contains Individual Healthcare Plans (IHP) for specific conditions provided by the Specialist Nursing Team. The Medical Passport and IHP records important details about a pupils' medical needs at school which are updated as necessary and shared with the class teacher. The School Nurse and parent will decide whether an IHP is necessary. The School will write the Medical Passport in conjunction with the School Nurse and parent and the responsibility for ensuring that it has been written and is implemented rests with the school. The plan will be shared with parents. It is the responsibility of parents to inform the school and the nursing team of any changes to the content of the Medical Passport or the Individual Healthcare Plan eg changes in medication or contact details.
- 2) The Medical Passport is reviewed as necessary, and at least annually during the EHCP review
- 3) The Medical Passport and Individual Healthcare Plan is retained in the blue pupil file in a secure location in the classroom where it is accessible to all staff who work with pupil. Where a pupil has a medical condition which is potentially life threatening the IHP may be stored in a more accessible location. The Individual Health Care Plans are not shared with outside agencies without permission from parents/students.

Training

- 1) Awareness training in medical conditions is routinely provided to all staff as part of the training plan. This includes preventative and emergency actions so that staff can act quickly when a problem occurs in school and off site. A log of medical condition training is retained by the WFD Co-ordinator.
- 2) Newly appointed teachers, supply or agency staff and support staff will be made aware of the contents of the 'Supporting Pupils with Medical Conditions' Policy as part of their induction.
- 3) The School Nurse will identify training necessary to meet the medical needs of pupils. All school staff providing support to a pupil with medical needs receive the identified training, updated as necessary, from the School Nurse or other healthcare professional. Staff are signed off as competent to meet medical needs of a pupil by the School Nurse and countersign to agree their level of competency.

The WFD Co-ordinator, in liaison with the School Nurse is responsible for ensuring that sufficient staff are trained to meet the needs of pupils with medical conditions. These staff are identified in the pupils personal file.

- 4) Staff must not administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the pupil and being signed off as competent by the School Nurse or other healthcare professional. In some cases written instruction from the parent or instruction from the pharmacist on a container may be sufficient but staff must check with the Nurse that this is sufficient.

Medication

Administration of Medication

- 1) Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours.
- 2) If this is not possible, medication will be dispensed by the Nurse and administered by designated staff in school. Where routine medication is required off site it will be dispensed and administered by trained school staff. Before staff administer medication the parents/carers of the child must complete and sign a parental consent. No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- 3) Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions.
- 4) Medication defined as a controlled drug is administered by the School Nurse.
- 5) Staff will not force a pupil to take their medication. If a pupil refuses their medication this is recorded and parents are informed as soon as possible by the Nurse or the member of staff who attempted to give the medication.
- 6) Where a pupil has a short term medical condition which requires medication during school hours parents should inform the school in writing of dosage and frequency. Staff will only administer prescribed medication with a pharmacy label.
- 7) An accurate record is maintained of each occasion an individual pupil is given or supervised taking medication. The name of the supervising staff member, pupil, dose, date, time and witness are recorded. If a pupil refuses to have their medication or a dose is omitted this is also recorded and parents are informed as soon as possible.

Safe storage of Medication

- 1) It is the responsibility of the parent to inform the class team of medication transported by the pupil to school. This can be done through the Home School Book or by telephoning the School Office or School Nurse. The school provides a red bag for the transport of medication which is available on request.

- 2) All pupil medication is stored in the Nurses Office with the exception of inhalers which are stored with the pupil and respite medication which remains as luggage stored in the Reception Office. An identified member of the Nursing Team ensures the correct storage of medication at school. All refrigerated medication is stored in an airtight container and is clearly labelled. Controlled drugs that have been prescribed for a pupil will be securely stored in a non-portable container in the Nurses office. The key is retained in the Nurses office at all times.
- 3) The class team will check the expiry date of inhalers each term and request replacements where necessary. Inhalers are labelled with the pupils' name and the date of expiry. An emergency reliever inhaler is retained at Reception.
- 4) As far as possible pupils know where their medication is stored and understand the arrangements for a member of staff to assist in helping them take their medication safely.
- 5) The identified member of staff, along with the parents of pupils with medical conditions, ensure that all emergency and non-emergency medication brought into school is clearly labelled with the pupil's name, the name and dose of the medication, the expiry date and the prescriber's instructions for administration, including dose and the frequency of dose.
- 6) Any medications left over at the end of the course will be returned to the child's parents. Three times a year the identified member of staff checks the expiry dates for all medication stored at school and arranges for the disposal of any that has expired. This check is always documented.

Managing Pupils with Medical Conditions out of school

- 1) All staff attending off-site visits are aware of any pupils with medical conditions on the visit and the details recorded in the risk assessment.
- 2) Risk assessments are completed prior to any off site activities including work experience and residential visits and retained by the school. The risk assessment will include how pupils with medical conditions will be included in activities, how routine and emergency medication will be stored and administered and how emergency help will be accessed. The risk assessment must be shared with staff supporting the visit
- 3) For some medical conditions the driver/ escort will require adequate training. For pupils who receive specialised support in school with their medical condition this should be planned for in travel arrangements to school and included in the specification to tender for that pupil's transport.
- 4) When prescribed controlled drugs need to be sent in to school parents will be responsible for handing them over to the escort in a suitable bag or container who will hand them to the School Nurse or Nursing Assistant on arrival. They must be clearly labelled with name and dose etc.

Dealing with a Medical Emergency

- 1) All staff are aware of the most common serious medical conditions at this school. The medical condition of pupils are identified in pupil records, (see blue pupil file retained in classrooms and yellow pupil file retained in Admin), Individual Healthcare Plans, Medical Passports, and Risk Assessments for out of school visits. In addition the School Nurse provides lists of pupils with epilepsy, shunts, asthma, diabetes and allergies at the start of the academic year which are shared with all teams and updated when new pupils arrive. It is the responsibility of the class teacher to share information about the emergency symptoms and procedures on a need to know basis.
- 2) In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication. Wherever possible this would take place in consultation with the School Nurse and/or emergency services.
- 3) Information sheets and action for staff to take in an emergency relating to pupils with specific medical conditions as well as general medical emergencies is available in the Pupil Blue file on the IHP. See also Appendix 2 (Asthma), Appendix 3 (Diabetes), Appendix 4 (Shunt)
- 4) All staff who work with groups of pupils at this school receive information about what to do in a medical emergency and what to do in medical emergency for pupils with medical conditions in their care. The school conforms to DFE Guidance on First Aid in Schools. It is the responsibility of the WFD co-ordinator to co-ordinate the training programme and maintain training records.
- 5) If a pupil needs to be taken to hospital a member of staff will always accompany them and will stay with them until a parent arrives. Emergency Passports and Healthcare Plans, for pupils with specific medical conditions, are sent to the emergency care setting with the pupil as necessary.
- 6) The school reviews medical emergencies and incidents to see how they could have been avoided. Appropriate changes to the school policy and procedures are implemented after each review.

Unacceptable Practise

The following is not considered acceptable at Frederick Holmes School

- 1) Preventing children from accessing their inhalers or medication
- 2) Assuming that pupils with the same condition require the same treatment.
- 3) Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
- 4) Sending pupils home frequently or preventing them from taking part in activities at school
- 5) Sending the pupil anywhere with an unsuitable escort if they become ill.

- 6) Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- 7) Making parents feel obliged to attend school to administer medication or provide medical support.
- 8) Creating barriers to children participating in school life, including school trips.

Insurance

- 1) Teachers who undertake responsibilities within this policy are assured that they are covered by the LA/school's insurance.
- 2) Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the School Business Manager.

Complaints

- a) All complaints should be raised with the school in the first instance.
- b) The details of how to make a formal complaint can be found in the School Complaints Policy and is summarised in the Home School Diary.

Appendix 1

Model for Developing Health Care Support Package

1. Parent or healthcare professional informs school that a child with a medical condition, is starting school, returning from a long-term absence, or that their needs have changed. Healthcare professionals review the electronic health records of all new starters prior to the Initial Assessment Meeting.
2. Head Teacher or delegated member of staff co-ordinates meeting to discuss child's medical needs and identifies member of staff who will provide support to the pupil.
3. Meeting held to discuss and agree on the pupils' medical needs to include key school staff, relevant healthcare professionals and parent/carer (or to consider evidence provided by them). Health care professionals produce the specialist Individual Health Care Plans.
4. The Medical Passport and support package is developed in partnership with healthcare professionals and school.
5. School staff training needs identified.
6. Healthcare professional commissions and/or delivers training. Staff signed off as competent - review date agreed.
7. Individual Health Plan is prepared by specialist Nurses and circulated to all relevant staff.
8. Medical Passport and Individual Health Plan is reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate the need for review.

Appendix 2

What to do: Asthma Attack

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.

What to do

- Keep calm
- Encourage the child or young person to sit up and slightly forward (do not hug or lie them down)
- Make sure the child or young person takes two puffs of reliever inhaler immediately
- Loosen tight clothing is loosened
- Give reassurance

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 or a doctor urgently if:

- The child or young person's symptoms do not improve in 5–10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue.
- You are in doubt.

Ensure the child or young person takes one puff of their reliever

Common signs of an asthma attack are:

- coughing
- shortness of breath
- wheezing
- tightness in the chest (may say tummy ache)
- being unusually quiet
- difficulty speaking in full sentences

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.

What to do: Diabetes

Children and young people with diabetes can have short term complications as a result of their condition. These complications include hypoglycaemia and hyperglycaemia.

Hypoglycaemia: Low Levels of Blood Glucose

Common Symptoms

- Hunger
- Trembling or shakiness
- Sweating
- Anxiety or irritability
- Fast pulse or palpitations
- Tingling
- Glazed eyes
- Pallor
- Mood change, especially angry or aggressive behaviour
- Lack of concentration
- Vagueness
- Drowsiness

What Causes a Hypo

- too much insulin
- a delayed or missed meal or snack
- not enough food, especially carbohydrate
- unplanned or strenuous exercise
- drinking large quantities of alcohol or alcohol without food
- sometimes no obvious cause

What to Do

Immediately give something sugary, a quick acting carbohydrate such as

- a glass of lucozade, coke or other non-diet drink
- three or more glucose tablets
- a glass of fruit juice
- five sweets, eg jelly babies.

The exact amount needed will vary from person to person and will depend on individual needs and circumstances.

To prevent the blood glucose from dropping again follow this with a longer acting carbohydrate such as one of the following:

- sandwich
- cereal bar
- portion of fruit
- two biscuits, eg garibaldi, ginger nuts
- one individual mini pack of dried fruit
- or a meal if it is due

If the pupil still feels hypo after 15 minutes, something sugary should again be given. When the child has recovered, give them some starchy food, as above.

Hyperglycaemia: High Levels of Blood Glucose

Common Symptoms

- Thirst
- Frequent urination
- Tiredness
- Dry skin
- Nausea
- Blurred vision

What to Do

Contact the pupils' parents

Call 999 if the pupil is

- Overbreathing
- Vomiting
- Has breath smelling of nail polish remover

Appendix 4
What to do: Shunt

Everyone with Hydrocephalus needs to be well hydrated and have access to clear fluids (not “coke” or any drink containing caffeine) especially in hot weather and after exercise.

Symptoms of acute shunt malfunction or blockage

- vomiting or nausea
- photophobia (sensitivity to light)
- dizziness
- seizures (fits)
- headache + other visual disturbances
- drowsiness

Symptoms of chronic shunt malfunction or blockage

- fatigue
- behaviour changes
- general malaise
- decline in academic or work performance
- visuo-perceptual problems being just “not right”

What to Do

- Inform next of kin
- Phone neurosurgical unit and speak to Ward Sister or Neurosurgical Registrar. Do NOT leave message with ward clerk or junior
- Arrange transport to a neurosurgical unit. Do NOT allow child to be transported to local district hospital (unless unconscious or very ill)

ANYONE WITH SHUNT BLOCKAGE NEEDS TO CONTACT THEIR SPECIALIST NEUROSURGICAL UNIT WITHIN 4 HOURS OF ACUTE SYMPTOMS DEVELOPING FOR ADVICE

Appendix 5

RECORD OF MEDICATION ADMINISTERED



Instructions:

Before the visit you must obtain parental permission in writing to administer medication

Before the visit record on the blue line for each pupil the expected routine. The Class Teacher or member of SLT MUST sign as a check before the visit. Complete the white line for each pupil during the visit.

Visit to

Date

PUPIL (Name)	TIME (Time Given)	DOSE (Amount)	ROUTE (Oral etc)	MEDICATION (Name)	NAME OF 1 ST MEMBER OF STAFF	NAME OF 2 ND MEMBER OF STAFF	
							Teacher or SLT Sign
							Teacher or SLT Sign
							Teacher or SLT Sign
							Teacher or SLT Sign

Return a copy of this form to the Nurses immediately after the visit and retain a copy with your visits information.