

October 2018

# Supporting Pupils with Medical Needs Policy



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## **Rationale**

The Governing Body of Fringford CE Primary School has a statutory duty to make arrangements to support pupils at school who have a medical condition. This policy aims to ensure all pupils at Fringford CE Primary School are able to access their learning in a supportive environment which is sensitive to their medical needs.

## **Aims**

- To identify the roles and responsibilities of parents, staff and pupils.
- To identify how pupils with long-term or complex medical needs will be supported.
- To establish and communicate arrangements for the access, storage and disposal of medication.
- To establish and communicate emergency procedures.
- To establish and communicate procedures for dealing with common conditions.
- To establish and make available systems for parents to provide school with up to date information about their child's medical needs.

## **Procedures**

### **Short-Term Medical Needs**

- It is the responsibility of the parent to ensure that a child is kept at home if he/she is unwell
- If a child feels unwell in class and is unable to continue in the usual way a first aider will assess the situation.
- In cases where a child begins to feel very unwell during the school day and needs medical attention every effort will be made to contact the parents so that, if appropriate, the child can be collected and taken home.
- We recommend that, wherever possible, parents request their doctor or dentist to prescribe medication that can be taken outside the school day. If this is not possible then at the discretion of the headteacher, school will work with parents to administer the medication. In these situations, medicine will only be administered if it is essential and has been prescribed. Prescribed medicines must be 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
- Children who have had an injury that results in a sling, stitches, bandage, cast or 2 crutches cannot be admitted to school until they have received medical advice and a risk assessment has been completed.

### **Infectious Conditions**

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- For certain infectious conditions, a child must be kept away from school until it is treated or no longer contagious, school will advise parents depending on the condition.
- Parents will be informed by letter if the school has been made aware of an infectious condition in their child's class.

## **Long-Term Medical Needs**

- It is important that the school is informed of any medical needs before a child starts school or as soon as possible following concerns or diagnosis.
- A written Health Care Plan will be drawn up, in discussion with parents, it will include:
  - details of the child's conditions
  - special requirements e.g. dietary
  - details of child's GP
  - what to do and who to contact in an emergency

Where the long term medical needs is in relation to asthma a School Asthma Card will be completed. Not a Health Care Plan.

- The school cannot instruct staff to administer medication; this can only be done on a voluntary basis.
- Where appropriate and feasible, staff who volunteer to administer medication will be provided with training.
- School staff will not force pupils to take medication. If a pupil refuses to take medication, parents will be contacted. The emergency services will be called if necessary.
- Teachers who have pupils with additional needs in their class will need to be informed in detail of day-to-day implications of the condition and what procedures are in place in school.
- Parents are responsible for supplying information and for letting the school know of any change in circumstances which may impact on the schools ability to support their child. They will be informed of this responsibility by the school.

## **Pupils Who Are Unable To Attend School Due To Medical Needs**

- The Head Teacher is responsible for dealing with pupils who are unable to attend school because of medical needs.
- If a pupil is unable to attend school due to medical needs for 15 days or more, it is the Head Teacher's responsibility to notify the ESW.
- Special arrangements will be made for pupils who attend hospital regularly as in-patients. School will liaise with the Hospital School.

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- We will ensure that pupils are kept informed about social school events that they are able to participate in.
- We will be active in monitoring the progress and reintegration into school.
- We will encourage and facilitate liaison with peers.
- The pupil will not be taken off role without parental consent even during a long period of ill health, unless the school medical officer certifies him or her as unlikely to be in a fit state to attend school before ceasing to be of compulsory school age.

## **Self-Management of Medication**

- Pupils with long term medical needs such as asthma, diabetes and certain types of allergies will be encouraged to manage their own medication whenever possible.
- We will only store medication prescribed for individual pupils with long-term medical needs in the original container as dispensed.
- The container should be clearly labelled with the name of the child, the name and dose of the medication and frequency of administration.
- Children will know where their medication is kept.
- All emergency medication such as asthma inhalers, emergency epilepsy medication and Epipens will be readily available for the individual child in their classroom/welfare room. These will never be locked away.
- We will not dispose of any medicines. It is the parent's responsibility for ensuring date-expired medicines are returned to the pharmacy for safe disposal. When a child leaves the school mid-year or at the end of KS2, medication is sent home.

## **School Trips**

- All pupils are encouraged to take part in school trips. Arrangements for taking medication will be taken into consideration. It is important to note that:
  - School Staff and Activity Centre Staff, if appropriate, must be made aware of any medical needs and relevant emergency procedures,
  - additional staff or the pupils parents may be required to accompany the pupil. Pupils will not be excluded from attending school trips if their parents are not able to attend.

## **Sporting Activities**

- Most pupils with medical conditions can participate in PE and Games. Any restrictions on a pupil's ability to participate in PE will be included in the pupil's health care plan.
- Relevant information regarding a pupil's medical needs will be given to the teachers supervising sporting activities so that they are fully aware of the situation.

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- Pupils who need to take medication before, during and/or directly after exercise are allowed to do so.

## **Extended Schools Activities**

- It is the responsibility of the club leader to ensure that children bring their asthma inhalers to the club session.
- It is the club leaders' responsibility to return the asthma inhalers to the front office designated space.

## **Confidentiality**

- Medical information will be treated confidentially. However, it will be essential to share some information to support the pupil in the most appropriate way. On receipt of information it will be agreed with the parent who else in school needs to be informed of the medical need and who will have access to the records.
- Health Care Plans and forms relating to medication are kept in the School Office with copies given to the class teacher and displayed in the staff room if necessary.

## **Accidents in school**

- If a child needs minor first aid they will be sent to the staff room accompanied by another child. First aid will be administered in designated KS1 and KS2 areas if necessary.
- If a child has an accident in school and should not be moved, a first aider will be called to attend to the child. (e.g. severe vomiting, severe nose bleed, any injury where it would be unsafe for them to be moved)
- For minor injuries (e.g. cut knee, graze) it will be recorded in the first aid folder 'Record of Injuries' by the first aider.
- For all minor first aid treatment parents will receive a 'First Aid Sticker' or letter sent home at the end of the day.
- For any other injury parents are contacted by telephone or a face-to face discussion in the playground (to explain minor bumps – e.g. bumped head under the table)
- For any other injury that requires hospital and further medical attention (beyond the school) it will be recorded in the accident form and submitted to the LA

## **Head Injuries**

- A first aider will administer first aid and monitor the child for signs of concussion.
- Parents / carers will be contacted by telephone or a face-to face discussion in the playground (to explain minor bumps – e.g. bumped head under the table)
- A letter will be sent home detailing after-care instructions

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## **Emergency Procedures**

- All staff must be familiar with the procedure for calling the emergency services.
- In an emergency one of the school's qualified First Aiders must be summoned and a senior member of staff must also be informed.
- In addition to accidents or incidents, which can constitute an emergency for any pupil, some pupils will be more likely to have individual presentations constituting an emergency for their particular condition. All relevant staff are made aware of these individual cases.
- If a pupil is taken to hospital by ambulance, a member of staff must accompany them and remain with the pupil until a parent or carer arrives.
- Pupils must not be taken to hospital in staff cars.

## **Additional Information relating to Complex Conditions**

- The Governing Body recognises that many medical conditions that require support at school will affect the quality of life and may be life threatening. Below sets out procedures for dealing with the following complex conditions:

- Asthma
- Epilepsy
- Diabetes
- Anaphylaxis

## **Asthma**

Fringford Primary School recognises that asthma is a widespread, serious but controllable condition affecting many pupils at school.

## **Asthma Medicines**

- Immediate access to reliever medicines is essential. Inhalers are kept in a clearly marked container.
- All inhalers must be labelled with the child's name and class.
- School staff are not required to administer asthma medicines to pupils – except in an emergency. All school staff will let pupils take their medication when they need to.

## **Emergency Medication**

We store emergency medication for asthma in the first aid cupboards. The emergency salbutamol inhaler should only be used by children:

- who have been diagnosed with asthma, and prescribed an inhaler;
- who have been prescribed a reliever inhaler;

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- for whom written parental consent for use of the emergency inhaler has been given.

## **Record Keeping**

- At the beginning of each school year or when a pupil joins the school, parents are asked if their child has any medical conditions on their enrolment/registration form.
- Medical information is contained in our School Information Management System (SIMS)

## **PE, Games and Activities**

- Inhalers should always be available during PE, sports activities and school visits.
- The PE teacher is aware of which children have asthma from the school's asthma register.
- The class teacher/PE teacher will remind pupils whose asthma is triggered by exercise, to take their reliever inhaler before the lesson and to thoroughly warm up and down before and after the lesson.
- Inhalers should always be taken to PE and Games lessons and out of school activities/trips.

## **When a Pupil Is Falling Behind in Lessons**

- If a pupil is missing a lot of time from school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents to work out how to prevent their child falling behind. If appropriate the class teacher will then talk to the school nurse and SENCO about the pupil's needs.

## **Asthma Attacks**

- In the event of an asthma attack the school follows the procedure outlined by Asthma UK in its school policy guide.

## **Epilepsy**

This policy is intended to ensure that Fringford Primary School fully meets the needs of pupils who have epilepsy and that all pupils who have epilepsy achieve to their full potential. It has been prepared with reference to information available from Young Epilepsy. Fringford Primary School will ensure that all pupils who have epilepsy achieve to their full potential by:

- Keeping careful and appropriate records of students who have epilepsy
- Recording any changes in behaviour or levels /rates of achievement, as these could be due to the pupil's epilepsy or medication
- Closely monitoring whether the pupil is achieving to their full potential
- Tackling any problems early will ensure that all pupils with epilepsy are fully included in school life, and are not isolated or stigmatised. We will do this by:
- Offering support in school with a mentoring or 'buddying' system to help broaden understanding of epilepsy

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- Supporting pupils to take a full part in all activities and outings (day and residential)
- Making necessary adjustments e.g. exam timings, timetables, extra supervision in certain areas such as swimming

Fringford Primary School will liaise fully with parents and health professionals by:

- Letting the parents know what is going on in school
- Asking for information about a pupil's healthcare, so that we can fully meet their medical needs, this information will be recorded on a pupils health care plan and shared with the class teacher and other staff who work with the child
- Asking for information about if or how the pupil's epilepsy and medication affect their concentration and ability to learn
- Informing parents and health professionals (with the parent's permission) of changes to the pupil's achievement, concentration, behaviour and seizure patterns. We will ensure that staff are epilepsy aware and know what to do if a pupil has a seizure. If needed, there will be a trained member of staff available at all times to deliver emergency medication. Awareness of epilepsy will be raised across the whole school community, including pupils, staff and parents. We recognise that most pupils with epilepsy take anti-epileptic medicines and that these medications will not usually need to be given during the school day. If a pupil experiences a seizure in school, details of the seizure (agreed with the parents at the time the Individual Healthcare Plan was written) will be recorded and communicated to parents. This may include:
  - any factors which may have acted as a trigger
  - any unusual 'feelings' reported by the child prior to the seizure - parts of the body demonstrating seizure activity
  - the timing of the seizure
    - when it happened and how long it lasted
  - whether the child lost consciousness
  - whether the child was incontinent.

Guidance on what to do if or when a child has a seizure at school will be recorded in the pupils Individual Health Care Plan. General guidance on what to do in the event of a seizure, or if it is the child's first ever seizure is available in Young Epilepsy's 'Guide for Schools' booklet.

## **Diabetes**

### **What is Diabetes?**

- Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes).

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- About one in 550 school-age children have diabetes, and 2 million people suffer in the UK. The majority have Type 1 diabetes. They normally need to have daily insulin via an injection or pump, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone.

- Each child may experience different symptoms and these will be discussed when drawing up their Health Care Plan.

## **Medicine and Control for children in school**

- Each child who has diabetes in school will have a named worker(s) (one of the named workers will be the class teacher).

- The named workers plus at least one other member of staff will undertake the required training needed to meet the individual needs of each diabetic child.

- Other members of staff who come into contact with a diabetic child have basic diabetes training.

- A health care plan will be drawn up with the child's parents, advice from the child's paediatric diabetic specialist nurse and named workers.

- Fringford Primary School recognises that some children with diabetes may need to administer their medication during the school day (via an injection or pump). Older children are encouraged to manage their own insulin injections and pump management. Supervision is available should it be required. A private place to carry out the injection/monitor blood glucose levels is available. For younger children it may be necessary for an adult to administer the injection, this will be included in the pupil's Health Care Plan.

- When staff agree to administer blood glucose tests or insulin injections or to make insulin pump adjustments, they will be trained by an appropriate health care professional, no member of staff will be expected to carry out this task without full training and their consent.

- Children with diabetes need to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low. Staff in charge of physical education or other physical activity sessions will be made aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

## **Diabetic Emergencies**

A child's blood glucose may vary during the school day. It may be too low (hypoglycaemia or hypo) or too high (hyperglycaemia or hyper). Both of these situations can make the child ill and render them unable to safely look after themselves. It is during these times that a child is most likely to need adult support.

## **Hypoglycaemic reaction**

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- Symptoms indicating a hypoglycaemic reaction (hypo) will be discussed when drawing up a pupil's Health Care Plan, these symptoms will then be made available to anyone that has contact with the individual child.

- If a child has a hypo, the child will not be left alone, fast acting sugar such as a glucose tablet or gel will be given immediately, followed by slower acting starchy food once the child has recovered – 10 or 15 minutes later.

An ambulance will be called if:

- the child's recovery takes longer than agreed / expected

- the child become unconscious.

- Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar – a hypoglycaemic reaction (hypo) in a child with diabetes:

- hunger

- sweating

- drowsiness

- pallor

- glazed eyes

- shaking or trembling

- lack of concentration

- impaired cognitive functioning

- irritability

- headache

- mood changes, especially angry or aggressive behaviour

## **Hyperglycaemia (high glucose level)**

- Some children may experience hyperglycaemia (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control, and staff will draw any such signs to the parents' attention. If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. Warning signs may include:

- Thirst

- Frequent urination

- Tiredness

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- Dry skin
- Nausea
- Blurred vision

Prolonged hyperglycaemia can lead to a very serious condition called Diabetic Ketoacidosis (DKA). It can take anything from a few hours to a few days to develop and is life threatening. Warning signs:

- Abdominal pain
- Vomiting
- Deep and rapid breathing (over- breathing)
- Breath smells of acetone (like nail polish remover)

- An emergency kit box is kept in school for each child with diabetes. It will be labelled with the child's name and class and emergency contact numbers, this box will be kept in the child's classroom
- The kit box should contain snacks, a sugary drink and dextrose tablets. The exact contents, as well as details relating to emergency action school staff need to take in the event of a hypo/diabetic emergency, will be stated in the child's Individual Health Care Plan.
- Parents are responsible for supplying the school with the kit box and for keeping it stocked.

## **Anaphylaxis**

- Fringford Primary School is aware that anaphylaxis is manageable. With sound precautionary measures and support from the school, pupils are able to take part in school life normally.
- All staff are aware that anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention.
- A health care plan will be drawn up with the child's parents, advice from the child's doctor, class teacher and named worker and lead for medical needs in school.
- Triggers can include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruit, penicillin, latex and the venom of stinging insects.
- Parent's of pupils with known allergies should supply the school with two epipens, one to be kept in the classroom, or carried on their person if they are in year 5 or 6 and one to be kept in the School Office.
- The pupil's epipen must be taken to PE, games lessons and on school trips.
- If an allergic reaction occurs, the adrenaline injection should be administered into the muscle of the outer thigh. An Ambulance will be called.
- Staff who have agreed to administer the medicine will receive training from the School Nurse.

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## **Review**

This policy will be reviewed regularly to take account of changing circumstances. The effectiveness of these procedures will be monitored by staff and governors.

Reviewed:

Review Date:

Signed ..... (Chair of Governors)

Signed ..... (Head Teacher)