Gothic Mede Academy

Policy and practice for supporting pupils at school with medical conditions

This policy has been developed to follow Department for Education Supporting pupils at school with medical conditions guidance, September 2014

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Introduction

This policy and procedure is subject to The Equality Act 2010 which recognises the following categories of individual as Protected Characteristics: Age, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex (gender), Sexual orientation and Disability.

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions. In meeting this duty, the governing body of Gothic Mede Academy, has regard to guidance issued by the Secretary of State under this section. This guidance came into effect when Section 100 came into force on 1 September 2014.

The Governing Body has considered both the statutory guidance and non-statutory advice contained within the DfE document in drawing up this policy.

We believe that pupils who have or are known to have chronic illness should, as far as is, be accommodated within the normal working structure of the school. For example, children with epilepsy, eczema, asthma, diabetes, anaphylaxis, hepatitis B, aids and toxic shock syndrome, unless otherwise directed by a statement of SEN will be welcome at Gothic Mede Academy.

The school has a duty to ensure that, as far as is reasonably possible, a pupil's medical condition is managed safely and sensitively.

Policy Implementation

The Governing Board at Gothic Mede Academy will ensure that:

- Pupils at school with medical conditions are properly supported so that they have full access to education, including school trips and physical education.
- Arrangements are in place in school to support pupils at school with medical conditions.
- School leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case we will comply with our duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the Special educational needs and disability (SEND) code of practice. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with the statutory elements of this guidance with respect to those children.

In creating this policy, the Governing Body has taken into account that many of the medical conditions that require support at school will affect the pupil's quality of life and may be life-threatening. The focus at Gothic Mede Academy is on the needs of each individual child and how their medical condition impacts on their school life.

Roles and responsibilities

The Principal has overall responsibility for the implementation of this policy. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.

Elements of practical implementation are delegated as follows:

- The Office Manager is responsible for ensuring that sufficient staff are suitably trained.

- The Office Manager is responsible for ensuring that relevant information is shared with supply staff.

- Class Teachers/Visit coordinators are responsible for ensuring appropriate risk assessments are made for school visits, holidays, and other school activities outside of the normal timetable.

- Managing Medications Coordinator (Annie Onadeko) is responsible for ensuring individual healthcare plans and medication is up to date and information shared with relevant staff.

- The class teacher is responsible for supporting children with medical conditions within their class.

  - The class teacher is responsible for informing support and cover staff of any children with individual healthcare plans. If there is unplanned cover, these staff will be informed of the plans through the use of a class information folder.

- The Managing Medications Coordinator is responsible for the monitoring of Individual Healthcare Plans during the school year. Class Teachers should feed back to the Managing Medicines Coordinator of any changes that parents or carers inform them of.

Parents should provide the school with sufficient and up to date information about their child's medical needs. Parents are key partners and will be involved in development and review of their child's individual healthcare plan. They should carry out any action as agreed as part of its implementation e.g. provide medicines, equipment and ensure they or another adult are contactable at all times.

Procedure to be followed when notification is received that a child has a medical condition

Parents are asked to advise the school of any medical conditions as part of the school admissions process.

Should a parent advise the school of a medical condition, the admissions officer in school will contact the parent to establish more information (possible care plan from previous schools) and

inform the 0-19 team to contact the family and put in place an Individual healthcare plan. The level of detail within plans will depend on the complexity of the Child's condition and degree of support needed. And the process in appendix 1 will be followed.

Plans should be drawn up in partnership between the school, parents, and relevant healthcare professionals.

Where the pupil is identified as SEND the SENCO will arrange with the 0-19 Team to complete the IHP and will monitor this as part of their SEND role. A copy is always given to the main office.

Contact details for 0-19 Team:

- **Email address - eec.bedsandlutonchildrenshealthhub@nhs.net**
- **Telephone number - 0300 555 0606**

Teachers are provided with a copy of the individual healthcare plans for pupils in their class and will be responsible to feedback to the Medications Coordinator on any changes. This information will be feedback to the 0-19 Team who review all the Individual Care Plans on an annual basis (July).

A review should always take place at the end of the school year at a meeting with the 0-19 schools nurse, SENCO and/or managing medicines co-ordinator.
During the IHP discussion the training needs of staff in school will be discussed with the professionals attending the meeting.

The care plans will be updated by the 0-19 team and copies sent to the school and child's parent/carer.

The pupil's Bromcom & Smartlog record will be updated with the medical needs and scanned copy of the individual healthcare plan added to the pupil record.

The IHP will be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.

Where transfer to another school takes place during the school year the transferring electronic records will hold details of the pupil's medical conditions. A copy of the care plan will also be passed with the pupil file to the transferring school.

Where a pupil transfers into the school during the school year as part of the admissions process any medical information will be inputted onto the Bromcom pupil record and the normal process for a newly identified pupil followed.

Policy and Practice of the Administration of Medicines in School.

Children suffering from acute illnesses e.g. throat infections, eye infections, ear infections, diarrhoea and sickness, should be kept at home until they are fully recovered. Occasionally a child will return to school well able to cope but still taking prescribed medicine. Where clinically possible, medicines

should be prescribed in dose frequencies which enable them to be taken outside school hours or a parent might wish to come to school to administer any medicine to their child personally.

If a child needs medicine administered in school a school medicine record for each medicine must be completed giving permission to administer it.

The school medicine forms can be obtained from the school office.

There is no legal or contractual duty on school staff to administer medicine or to supervise a pupil taking it. This is voluntary role and staff of the School have the right to refuse to administer any medication. While staff in school have a general legal duty of care to their pupils, this does not extend to a requirement to routinely administer medicines.

Children that have medical conditions such as asthma will have their medication administered, if required by the class teacher or office staff.

For all other medications (antibiotic, creams etc.) only nominated members of staff may give medicine. These are:-

- Annie Onadeko
- Lisa Glindon
- Diane Deacon

In all cases, administration of medication and/or treatment to a pupil will be at the discretion of the Principal and Governors of the school. However, ultimate responsibility remains with the parents/carers.

Staff Training and Support

Those staff that administers medication will attend a general Managing Medicines training every 3 years. Any additional specific training will be identified and arranged through the 0-19 Health Team for example Epipen, diabetes training.

NO MEDICINE WILL BE GIVEN WITHOUT PARENTAL PERMISSION.

The smallest possible dose should be brought to the school, preferably by the parent, labelled with the name of the pupil in addition to clear written instructions for administration - including any possible side effects. Department of Health guidelines state that it is not safe practice for staff managing medicines to follow relabelled/re-written instructions or to receive and use repackaged medicines other than as originally dispensed. So, any medicine must be for the child in question and be in the original prescribed packaging. Generic non-prescription medicines will not be dispensed and staff should never volunteer to give non-prescribed medicines to children.

N.B. Children under 16 should never be given aspirin unless prescribed by a doctor

The parent must complete the appropriate school medicines records which provides written permission for medicine to be administered.

Storage of Medicine

Medication will be kept in a secure place, in the fridge at the front of school.

After medicine has been administered the member of staff should fill in the medicine administration record on Smartlog and the parent notified.

NB: Inhalers and epipens should always be readily available for immediate use by the pupil, but care should be taken that other children do not use them.

Administration
The label on the medicine container should be checked against the school medicine record. Any discrepancy should be queried with the parent before administering a medicine.

When a member of staff administers medication, another member of staff who has been trained should also perform the first 4 points in the following checklist before the medication is administered.

The named person should:

- Confirm the identity of the child.
- Check the school medicine record.
- Check the name of the medicine against the name of the school record.
- Check the dosage
- Measure the dosage without handling the medicine, if it is a liquid shake the bottle and pour away from the label so that the medicine does not render the instructions illegible.
- Give the medicine to the pupil and watch him/her take it, always give a glass of water to wash the medicine into the stomach.
- Wash the spoon or dispenser.
- Return the medicine and spoon etc to the storage area.

Refusal – If a child refuses to take the medicine, staff should not force them to do so, but should note this in the records and notify the parents.

Controlled drugs
Increasing numbers of children are taking medication for Attention
Deficit/Hyperactivity Disorder ADHD. Only a month's supply can be kept which is kept secure in a locked cupboard in the school office.

Only trained staff (Medications coordinator) can administer this medication.

Recording
A record should be kept of dosage given in the school medicine record. Parents will be informed if their child has been unwell at school.

Disposal
Medicines should not be allowed to accumulate. They should be returned to the parent for disposal or taken to the local pharmacy. No medicine should be used after its expiry date. Some medicines e.g. insulin, eye drops and eye ointments have to be discarded 4 weeks after opening. The date of opening must always be recorded on the container for these preparations.

Sharps boxes will only be used for the disposal of needles and no other sharps.

Possession and self-administration of regular medicine

After discussion with parents, children who have medical needs who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This will be detailed in the child's IHP.

All asthma pumps will be kept at the school office when not in use, to prevent misuse of the medication.

Visits and Trips

The teacher in charge of any trip away from school must liaise with Diane Deacon / Annie Onadeko to ensure adequate first aid provision and that any medication needed is provided.

The Visit Leader will contact Diane Deacon / Annie Onadeko to print off all children attending the visit with the medical conditions and provide the list to the trip organiser. This information will also be retained on the field file and copy trip file left at school.

It is Gothic Mede Academys practice to encourage children with medical needs to participate in safely managed visits. Staff will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It will also include risk assessments for such children.

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child.

Arrangements for taking any necessary medicines will also be taken into consideration. Staff supervising excursions are always made aware of any medical needs, and relevant emergency procedures. Copies of any health care plans are taken on visits in the event of the information being needed in an emergency.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with blood or other bodily fluids and disposing of dressings or equipment.

Emergency Procedures

In the case of emergency, the school will call an ambulance and contact the parents. Office staff should copy the child's school Bromcom contact record which details any known medical conditions and provides information about the child – to be handed to the paramedics upon arrival.

Pupil specific emergency procedures should also be detailed in the Individual healthcare plan.

Other pupils in the school should be told what to do in general terms, such as informing a teacher immediately if they think help is needed.

When conditions require immediate emergency treatment, trained staff may volunteer to administer medication or emergency procedures such as resuscitation.

Under normal circumstances staff should not take children to hospital in their own cars - it is safer to call an ambulance.

A member of the office staff will call an ambulance.

A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent/carer arrives.

If a situation occurs which has not been covered within these guidelines then sensible, pragmatic and proportionate action should be taken to safeguard the well-being of the pupils, staff and visitors to the school.

Childhood Communicable Diseases
Parents should let the school know if their child has a communicable disease. Some conditions have a minimum exclusion time from school and may need to be notified to the Public Health Authority.

Sickness and Diarrhoea

In line with guidance from the Health Protection Agency on controlling infection, we advise pupils do not attend school till 48 hours have elapsed from last episode of diarrhoea or vomiting.

Medical Conditions

If the likelihood of an 'attack' in any of the following conditions is apparent, staff should radio call on channel 6 or escort the student to the medical room send a TA or, if necessary, a runner to fetch help. If staff know a particular student well it may be appropriate to send them with a responsible friend who also knows of their condition.
If it is not possible to get the student to the medical room then help should be sent for and the following guidelines used for each condition.

Please see Individual Healthcare Plans on Integris and medical room about particular children emergency action.

<u>Asthma</u>
Asthma is an over active condition of the airways causing shortness of breath and wheezing. Preventative inhalers should be kept at home unless needed more than twice a day for games. Relievers must be readily available, not locked away. It is virtually impossible to overdose even if friends decide to try.

1. Ensure reliever medicine is taken correctly
2. Reassure the child but do not put an arm about the shoulder as this restricts breathing
3. Sit the child leaning forward over the back of a chair and loosen collars and ties

4. If a second dose does not help in 5-10 mins and especially if the child is deteriorating then call an ambulance. Do not wait for the parents to be contacted, though obviously they must be informed.

It is the responsibility of the parent to ensure that the inhalers are renewed and that the medication has not exceeded its expiry date. All inhalers should be collected at the end of the school year and returned to the parent/carer.

The managing medicines co-ordinator will monitor the expiry dates on all asthma drugs and write to parents/carer the month before expiry to request they bring in a new inhaler.

It is the responsibility of the class teacher to check that asthma medication is not being used excessively and to inform the managing medicine co-ordinator of any changes.

Diabetes

Diabetes occurs when the body's production of insulin is inadequate to deal with sugar in the blood. If the balance between insulin, food and activity is not maintained the blood sugar will rise and fall.

High blood sugar-hyperglycaemia

A child can usually tell when this is happening and will feel very thirsty. Allow the child to drink plenty of water and also go to the toilet whenever necessary.

Low blood sugar-hypoglycaemia

This is potentially life threatening and a child may not always be aware it is happening.

Look out for paleness, sweating, anxiety, drowsiness, confusion, behaviour changes. Sufferers may complain of blurred vision, headaches and nausea.

Fast acting sugar should be given immediately e.g. sugary drinks - lucozade, Coke, Tango, Fanta (**NB** not diet drinks); mini choc bars e.g., Mars, Milky Way, fresh fruit, glucose tablets, honey or jam.

Recovery should be obvious in 10-15 minutes.
If there is no improvement within a few minutes repeat the treatment. If there is still no improvement or the child becomes unconscious or has a fit, call an ambulance and inform the parents.

Anaphylaxia

This is a severe allergic reaction. The administration of medication is safe and should not be withheld and if there is any doubt about the stages and symptoms.

All staff will undertake annual epipen training and any member of staff is authorised to administer this medicine. If necessary make a very quick decision and call 999.

Epilepsy

Epilepsy results from abnormal electrical activity in the brain causing physical effects (fits, seizures). Each individual differs in the length of time of a fit and recovery time. Parents need to inform the school about their child.
A major seizure is alarming to witness and other children may need a lot of reassurance afterwards.

When a fit occurs try to prevent injury by moving objects rather than the child.

Do not force anything into the mouth and as soon as possible put the child into the recovery position.

If the fit persists for more than 5-10mins then an ambulance should be called.

Contact with parents
Parents will always be contacted if their child has suffered an 'attack' due to any of the medical conditions described. This will normally be done by a member of the office team.

Other Information

If there is any doubt about the health and safety of any child, staff member, visitor or voluntary helper on the school site at any time, expert help will be sought.

From time-to-time specific information is given to all staff on specific medical conditions. The 0-19 school nurse is available for advice and assistance.

Finally, this list is not exhaustive. If a situation occurs which has not been covered within these guidelines then sensible, pragmatic and proportionate action should be taken to safeguard the well-being of the pupils, staff and visitors to the school.

Unacceptable Practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, 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 pupils 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, e.g. by requiring parents to accompany the child.

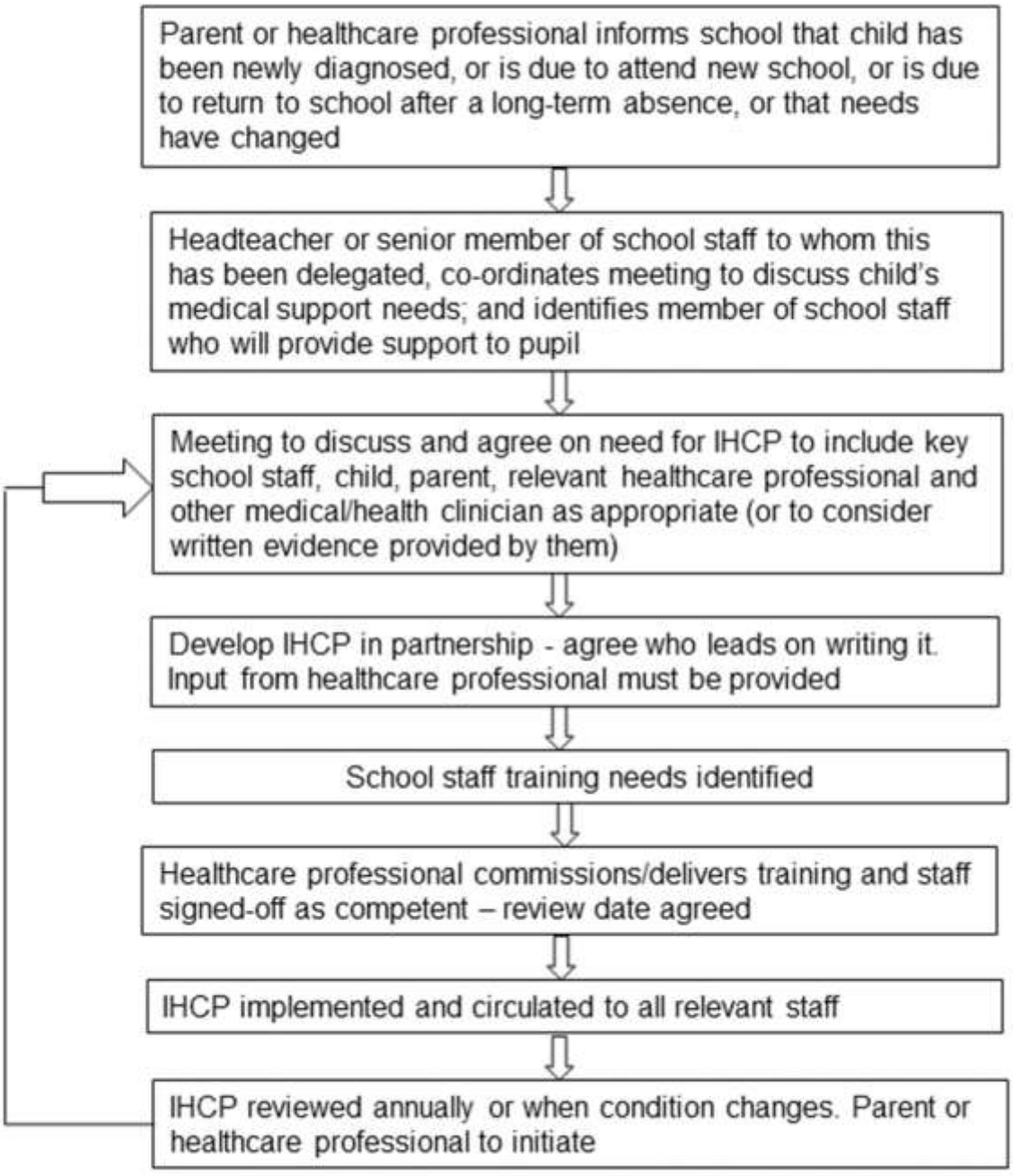
Liability and Indemnity

School staff are covered by the school's Public Liability Insurance Policy, details of which are on display at the school office.

Complaints

Should parents wish to make a complaint the school's complaints procedure on the schools website should be followed.

Appendix 1


Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed
Headteacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil
Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)
Develop IHCP in partnership - agree who leads on writing it. Input from healthcare professional must be provided
School staff training needs identified
Healthcare professional commissions/delivers training and staff signed-off as competent – review date agreed
IHCP implemented and circulated to all relevant staff
IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate