Supporting Pupils with Medical Needs Policy

This policy is written in accordance with statutory guidance published by the DFE December 2015.

Aims

- Pupils with medical conditions are properly supported at all times so that they have full access to education; including school trips and physical education – including managing long term absence and helping maintain positive mental and emotional wellbeing for each child
- Schools are fully aware of emergency, or long-term care needs of a particular pupil and are equipped to support the parent in this whilst the pupil is a member of the school community
- Governing bodies monitor this to ensure equality and fairness at all times and that children with specific needs are properly understood and cared for whilst at school (taking advice from parents and health care professionals) and that no child is denied access to school based upon their medical needs
- Medicine will only be administered at school where absolutely necessary – if it could be managed by parents around the school day, this is to be organised with school support

Arrangements in Place to support pupils with medical needs at CPJA

Wherever a child is admitted to school with specific medical needs, they will have an Individual Health Care Plan in place, which will include the procedures and details below: (Please see appendix one)

- CPJA works with the Local Authority, Healthcare Professionals and parents to ensure that pupils with long term medical needs, or disabilities, attend school as often as possible – this will be reviewed with parents half termly
- Where needed, part time attendance, combined with Local Authority Provision is put into place, or re-integration back into school life through the creation of an individual action plan specific to the child and agreed with parents, staff and relevant professionals working with the child
- All children who have specific medical needs, or disability, are known to all members of staff – posters in the school kitchen, staffroom and office display a photo of the child, symptoms they may experience and what the next course of action must be (see appendix one)
- Medical conditions are also part of a confidential file of information kept in every classroom to give to a supply teacher
- Relevant staff who work with the specific child will be trained annually, or when there are any changes to medical needs -this will be overseen by the school SENCO – cover arrangements will also be in place on the child's individual risk assessment so that if their named worker is absent, a properly trained adult will stand in their place
- Inhalers and Epipens are kept in a closed medical box in the classroom so that pupils have easy access to it when needed. This is taken outside, or to the hall for PE and is taken swimming, or on any off-site trip or walk. Each medical box has an administration record within it that can be completed when needed and a slip is also completed that is taken to the office so parents can be informed that their child has taken a specific medicine
- At dinnertime, inhaler boxes are taken outside and are kept by the playground shed for easy access if they are needed – First Aid staff are allocated to supporting children who may need this
- Upon transition from CPJA, or when becoming part of our school, there will be a detailed hand-over with the class teacher and SENCO; and parents, or other professionals involved, prior to the start date – giving adequate time for the child to be properly catered for

- If a child is unwell enough to require treatment whilst in the classroom, they will not be left unaccompanied at any point until their parent is called or consulted

Responsibility

The Governing Body

- A member of the Governing Body will annually review procedures in place for specific children in school and complete two monitoring observations through the year that review procedures already in place, in addition to the storage, handling, administering, and record keeping of medicines administered within school.
- The Governing Body will monitor emergency procedures and risk-assessments in place for individual children to ensure they are robust and consider every eventuality – making sure that all staff who support the specific child know where to access guidance and support if they need it
- The Governing Body will consult with the parents of the children monitored to ensure that they are happy with school provision and procedures

Headteacher/Senco

- The Headteacher/Senco will ensure that all staff are aware of the policy and procedures in place involved with supporting individual children with specific medical needs and understand their role when implementing the procedures – particularly in an emergency situation
- The Headteacher/Senco will ensure the medicines are stored in a suitable, safe place following current guidelines. Prescribed class A restricted drugs will be stored in a locked cabinet.
- The Headteacher/Senco will ensure the Class Teacher and Class Support staff are aware of emergency rescue medications such as those for allergies/epilepsy including their location within class and their administration.
- The Headteacher/Senco will ensure that specific staff are well trained to implement the Health Care Plan in place and that other staff are available to take over this role if a specific member of staff is absent
- The Headteacher/Senco will ensure that all staff are insured to support the individual pupil as needed and that care plans are sufficiently detailed and effective to allow efficient response when needed
- The Headteacher/Senco will ensure contact the school nurse and brief them, if the child has not already been made known to their service
- A log of trained staff is kept up to date as a reference point and a risk assessment is in place to ensure that they are adequately protected
- Asthma and Epipen training takes place annually by the school nurse and 'Managing Medications in Schools' training takes place bi-annually. A specific number of staff are first aid trained and any staff who are responsible for children with specific medical needs are trained individually in order to provide the best care possible

Parents

- Parents must provide school staff with up to date information regarding their child's medical needs as soon as they occur
- Parents must ensure the medication provided is within expiry date, and comes with the prescriber's label in place detailing the child's name, medication name, dosage, and frequency. Storage instructions and indications of side effects should be made. The start date when the medication was prescribed should be on the medication where it is not regular routine and instructions

regarding how it should be taken by the child. The medicine should also be in the original box it was provided in

- Parents should be involved in development of the EHC plan and Individual Care Plan in place where medical needs are important
- Parents must carry out their role within the above plans in partnership with school

Pupils

- Pupils will provide information about their medical condition, particularly how it makes them feel, what their symptoms are and should be consulted when planning specific procedures to ensure the pupil is as comfortable with them as possible and understands the need.
- The pupil must give their consent to taking the medication (verbally), and offered privacy if requested when discussing or administering their medication to respect their dignity. Especially those who are self-conscious using their inhaler or creams etc. or do not wish to discuss their personal health conditions in a public place.)
- Pupils must self-administer their medications, where possible(as this is good practice), under the strict supervision of the designated staff member.
- Pupils who are old enough will ensure their medication is accessible at all times. For instance when off site. If it is not suitable for them to look after, a suitable adult will manage this whilst on school trips
- If a child refuses to take their medication, school staff will not force them to take it – parents will be informed and they will have responsibility for the next step taken

School Nurse

- The school nurse must notify the school if they know that a child has been identified as having a specific medical condition
- They may support the school with advice and guidance whilst the child is becoming familiar with the school
- The school nurse may be a point of contact to liaise with other Health Care Professionals where schools are concerned about a particular child, or their needs

The administrator of the medication/Designated staff member

- Must ensure they are trained in the administration of that particular medicine unless it is a life threatening emergency, and common sense takes precedence.
- Must ensure the medication is taken from and returned to the correct storage for that medication (fridge/locked cabinet/medication box). Any discrepancies must be noted in the medication record eg. Temperature errors, Class A drug storage errors, must be reported to Parent/Head Teacher/SENCo as appropriate.
- Must ask the child for their full name, birthday, and class to ensure correct identity of the child receiving the medication. (Photo from sims on the care plan – or printed from SIMS on the date brought in by the parent)
- Must ensure the medication is in date, has all the information required (see parent responsibilities) and matches that of the consent form (e.g. dosage).
- Must not directly handle any medication, but tip it into the child's hand or wear nitrile gloves to ensure no cross contamination and to protect the staff from dermally absorbing the medication.

- Raise **any** questions regarding that medicine **or** child with the Parent/Head Teacher/Senco/ referring to the School Nurse if necessary for further clarification of medication or technique.
- Raise any concerns regarding side effects to the Parent/Head Teacher/Senco, and recording the time of such side effects in the medication record.
- Ensure the medication admininstration record (MAR) is completed immediately. Both by the parent when they bring it into school and each time it is administered. These records are available at any time for audit by the Governing body/Head Teacher/SENCo/External Regulatory Bodies.
- **Controlled drugs will be extremely carefully monitored and supervised at all times when they are in school and taken on a school trip – they are only administered by trained staff following the regulations explained in the appendix**

School Trips and Sporting Activities

- If needed, an extra member of staff or volunteer may be taken to ensure the safe administration and protection of medication whilst on a school trip or off-site activity
- The lead staff member and other supervising staff will have a list of pupils with medical needs and where their medical need is serious, specific symptoms to monitor the pupil for which indicate medication may be needed – Health/Care Plans are also taken on visits
- Where needed, staff will seek medical advice before the trip takes place when taking a child with specific medical needs
- On sports activities children will always have immediate access to their medicines – particularly inhalers and epi-pens. They will not be able to participate if these have not been provided by parents, or taken from school
- Good practice would be that school staff would take a second set of medicine with them so that an original prescription can be kept in school

Appendix One – Individual Health Care Plan

Appendix Two – Recording and Reporting administration of medicine

BOOKING IN AND ADMINISTERING MEDICINES

- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions and the patient information leaflet if available. In all cases it is necessary to check that written details include:
- Name of child with a photo of child. Date of birth. Phone number and address of child.
- Name of doctor prescribing
- Name of medicine (generic name, not the proprietary name)
- Quantity received
- What the medicine is for
- Strength and Dose 500mg tablet 4 times a day? Or 2x 250mg 4 times a day?
- Length of course if applicable (e.g. antibiotics start and end date)
- Method / route of administration
- Special instructions – how they should be taken, e.g. with food or on an empty stomach
- Time/frequency of administration
- Contra-indications – it is safe to be taken with other medications? Is it safe for people with asthma or kidney disease for instance.
- Any side effects / precautions – what are the potential side effects and what action must be taken if they occur? Drowsiness? Rashes?
- Storage. In the dark? In the fridge? Room temperature?
- Expiry date
- Signature date and time of staff member and parent booking it in, and signature date and time of staff and child when administered. Duplicate (carbon copy) and copy sent home to parent detailing what the child has had that day. The parent can then work out what can be given throughout the remaining 24hr period)

MAR (MEDICATION ADMINISTRATION RECORD)

- This should be attached to the Health care plan and kept near the medicines and with the child (e.g. on residential, out for a day trip, out swimming, on a local walk, on the field during PE etc)
- This details everything about the medication including:
- Name of the patient, DOB, allergies, Name of medicine, dose, amount, route, frequency, times, special instructions (eg with food or without food etc), start date, and completion date if required (e.g. antibiotics), page number, signatures.

- This is the paper trail of medications. Where they are stored. What's been used. Etc.
- Any alterations should have a line through and a signature with date. NO TIPP-EX!
- THINK - ACCOUNTABILITY! Who said what to who? Who administered what to who? How much drug SHOULD there be? How much IS there?

Appendix Three – Rules and regulations regarding administration of controlled drugs – taken from NICE

1.7 Administering controlled drugs

The Headteacher is the designated member of staff able to administer controlled drugs.

Standards and safety checks for administering controlled drugs

1.7.1 Follow the relevant standards set by the professional regulator when administering controlled drugs, and when necessary check with the prescriber about any safety concerns such as:

- whether the prescribed dose is safe for the person
- whether other formulations have already been prescribed for the person
- whether the formulation is appropriate
- that any past doses prescribed have been taken.

Providing information and advice to people having controlled drugs administered

1.7.2 Tell the person having the controlled drug the name and dose of the drug before it is administered, unless the circumstances prevent this.

1.7.3 Provide advice on how different formulations of controlled drugs are administered, and check that the person understands the advice. Ensure that appropriate equipment is available for the correct dose to be administered.

Records of administration

1.7.4 Ensure records of administration for controlled drugs include the following:

- name of the person having the dose administered
- date and time of the dose
- name, formulation and strength of the controlled drug administered
- dose of the controlled drug administered
- name and signature or initials of the person who administered the dose
- name and signature or initials of any witness to administration.

1.7.5 Ensure the record of administration of a controlled drug for inpatients and people in the community is readily accessible to:

- ensure continuity of care
- prevent doses being missed or duplicated
- avoid treatment being delayed.

Appendix Four

Guidelines to support with the most common medical needs that pupils present with

Asthma

The signs of an asthma attack include: •

• coughing

• being short of breath

• wheezy breathing

• feeling of tight chest

• being unusually quiet

When a child has an attack they should be treated according to their individual health care plan.

An ambulance should be called if:

• the symptoms do not improve sufficiently in 5-10 minutes

• the child is too breathless to speak

• the child is becoming exhausted

• the child looks blue

Epilepsy

Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. At least one in 200 children have epilepsy and around 80 per cent of them attend mainstream school. Most children with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition. Parents and health care professionals should provide information to schools, to be incorporated into the individual health care plan, setting out the particular pattern of an individual child's epilepsy. If a child does experience a seizure in a school or setting, details should be recorded and communicated to parents including any factors which might possibly have acted as a trigger to the seizure –

- e.g. visual/auditory stimulation, emotion (anxiety, upset)
- any unusual "feelings" reported by the child prior to the seizure
- parts of the body demonstrating seizure activity e.g. limbs or facial muscles
- the timing of the seizure – when it happened and how long it lasted
- whether the child lost consciousness
- whether the child was incontinent

Not all seizures involve loss of consciousness.

When only a part of the brain is affected, a child will remain conscious with symptoms ranging from the twitching or jerking of a limb to experiencing strange tastes or sensations such as pins and needles. Where consciousness is affected; a child may appear confused, wander around and be unaware of their surroundings. They could also behave in unusual ways such as plucking at clothes, fiddling with objects or making mumbling sounds and chewing movements.

They may not respond if spoken to. Afterwards, they may have little or no memory of the seizure.

In some cases, such seizures go on to affect all of the brain and the child loses consciousness. Such seizures might start with the child crying out, then the muscles becoming stiff and rigid.

The child may fall down. Then there are jerking movements as muscles relax and tighten rhythmically. During a seizure breathing may become difficult and the child's colour may change to a pale blue or grey colour around the mouth.

Some children may bite their tongue or cheek and may wet themselves.

- After a seizure a child may feel tired, be confused, have a headache and need time to rest or sleep. Recovery times vary. Some children feel better after a few minutes while others may need to sleep for several hours.

- Another type of seizure affecting all of the brain involves a loss of consciousness for a few seconds. A child may appear 'blank' or 'staring', sometimes with fluttering of the eyelids. Such absence seizures can be so subtle that they may go unnoticed. They might be mistaken for daydreaming or not paying attention in class. If such seizures happen frequently they could be a cause of deteriorating academic performance.

Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours. Triggers such as anxiety, stress, tiredness or being unwell may increase a child's chance of having a seizure. Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures. This is called photosensitivity. It is very rare.

Children with epilepsy should be included in all activities. Extra care may be needed in some areas such as swimming or working in science laboratories. Concerns about safety should be discussed with the child and parents as part of the health care plan.

During a seizure it is important to make sure the child is in a safe position, not to restrict a child's movements and to allow the seizure to take its course. In a convulsive seizure putting something soft under the child's head will help to protect it. Nothing should be placed in their mouth.

After a convulsive seizure has stopped, the child should be placed in the recovery position and stayed with, until they are fully recovered.

An ambulance should be called during a convulsive seizure if:

- it is the child's first seizure
- the child has injured themselves badly
- they have problems breathing after a seizure
- a seizure lasts longer than the period set out in the child's health care plan
- a seizure lasts for five minutes if you do not know how long they usually last for that child
- there are repeated seizures, unless this is usual for the child as set out in the child's health care plan

Diabetes

About one in 550 school-age children have diabetes. The majority of children have Type 1 diabetes. They normally need to have daily insulin injections, 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 this should be discussed when drawing up the health care plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention.

Anaphylaxis

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately this is rare among young children below teenage years.

More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.

Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting.

Even where mild symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction.

- The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine).
- The devices are available in two strengths – adult and junior. Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh.
- **An ambulance should always be called**.
- Staff that volunteer to be trained in the use of these devices can be reassured that they are simple to administer. Adrenaline injectors, given in accordance with the manufacturer's instructions, are a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the child's leg.
- In cases of doubt it is better to give the injection than to hold back.

The decision on how many adrenaline devices the school or setting should hold, and where to store them, has to be decided on an individual basis between the head, the child's parents and medical staff involved. Where children are considered to be sufficiently responsible to carry their emergency treatment on their person there should always be a spare set kept safely

<u>Appendix Five – Storage</u>

- security, hygiene and correct conditions will be considered.
- In general the room must be maintained below 25C and not stored near a radiator where extreme heat fluctuations occur.
- The medicine cupboard is lockable, large enough to accommodate the variety of medicines and their packaging. Nothing else is stored in this cupboard which must be located in a secure room, accessible only to staff authorised and trained to administer medicines.

- A medicine fridge has a thermometer and the fridge is monitored and maintained so the drug doesn't lose potency. E.g. insulin, or antibiotics.
- Controlled drugs are stored in the school safe. The key is only accessible by authorised trained staff in dealing with controlled drugs.

Disposal

- Any expired medicines or discontinued (no longer required by patient) medicines are returned to the parent for disposal (then they must return them to the pharmacist for disposal). Records will reflect this
- Expiry and re-issue of medicines is the parents responsibility BUT school have a duty of care to endure they have medicines that are in date and safe to administer.
- Following a death medicines must be kept for at least 7 days in case the coroner or courts request them.

Appendix Six – Checklist for administering medication

- Wash your hands
- Prepare equipment (glass of water, medicine pots etc)
- Check the MAR sheet against the medicine label
- Check the strength, dose and route of medication

- Check the expiry
- Check the identity (ask the pupil (if conscious) and check the photo on the MAR chart and health care plan). E.g. Giving antibiotics to the wrong person means someone isn't getting the medication they need and the wrong receiver could be allergic and have a fatal anaphylactic reaction. A plain but coloured wrist band can be issued for those needing medication as a reminder.
- Confirm they consent to taking the medication. It can not be forced but a refusal must be noted down on the mar chart and reported to parents.
- Comply with special instructions (empty stomach or with food etc)
- Ensure the pupil is a comfortable position to take the medicine

No Touch Technique

- Avoid direct contact with the medication.
- Encourage the child to handle the medication.
- Blister packs pop the tablet into a pot. Don't touch the tablet.
- Pots of tablets pour the required amount into the lid then into the pot for the child.
- Why? To prevent infection from you passing to the child. To prevent any contact of the drug with you as it may harm you. You should also wear gloves in case you drop one and need to pick it up. Care regarding latex gloves as these can trigger allergic reactions.
- You should also remove any rings and wash hands thoroughly before and after and in-between different children.

Administering Specific Medication

- When pouring liquid medicines, pour with the label uppermost to ensure any drips do not obscure the label.
- Nasal drops – explain the procedure and get consent. Ask the person to lie down or sit in a chair where they can incline their head backwards. Wash and dry hands. Go through checklist. Administer the correct number of drops. Avoid touching the nose with the dropper. Ask the person to remain in position for two minutes to allow absorption of medication. Wipe any excess with a tissue. Wash and dry hands.
- Ear drops – explain the procedure and get consent. Ask the person to sit upright with their head inclined to one side or they can lie on their side with the ear uppermost to enable retention of the medicine. Wash and dry hands. Go through checklist. Administer the correct number of drops. Ask the person to remain in position for two minutes to allow absorption of medication. Wipe any excess with a tissue. Wash and dry hands.

- Eye drops - explain the procedure and get consent. Go through checklist. Ask the person to get into a comfortable position with head tilted and a good light source. Wash and dry hands. Put on gloves. Ask the person to look upwards before instilling eye drops. Use your forefinger to gently pull the lower lid down to form a pocket for the drop. With your other hand hold the dropper between your thumb and forefinger between 2-3 cm from the eye. Gently administer the correct number of drops

squeezing in 1 drop and asking the person to blink. Ensure that you do not touch the eye. If another eye drop preparation is needed at least 5 minutes should be left between them. Ask the person to close their eye to ensure absorption. Wipe any excess with a tissue. Wash and dry hands.

- **Eye ointment will only be given by parents as this is more invasive**