



# **Fulbrook Middle School**

## **Medicine and supporting children at school with medical conditions.**

<b>Issue No.</b>	<b>Reviewed By</b>	<b>Date Reviewed</b>	<b>Approved by FES</b>	<b>Approved by FGB</b>	<b>Next Review Date</b>
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## **INTRODUCTION.**

The Children and Families Act 2014 includes a duty for schools to support children with medical conditions.

- Where children have a disability, the requirements of the Equality Act 2010 will also apply. Where children have an identified special need, the SEND Code of Practice will also apply.
- All children have a right to access the full curriculum, adapted to their medical needs and to receive the on-going support, medicines or care that they require at school to help them manage their condition and keep them well.
- We recognise that medical conditions may impact social and emotional development as well as having educational implications.
- Our school will build relationships with healthcare professionals and other agencies in order to support effectively children with a medical condition.

## **POLICY IMPLEMENTATION.**

All schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively. The overall responsibility for the successful administering and implementation of this policy is given to the Head Teacher, who will also be responsible for ensuring that:-

- There are sufficient staff suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site.
- The Deputy Head Teacher will be responsible for briefing supply teachers.
- The Trip Leader will be responsible for risk assessments for school visits and other school activities outside of the normal timetable
- The SENDco and School Nurse Service will be responsible for the monitoring of individual healthcare plans.
- All staff will be expected to show a commitment and awareness of children's medical conditions.
- All new members of staff will be inducted into the arrangements and guidelines set out in this policy.

## **DEFINITIONS OF MEDICAL CONDITONS.**

Children's medical needs may be broadly summarised as being of two types:

- Short-term affecting their participation in school activities because they are on a course of medication.
- Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

## **ROLES AND RESPONSIBILITIES.**

### **Governing Body.**

- Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010.
- Some may also have Special Educational Needs 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 SEND Code of Practice and the school's SEND Information Report.
- If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child.

### **The Senior Management team, professionals, parents/carers and other support services will work together to ensure:-**

- That children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs.
- In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the Local Authority and Health Professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.
- Staff do not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Health Care Plans).
- At the school, we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, who we have regular access to, will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication.

### **The Child's Role in managing their own Medical Needs.**

Following a discussion with the parent/carers, if it is agreed, that the child is competent to manage their own health needs and medicines, the school will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within their Individual Health Care Plan (IHCP).

- Whenever possible, children should be allowed to carry their own inhalers or should be able to access their inhaler for self-medication quickly and easily.
- Medicines will be stored in the Medical room to ensure **that the safeguarding of other children is not compromised.**

- Relevant staff should help to administer medicines and manage procedures for them.
- If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the IHCP, parents/carers should be informed, outside of a IHCP review, so that alternative options can be considered.

### **Individual Health Care Plans (IHCP)**

Individual Health Care Plans will help to ensure that the school effectively supports children with medical conditions.

- They will provide clarity about what needs to be done, when and by whom.
- They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed.
- They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex.
- A flow chart for identifying and agreeing the support a child needs and developing an Individual Health Care Plan is provided in **Annex A**. Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality.
- Plans will capture the key information and actions that are required to support the child effectively.
- The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.
- Where a child has SEN but does not have a statement or EHC plan, his/her SEN should be mentioned in their Individual Health Care Plan.
- Individual Health Care Plans, (and their review), may be initiated, in consultation with the parent/carers, by a member of school staff or a healthcare professional involved in providing care to the child.
- The Individual Health Care Plan must be completed by the Lead Professional (usually the SENDco) with support from parents/carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. The child should also be involved whenever appropriate.
- The responsibility for ensuring it is finalised and implemented rests with the school/academy.
- The school/academy will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.
- They will be developed and reviewed with the child's best interests in mind and ensure that the school/ academy assesses and manages risks to the child's education, health and social wellbeing and minimises disruption.
- Where the child has a SEN identified in a statement or EHC

plan, the Individual Health Care Plan should be linked to or become part of that statement or EHC plan.

### **Medicines.**

Managing medicines:- including provision, administration, storage, recording and disposal.

#### **Provision.**

- Medicines to be administered in school are to be provided by the child's parent/named carer.
- Pain relief medicines are provided by the school on residential trips and for occasional pain relief.

#### **Administration.**

- Medicines should only be administered at the school when it would be detrimental to a child's health or school attendance not to do so. The administration must be (detailed in the Child's IHCP and/or medicine record) recorded.
- No child under 16 should be given prescription or non-prescription medicines without their parents/carers written consent.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.

#### **Storage.**

- All medicines will be stored safely in the Medical Room. Children should know where their medicines are at all times and be able to see a member of staff who can access them immediately.
- Where relevant, they should know who holds the key to the storage facility.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. If a child requires an asthma inhaler it is crucial that there is an inhaler in the school at all times.
- During school trips, the first aid trained member of staff/member of staff in charge of first aid will carry all medical devices and medicines required.  
Any controlled drugs must be locked away securely e.g. methylphenidate hydrochloride
- Antibiotics, should be stored in a controlled temperature, e.g. a fridge in a separate container if required.

### **Recording.**

- Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the school should be noted.
- The named person who administers the medicine **must** immediately record it in the school 'medicines given to all children' record.
- Written records must be kept of all medicines administered to children. These records offer protection to staff and children and **provide the necessary evidence that agreed procedures have been followed.**
- **See Annex B** Template for medicine record – Individual

### **Disposal of Medicines.**

#### **Medicines must not be allowed to accumulate or be used after the expiry date.**

- When no longer required, medicines should be returned to the parent/carer or local pharmacy to arrange for safe disposal.
- Sharps boxes should always be used for the disposal of needles and other sharps. Full boxes sealed and disposed of via the box provider or arrangement with the local pharmacy/Community Health Service.
- Medicines such as insulin, eye preparations must be discarded four weeks after opening. The opening date must be recorded on the container.

### **Unacceptable Practice**

Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice to:

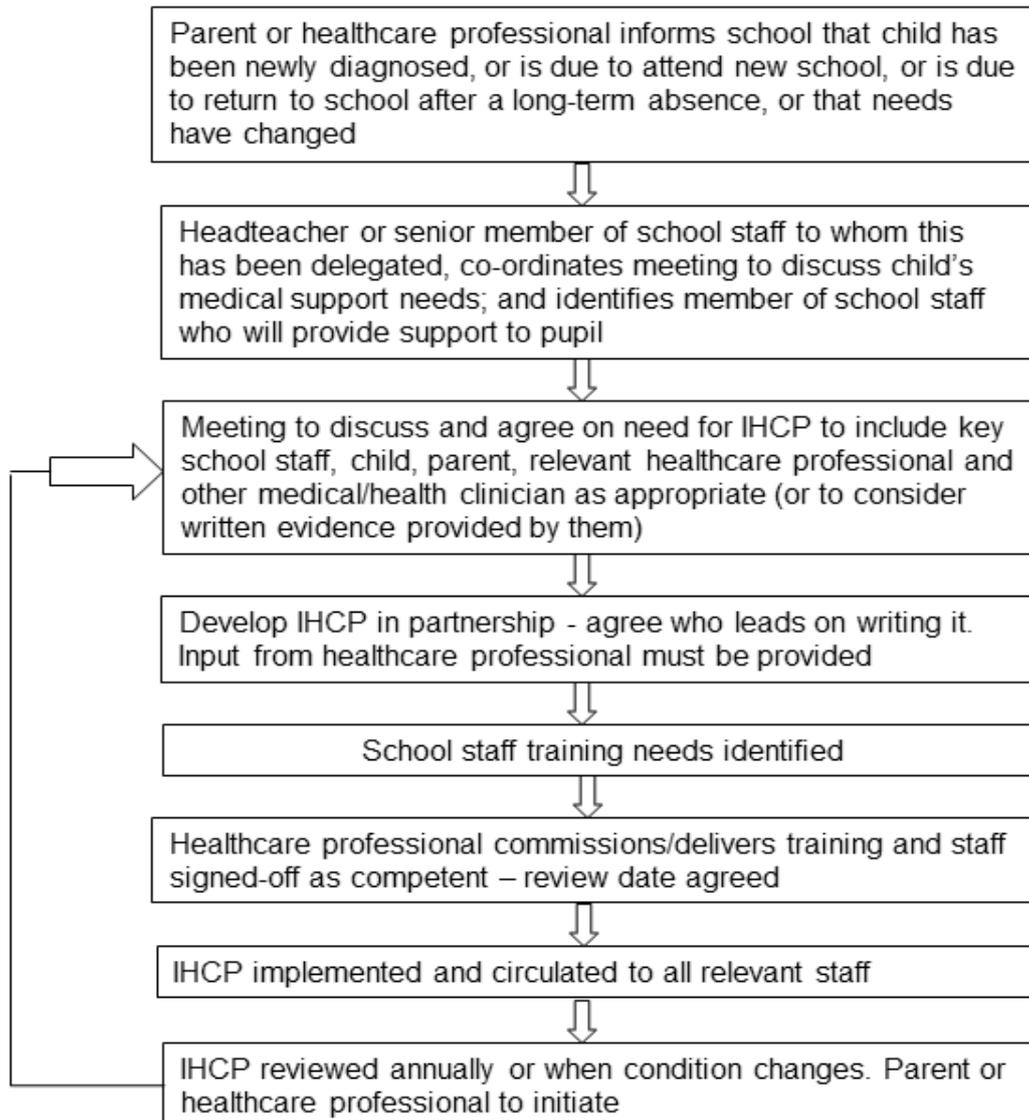
- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents/carers; or ignore medical evidence or opinion (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 Health Care Plan.
- 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 e.g. hospital appointments.
- Prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.

- Require parents/carers, or otherwise make them feel obliged, to attend the school to administer medication or provide medical support to their child, including with toileting issues.
- No parent/carer 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/carers to accompany the child.

### **Complaints**

Should parents/carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the complaints procedure outlined in the school's Complaints Policy.

## ANNEX A - Model Process for Developing Individual Health Care Plans



## **ANNEX A**

### **Procedures to be followed when notification is received that a child has a medical condition**

We will ensure that the correct procedures will be followed whenever we are notified that a child has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when the child's needs change and arrangements for any staff training or support. For children starting at Fulbrook, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to Fulbrook mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, the school will take into account that many of the medical conditions that require support at school will affect quality of life and may be life threatening.

We will also acknowledge that some will be more obvious than others.

We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The school will ensure that:-

- Arrangements give parents/carers and children confidence in the school's ability to provide effective support for medical conditions in school.
- The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase his/her confidence and promote self-care.
- Staff are properly trained to provide the support that children need.
- Arrangements are clear and unambiguous about the need to support actively children with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
- Arrangements are made for the inclusion of children in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.
- No child with a medical condition is denied admission or prevented from attending because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, we will ensure that children's health is not put at unnecessary risk from, for example infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.
- The school does not wait for a formal diagnosis before providing support to pupils. In cases where a child's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/carers.

- Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. This will usually be led by the SENDco or Head Teacher.
- Following the discussions an Individual Health Care Plan will be put in place.
- Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other children in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed, using the red disc system where required.
- If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance.

## **ANNEX B Template for medicine record – Individual**

### **Fulbrook Middle School** **School Medicine Record**

Fulbrook staff will not give your child medicine unless you complete and sign this form. Members of staff also have the right to refuse to administer medicine.

**Child's name and form**

**Reason for medicine**

**Name of medicine**

**Strength of medicine**

**Dosage of medicine**

**When to be given**

**Other information e.g. known side effects**

The above information is, to the best of my knowledge, accurate at the time of signing and I give consent to Fulbrook Staff administering medicine in accordance with the above and the school policy. I will inform the school in writing of any change to the above.

I agree to indemnify the Headteacher, Fulbrook staff and Fulbrook Middle School against all claims, costs, actions and demands whatsoever resulting from the administration of the medicine unless such claims, costs, actions or demands result out of the negligence of the Headteacher, Fulbrook staff or Fulbrook Middle School.

Signed

Date

### **ANNEX C Description of some medical conditions.**

The medical conditions that are known to be more frequent in the age group of children attending Fulbrook are Asthma, Diabetes, Anaphylaxia and Epilepsy.

If the likelihood of an 'attack' caused by their medical condition is apparent, staff should follow **the guidance set out in the child's Individual Health Care Plan where in place**. However, if additional help is needed and it is possible, the staff member should escort the child to the medical room or send a 'runner' to fetch help.

### **Information on the above mentioned conditions.**

#### **Asthma.**

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 and not locked away. It is virtually impossible to overdose even if friends decide to have a go.

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 minutes and especially if the child is deteriorating, then call an ambulance. Do not wait for the parent/carer to be contacted, though obviously they must be informed.

#### **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. Sugar blood level test must be taken before treating if possible.

##### High blood sugar-hyperglycaemia.

A child 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 chocolate bars ( Mars, Milkyway, fresh fruit, glucose tablets, honey or jam).**

Recovery should be within 10-15 minutes. If there is no improvement or the child becomes unconscious or has a fit, call an ambulance and inform the parent/carer.

#### **Anaphylaxia.**

This is a severe allergic reaction, often to nuts\*, and if there is any doubt about the stages and symptoms, the administration of medication is safe and

should not be withheld. Check the child's Individual Health Care Plan as an antihistamine may be given before an epipen. If necessary make a quick decision and call 999.

### **Epilepsy.**

Epilepsy results from abnormal electrical activity in the brain causing physical effects – fits/seizures.

The length of time of a fit and recovery time will be different for each child diagnosed with Epilepsy.

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 usual for that child, then call an ambulance.

### **Childhood Communicable Diseases.**

Parent/Carer 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 by the Doctor.

Examples of communicable diseases:- Measles, Mumps, Rubella.

The school will be informed by the Health Protection Agency if any further response is needed.

\*Fulbrook is not a 'nut free school' but the kitchens and all staff are aware of children with anaphylaxia and will avoid allergens in relevant cases.

## **ANNEX D Procedure for administration and recording of occasional given medicines.**

- Children suffering from diarrhoea and sickness should be kept at home until they are fully recovered, with illnesses such as; throat infections, eye infections, ear infections, they can return once on antibiotics.
- Occasionally a child will return to school well able to cope but still taking prescribed medicine. Some dosages can be managed by the family outside normal school working 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 on an occasion as highlighted above -**
  - **a school medicine record and indemnity form for each medicine must be completed**
  - **or a letter sent in with the medicine giving permission to administer it.**
  - **and then a form completed as soon as possible after this.**
  - The forms can be obtained from the school office, reception or medical coordinator.
  - The completed forms are filed in the medical room.

The Head Teacher and first aiders have the right to refuse to **administer any medication to any child if they are not happy to do so.**

**NB. For children who have an identified medical condition the procedure for administration of medicine must be in accordance with their Individual Health Care Plan.**

**NB. Only trained, nominated members of staff may give medicines.**

All other staff are under instruction not to administer medicine but a second member of staff may be asked to witness the dosage and administration procedure.

## **ANNEX E Administration of medicine procedure. – check list.**

The named person must;-

1. Confirm the identity of the child.
2. Check the IHCP and or medicine record.
3. Check the label of the medicine and the dosage against the details recorded. Any discrepancy should be queried with the parent/carer before administering the medicine
4. Use a non-handling technique, placing the tablet on a medicine spoon. If it is a liquid, shake the bottle and pour away from the label so that the medicine does not render the instruction label illegible.
5. Give the medicine to the child and watch him/her take it, ensure the medicine is swallowed, if appropriate the child may need a drink of water.
6. Wash the spoon/medicine dispenser.
7. Return the medicine and spoon/medicine dispenser to the correct medicine cupboard/storage facility.
8. Complete and sign the medicine records.

## **ANNEX H Health Professionals – contact information.**

**The guidance** on supporting children at school with medical conditions is available at :-

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

### **The school nursing service**

All schools across Bedfordshire now have a named school nurse who works as part of a skill mix team. They are all qualified nurses clinically skilled to provide holistic, individualised and population health assessment, with a broad range of skills at tier 1 and 2 health interventions. The school nurse aims to work in partnership with schools, parents and children to ensure children with medical needs are supported and have an Individual Health Care Plan if appropriate. School staff will be provided with yearly training on the management of medical conditions. The service co-ordinates school entry screening assessment, individualised care, assessment and support across the age range, immunisations, drop-in services for Middle and Upper schools, etc.

If you would like to discuss any aspect of service delivery, please email;

**The practice development lead** flitwick.mb1@nhs.net for further information.  
Author: Sarah James, Principal Public Health Officer (Children and Young People), Public Health, Central Bedfordshire Council.

**School Nurse – Based at Flitwick Health Centre – 01525 631243**

**School Doctor – Child Health Office, Bedford Hospital 01234 655122**

**Local General Practice – Asplands Medical Centre – 01908 582069**

**Fulbrook School – First Aid Lead and Medical co-ordinator  
Mrs Janet Greenwell – 01908 582022**

**ANNEX I Insurance cover.**

The Governing Body of Fulbrook school ensures that an appropriate Level of insurance is in place and reflects the level of risk presented by children with medical conditions.

This cover is included in the Zurich Insurance  
Policy Reference KSC-242046-8983  
The policy is held by the School Business Manager.