



**'BE THE BEST YOU CAN BE!'**

# **SUPPORTING CHILDREN with MEDICAL NEEDS in SCHOOL Policy**

**Lead person responsible:**

**Ms D Roudette**

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**Review Date: October 2020**

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- Policy
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- Medical Needs 2015-16:
- Class Register
- Class Medical Trip Register
- Whole School Medical Alert Register
- Whole School Physically Disabled Pupils

## Introduction

Most pupils at some time have a medical condition which might affect their participation in school activities. This may be a short term situation or a long term medical condition which, if not properly managed, might limit their access to education. Individual schools are required to develop their own Health and Safety Policies to cover a wide variety of issues and it is suggested that in a similar way schools develop policies and procedures for supporting children with medical needs, including the safe management of medication.

(The Director of Education + Cultural Services March 2002)

**Teachers and staff are not required to administer medication or to support children with medical needs as part of their employment contract but they may volunteer to do so. All staff may wish to discuss this with their particular Teacher Association and Borough Council regarding their indemnity policy. In some cases the contracts for non-teaching staff or special support assistants may include references to the administration of medication and/or the undertaking of medical procedures. Such contracts will, of course, be agreed on an individual basis.**

This policy is based on guidance published by the DFE (reference No: DFE-00393-2014, (a copy of which can be found with this policy). The contents of this document concentrate in the main on medical issues but Row Green Junior School is aware of the wider context, created by the extension of the requirements of *the Disability Discrimination Act 1995/2005* or (*Equal Opportunities Act*) to the field of education in general and the new disability code of practice. We are therefore developing this policy and putting into place the relevant procedures to ensure we are a fully inclusive school.

## Action in Emergencies

- This policy does not replace the protocol and procedures already in place in school for emergency and first aid situations. Failure to act in an emergency situation might result in a teacher or other member of staff being found in breach of the statutory duty of care. (See Health + Safety Policy)

## Rationale

Row Green Junior School wishes to provide a safe, fully inclusive educational and pastoral system. To do this we need to ensure that correct procedures and protocols are in place to enable any pupil with a long term medical condition to be able to attend school or have minimum disruption to their education.

## Our Aims

- To provide a safe and healthy environment for all pupils
- To ensure as little disruption to our pupils education as possible
- To develop staff knowledge and training in all areas necessary for our pupils.

- To ensure we develop links with all outside agency support systems including hospital teachers, Brent Education Medical Service, and specific support groups
- To ensure safe storage and administering of agreed medication
- To provide a fully inclusive school

## **Definition**

**This is not a policy for short-term illness and related medication for example, antibiotics or paracetamol for a cold or eye infection etc.**

The school remains insistent under these circumstances that the administration of any medication is carried out on a voluntary basis by teachers and/or other members of staff. Any pupil who is infectious or too poorly should not attend school until they are well enough. If a child is prescribed antibiotics they must remain at home for the first three days of taking them.

This policy relates to pupils who have a recognised medical condition, which will last longer than 15 days and will require the pupil to have a care plan protocol in school, adopted with the parents' consent. Occasionally a NHS Plan may be used.

## **Identification**

We will work with the parents and medical professionals to ensure we have specific protocols in place as soon as the child is enrolled in the school. This may take the form of information sharing, developing specific care plans, organising training, employing new staff or reorganising classroom facilities.

We will annually send out medical questionnaires to parents to ensure our information is kept up to date. On this form parents and carers are asked to inform the school should there be changes to this information.

## **Provision and Organisation**

The school will follow the Department for Education (DfE) guidance regarding supporting pupils with medical needs in school. This policy will be kept alongside that guidance to provide a management strategy to fully support the needs of all staff, pupils and parents.

Training regarding specific conditions will be assessed primarily by leading healthcare professional, to be agreed with the school and delivered as required to all relevant members of staff. This will be within two to three weeks of a new pupil beginning school but if necessary before they commence their education at Roe Green Junior School.

Whole school awareness training of medical conditions and their possible medication implications will occur annually. This will run in parallel with the school's first aid training, which will continue to be under the guidance of the Health & Safety Policy. New

members of staff, will be given induction concerning medical alerts, for example Epipen and Buccolam. (See attached Epipen, Buccolam guidelines.)

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

Pupils requiring continuous support for a medical condition will have an Individual Health Care Plan (IHCP).

Developed in partnership with all relevant parties, the purpose of an IHCP is to identify the needs and level of support that is needed at school for an individual child. The IHCP clarifies for staff, parents/carers and the child, the help the school can provide and receive. These plans will be reviewed annually as a minimum, or more frequently at the request of parents/carers or the school, or as required.

An IHCP will include:

- Details of the child's condition
- What constitutes an emergency
- What action to take in an emergency
- Who to contact in an emergency
- The role of staff
- Special requirements e.g. dietary needs, pre-activity precautions
- Side effects of any medication

Every effort will be made to ensure these arrangements reflect an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. Where ever possible a child will be involved in the development and compliance of their IHCP.

A copy will be given to parents/carers, class teachers/ childcare practitioners and a copy will be retained in the medical needs file in the office. The general medical information sheet given to all staff will indicate that the child has an IHCP.

All trained staff will ensure they are aware of the protocols and procedures for specific pupils in school through attending training provided and reading care plans devised for individual pupils.

### **Managing medicines in school premises**

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

No child will be given medication without their parents' / carer's written consent.

The school will accept prescribed medications that are in-date, labelled and provided in the original container as prescribed by the pharmacist and which include instructions for administration, dosage and storage.

In consultation with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.

Medication will be stored in the medical needs cupboard in the medical room. This is kept locked at all times and relevant children and staff will be aware of where the key is kept. A spare key is kept in the main school office.

The Welfare Officer will keep written records of all medications given to children and in addition the children are encouraged to sign their own book.

Pupils will not be able to carry any medication, with the exception of inhalers for asthma control, or care plan specified medication, when agreed and parents/carers have given written consent (Appendix A, form3). Pupils are not allowed to have any non-prescription drugs in school unless a written request/consent has been given by the parent/carer. This is to ensure that no pupil unwittingly or otherwise gives another pupil his or her medication.

When no longer required, medicines will be returned to the parent to arrange for safe disposal.

***Emergency medical supplies will remain stored in the medical room and remain organised under the Health and Safety Policy.***

### **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, e.g. 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, eg by requiring parents to accompany the child.

### **Roles & Responsibility**

The ultimate responsibility for the management of this policy in school is with the Head Teacher and Governing Body.

The Welfare Officer will manage the policy on a day to day basis and ensure all procedures and protocols are maintained.

### **School Visits**

When preparing risk assessments staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits. If necessary parents and health care professionals will be consulted.

Additional safety measures may need to be taken for outside visits and it may be that an additional member of staff, a parent/carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned or as part of the risk assessment and visit planning process. **A copy of a child's IHCP should be taken on visits in the event of information being needed in an emergency.**

***When the administration of non-emergency medication is required staff may exercise their voluntary right not to administer, this right maybe selective on the grounds of the type of medication in question. The members of staff willing to administer the medication to a pupil should be recorded in the individual care plan and this voluntary responsibility can be withdrawn at any time.***

### **Other Support**

Outside agencies which may be accessed or contacted in relation to the support of pupils with medical needs are:

- School Nurse Service
- Medical Specialists relating to pupil
- The Local Authority
- The Child's GP
- Hospital Teachers
- Child Protection Team
- SEND Assessment Team
- Specialist Support groups
- Social Services

## **Complaints**

Should parents 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 school's complaints procedure.

## **Monitoring and Evaluation**

This policy will be monitored yearly and updated. As and when necessary we will ensure new legislation is incorporated. Staff will regularly receive opportunities to discuss and evaluate the management of the procedures and protocols in school.

This policy will also be made available to parents through the school office.

We will ask parents for annual updates regarding medical information.



## Appendices

Appendix A	Form1:	Request for medication to be taken in school
	Form2:	Record of Medication administered in school
	Form3:	Request for pupil to carry his/her medication
Annex B		Model Process for developing individual health care plans
Appendix C	Guidelines1:	Epipen Emergency medication (P1-3)
	Guidelines2:	Buccolam Emergency medication

**Appendix A - Form 1: Request for medication to be taken in school**

**Request for School to administer medication**

Legally schools are not compelled to administer medication to children, because of the risks involved and any possible legal consequences. However it is out school policy, wherever possible, to assist families by administering medicines in school time **if** the teacher/ welfare officer concerned is prepared to do so.

Also it is school policy that your child may keep medication in school which he/she needs to Take on an ongoing basis, provided we are informed of the detail below.

- In both cases, certain procedures must be followed:  
all medicines must be clearly marked with the name of the child, class, dosage and time medication must be given
- Medication should be handed to a member of staff if the welfare officer is not available
- **The consent form, below, must be completed, signed and returned**

DETAILS OF PUPIL

Name of child: \_\_\_\_\_ Class: \_\_\_\_\_

Condition / Illness: \_\_\_\_\_

MEDICATION

Name/Type of Medication: \_\_\_\_\_

For how long will your child take this medication: \_\_\_\_\_

FULL DIRECTIONS FOR USE

Dosage and method: \_\_\_\_\_

Time: \_\_\_\_\_ Self Administration: \_\_\_\_\_ Yes / No \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Side Effects \_\_\_\_\_

Procedure to take in an Emergency: \_\_\_\_\_

CONTACT DETAILS

Name: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_ Phone number: \_\_\_\_\_

Signed Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix A:** Form2: Record of Medication administered in school

SCHOOL MEDICINE – RECORD OF MEDICINE TAKEN BY PUPILS

DATE	PUPIL'S NAME	TIME	MEDICATION	DOSE	ANY REACTIONS	STAFF INITIALS

**Appendix A: Form3: Request for pupil to carry his/her medication**

**Request for pupil to carry his/her medication**

This form must be completed by parents/carer

PUPIL DETAILS

Name \_\_\_\_\_ Class \_\_\_\_\_

Address \_\_\_\_\_

Condition or illness \_\_\_\_\_

MEDICATION

Name of medication \_\_\_\_\_

Prescribed by (name of pharmacist) \_\_\_\_\_

Date dispensed \_\_\_\_\_

Procedure to be taken in an emergency

\_\_\_\_\_

CONTACT INFORMATION

Name \_\_\_\_\_

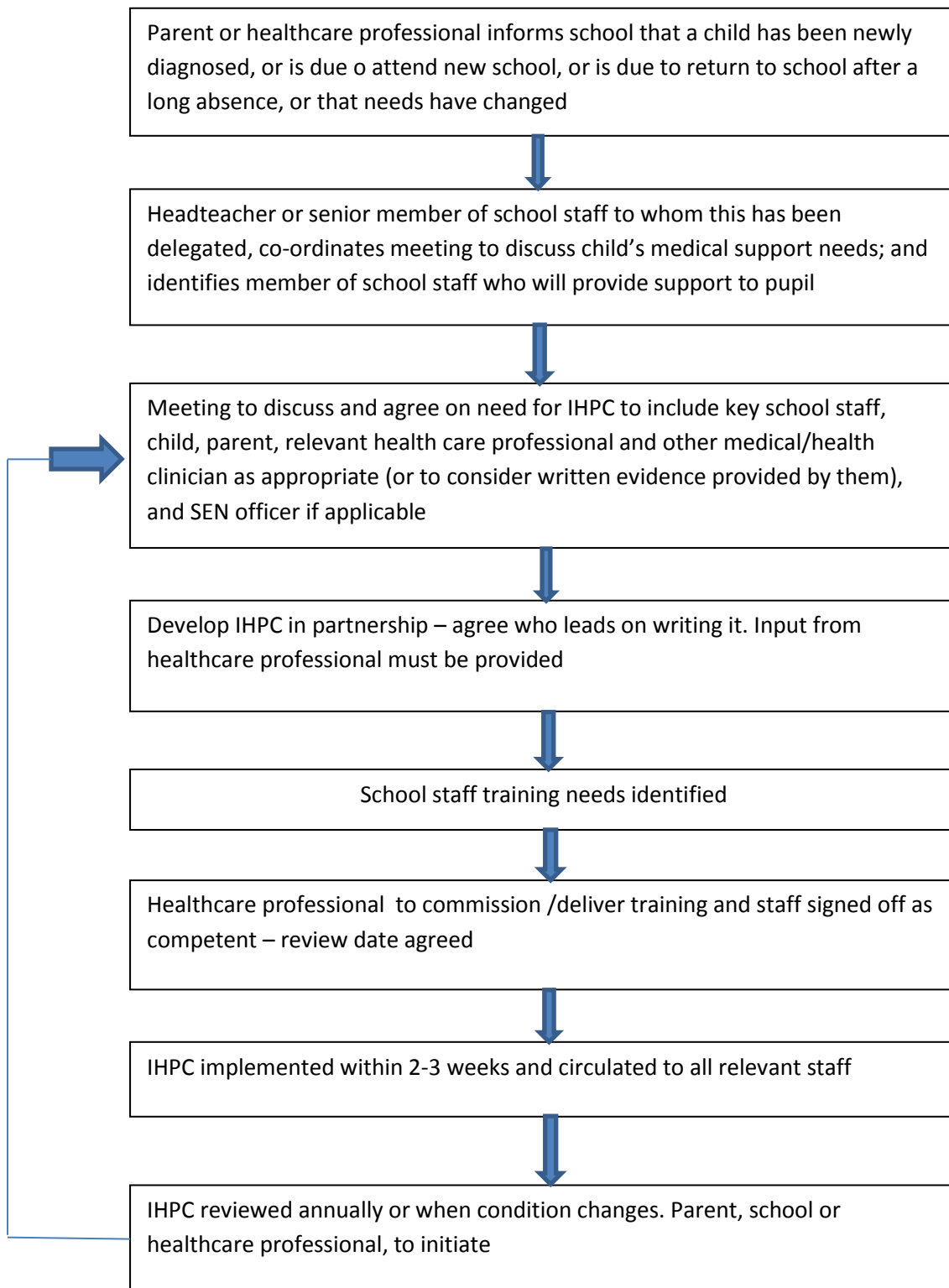
Daytime phone numbers \_\_\_\_\_

Relationship to child \_\_\_\_\_

I would like my son/daughter to keep his/her medication on him/her or in the school fridge for use as necessary.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Appendix B - Model process for developing individual healthcare plans



## EPIPEN GUIDELINES

### ACTION PLAN FOR ALLERGIC REACTIONS

At the onset of a **mild to moderate allergic reaction** a child may show various symptoms including:

- Tingling in the mouth
- Swelling of lips, face, eyes
- Hives or welts over body
- Abdominal pain, vomiting or diarrhoea

#### Action:

- 1) Stay with child and monitor
- 2) Give antihistamine oral solution if prescribed and as indicated on the child's health care plan.
- 3) If wheezy, give prescribed dose (may be up to 10 puffs) of salbutamol or other asthma reliever via a spacer device.
- 4) **Call parent/ emergency contact** and **WATCH FOR SIGNS OF SEVERE REACTION**. These symptoms may include;

- Difficult /noisy breathing
- Swelling of the tongue
- Swelling/ tightness in the throat
- Difficulty talking and /or hoarse voice
- Wheeze or persistent cough
- Loss of consciousness and/or collapse
- Pale and floppy (young children)

**THIS IS A SEVERE REACTION**

- 1) Give intramuscular epinephrine (**EPIPEN**)
- 2) Call ambulance 999
- 3) Stay with child
- 4) Repeat emergency medication as indicated on the child's health care plan

## **INSTRUCTIONS FOR USING THE EPIPEN**

- 1) Grasp EpiPen in dominant hand with thumb closest to blue safety cap.
- 2) With the other hand pull off the blue safety cap.
- 3) Hold the EpiPen auto-injector at a distance of approximately 10cm away from the outer thigh. The orange tip should point towards the outer thigh.
- 4) Jab firmly into outer thigh so that the EpiPen is at right angles to the thigh. (Listen for the click).
- 5) Hold firmly in place for 10secs. The injection is now complete and the window of the EpiPen is now obscured. The EpiPen can now be removed (the orange needle cover will extend to cover needle) and safely discarded.
- 6) Massage the injection area for 10secs.
- 7) **DIAL 999 AND ASK FOR AMBULANCE AND STATE 'ANAPHYLAXIS'**
- 8) Complete emergency medication form

**Appendix C - Guidelines1: Epipen Emergency medication (Pg3/3)**

**Record the use of emergency medication – EPIPEN**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Class \_\_\_\_\_

Date: \_\_\_\_\_

Allergen (if known) and Circumstances \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time of onset of allergic reaction \_\_\_\_\_

Symptoms at onset \_\_\_\_\_

Time parents/carers/ emergency contact called \_\_\_\_\_

Severe reaction symptoms \_\_\_\_\_

\_\_\_\_\_

Medication given:

Antihistamine \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

Inhaler \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

Medications given by \_\_\_\_\_

Emergency Medication \_\_\_\_\_ Time \_\_\_\_\_

Emergency drug given by whom \_\_\_\_\_

Time Ambulance called \_\_\_\_\_ by whom \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_



# How to administer BUCCOLAM® (midazolam oromucosal solution)

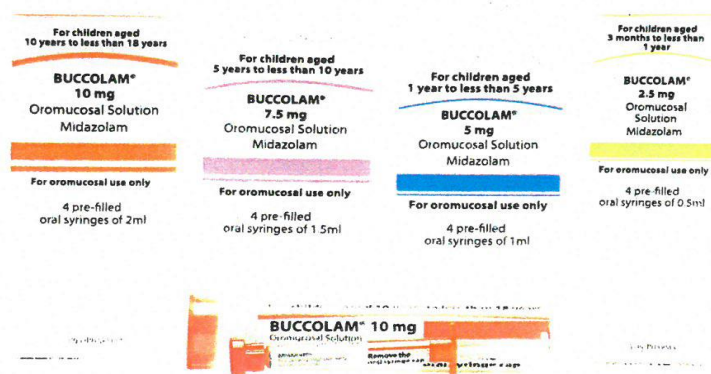
## About BUCCOLAM® (midazolam oromucosal solution)

BUCCOLAM is used to treat prolonged, acute, convulsive seizures in infants, toddlers, children and adolescents (from 3 months to <18 years of age).

- BUCCOLAM must only be used by parents/carers where the patient has been diagnosed to have epilepsy.
- For infants 3–6 months of age treatment should be provided in a hospital setting where monitoring is possible and resuscitation equipment is available.

BUCCOLAM is supplied in age-specific, pre-filled, needle-free, oral syringes.

- Each syringe contains the correct dose prescribed for an individual patient and is contained within a protective plastic tube.
- Syringes are colour-coded according to the prescribed dose for a particular age range.
- Your doctor will prescribe the appropriate dose for the individual patient.



Please refer to the Patient Information Leaflet before using BUCCOLAM. This leaflet also contains full information on contraindications, precautions and all possible side effects.

Do not pass the medicine on to other people to treat their children; it may harm them.

### Storage

Keep BUCCOLAM out of the sight and reach of children. Do not refrigerate or freeze. Keep the syringe in the protective plastic tube until use.

### Additional information from the healthcare provider:



PTO →

## Appendix C - Guidelines2: Buccolam Emergency medication (Pg2/2)

### Step-by-step guide for the administration of BUCCOLAM® (midazolam oromucosal solution)

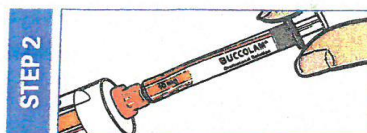
Before use, always check the expiry date stated on the carton, tube and syringe labels. BUCCOLAM should not be used if any of the protective plastic tubes containing the syringes have been opened or are damaged.

Your doctor or nurse will tell you how long to wait after the start of a seizure before you should give BUCCOLAM.



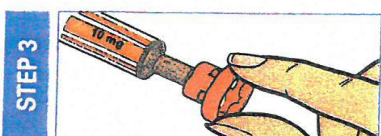
**STEP 1**

When someone is having a seizure, it is important that you allow their body to move freely; do not attempt to restrain any movement. You should only move the patient if they are close to immediate danger, e.g. deep water, an open flame or sharp objects. If other people are around, ask them to stay calm and give the patient plenty of room; explain that the patient is experiencing a seizure.



**STEP 2**

Take one plastic tube, break the tamper-proof seal and remove the syringe containing BUCCOLAM.



**STEP 3**

Remove and discard the red syringe cap before use to avoid choking. Do not put a needle on the syringe. BUCCOLAM must not be injected. Each syringe is pre-filled with the dose prescribed to be given for *one* treatment.



**STEP 4**

To administer BUCCOLAM, cushion the patient's head with something soft. If the patient is already seated, you may find it easier to support their head against your body, leaving your hands free to administer BUCCOLAM.



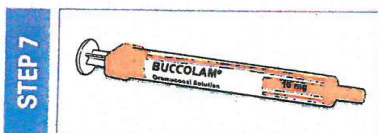
**STEP 5**

Gently pull back the patient's cheek, just enough to put the end of the syringe into the side of their mouth, between the gum and cheek (buccal cavity). Angle the syringe to ensure that the end is well within the buccal cavity.



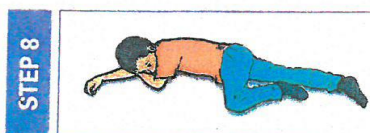
**STEP 6**

Slowly press the syringe plunger to release the full amount of BUCCOLAM into the side of the mouth. Don't try to squirt the liquid into the mouth or release it too quickly, as this may result in spillage. It may be easier to give about half the BUCCOLAM dose into one side of the mouth, and the other half into the other side.



**STEP 7**

After giving BUCCOLAM, keep the empty syringe to give to a doctor or paramedic so that they know what dose has been given. Make a note of the time BUCCOLAM was given and the duration of the seizure. Watch out for any specific symptoms, such as a change in breathing pattern.



**STEP 8**

Keep the patient in a comfortable position; it may be helpful to loosen any tight clothing. Be calm and stay with the patient until the seizure is over and they have regained consciousness. They may be tired, confused or embarrassed. Reassure them and be understanding while they rest and regain strength.

#### Telephone for an ambulance immediately if:

- the seizure does not stop within 10 minutes of giving BUCCOLAM
- you cannot administer BUCCOLAM, or cannot give the full prescribed dose
- the patient's breathing slows down or stops
- you are concerned about the patient.

#### Never give another dose of BUCCOLAM, even if:

- the seizure does not stop
- the patient vomits or salivates.

*Having given Buccolam - call an ambulance*

*PTO →*