



'BE THE BEST YOU CAN BE!'

SUPPORTING CHILDREN with MEDICAL NEEDS in SCHOOL Policy

Lead person responsible:

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Please note that the version of this document contained within the **Policy Folder on our school network** is the only version that is maintained.

Any printed copies or PDF versions should therefore be viewed as “uncontrolled” and as such, may not necessarily contain the latest updates and amendments.

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 Roe 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 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

Roe 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'/carers' 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. Wherever possible a child will be involved in the development and compliance of their IHCP.

A copy will be given to parents/carers, childcare practitioners and a copy will be retained in the medical needs file in the medical room. 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 under supervision.

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, except for 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 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.

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. **If appropriate an abbreviated Emergency Action Plan 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 on the school website.

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
	Form4:	School Asthma Card
Appendix B	Model Process for developing individual health care plans	
Appendix C	Guidelines1: Epipen Emergency medication	
	Guidelines2: Buccolam Emergency medication	

Appendix A - Form1: 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 our 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/ Time	NAME	CLASS	MEDICATION	DOSE	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/carers

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_____

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone – home

Telephone – mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature

Parent/carer's signature Date

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

☐ Yes ☐ No

Does your child need help taking his/her asthma medicines?

☐ Yes ☐ No

What are your child's triggers (things that make their asthma worse)?

- ☐ Pollen ☐ Stress
- ☐ Exercise ☐ Weather
- ☐ Cold/flu ☐ Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

☐ Yes ☐ No

If yes please describe

Medicine	How much and when taken

Dates card checked

Date	Name	Job title	Signature / Stamp

To be completed by the GP practice

What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?

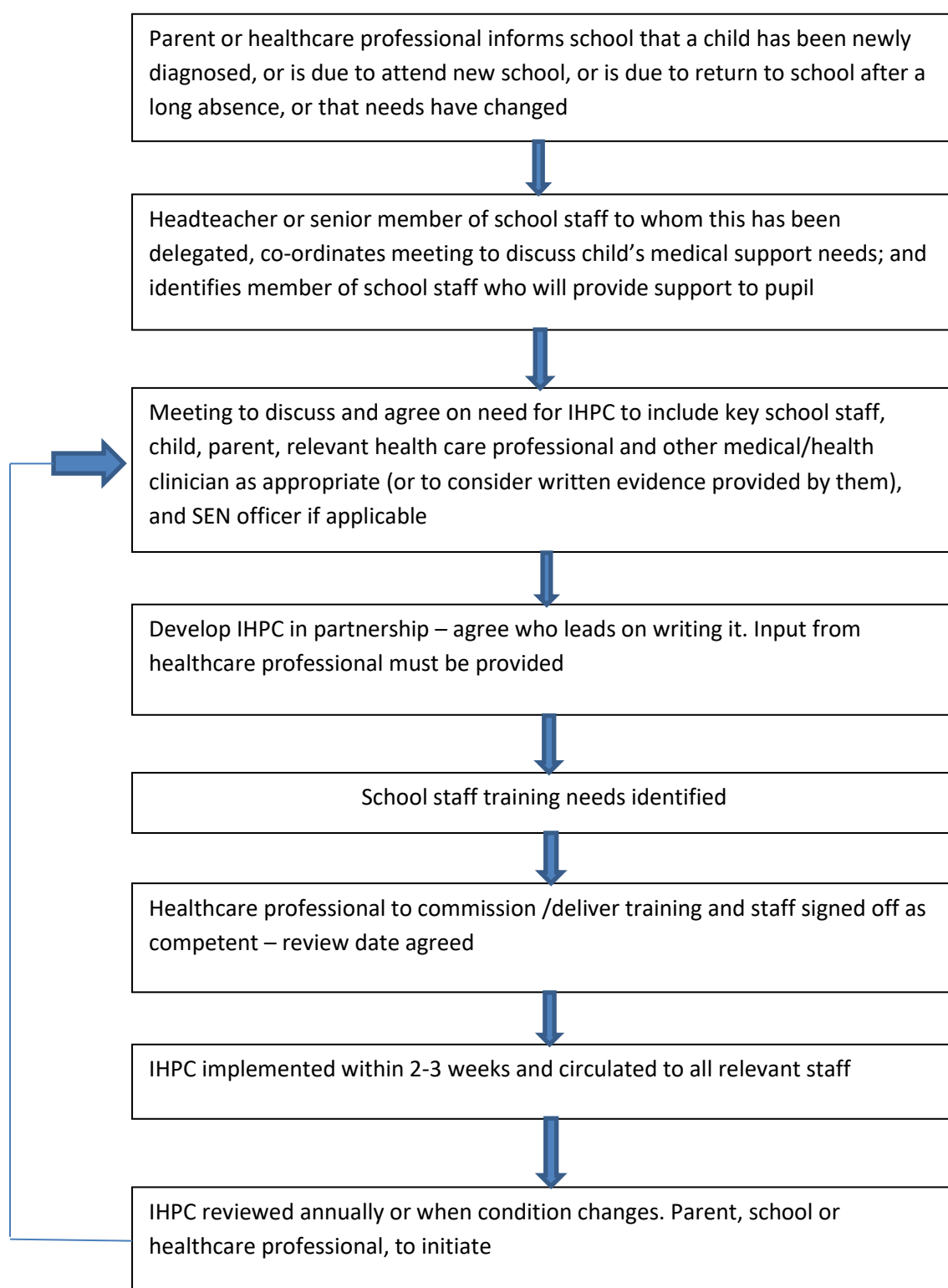
Call our friendly helpline nurses

0300 222 5800

(Monday-Friday, 9am-5pm)

www.asthma.org.uk

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

Appendix C - Guidelines1: EpiPen Emergency medication (Pg2/3)

How to use your **EpiPen®** Demonstration Video
is available online www.epipen.co.uk



How to use EpiPen® or EpiPen® Jr

Remove the **EpiPen®** from the carry case. Lie down with your legs slightly elevated to keep your blood flowing or sit up if breathing is difficult.

1

Pull off Blue Safety Cap.
Grasp **EpiPen®** in dominant hand, with thumb nearest blue cap and form fist around **EpiPen®** and pull off the blue safety cap.
Remember: "Blue to the sky, orange to the thigh".



2

Position Orange Tip.
Hold the **EpiPen®** at a distance of approximately 10 cm away from the outer thigh. The orange tip should point towards the outer thigh.



3

Jab Orange Tip.
Jab the **EpiPen®** firmly into outer thigh at a right angle (90° angle). Hold firmly against thigh for 3 seconds. **EpiPen®** should be removed and safely discarded. The orange needle cover will extend to cover the needle.



4

Dial 999.
Dial 999, ask for ambulance and state "anaphylaxis".



Each **EpiPen®** can only be used once.
If symptoms don't improve, you can administer a second **EpiPen®** after 5-15 minutes.

"You Must call 999, ask for an ambulance and state 'anaphylaxis'."

Stay lying down or seated and have someone stay with you until you have been assessed by a paramedic.

Unconscious patients should be placed in the recovery position.



All instructions are the same for **EpiPen®** and **EpiPen® Jr**

Adverse events should be reported.

Reporting forms can be found at www.yellowcard.gov.uk or search for MHRA Yellow Card in Google Play or Apple App Store. Adverse events should be reported to Mylan, Building 4, Trident Place, Hatfield Business Park, Mosquito Way, Hatfield, Hertfordshire, AL10 9UL, or phone no. +44 (0) 0800 121 8267, E-mail: ukpharmacovigilance@mylan.com.

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 3 secs. 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) **DIAL 999 AND ASK FOR AMBULANCE AND STATE 'ANAPHYLAXIS'**
- 7) Complete emergency medication form.

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 _____

Appendix C - Guidelines2: Buccolam Emergency medication

Please read the Patient Information Leaflet before you use BUCCOLAM.

What is BUCCOLAM?

BUCCOLAM is a medicine that is used to treat prolonged, acute, convulsive seizures in patients from 3 months to less than 18 years of age.

For infants aged 3-6 months, treatment should be in a hospital setting where monitoring is possible and resuscitation equipment is available.

Only give BUCCOLAM to the patient it has been prescribed for and exactly as the healthcare professional has told you. Please do not use for any other patient. It could harm them.

BUCCOLAM doses

BUCCOLAM is available in four colour-coded doses, which the healthcare professional has prescribed according to the age of the patient.

BUCCOLAM comes as a pre-filled, single use oral syringe.



STORING BUCCOLAM

Keep BUCCOLAM out of sight and reach of children. Do not refrigerate or freeze. Keep the syringe in the protective tube and do not use if the medicine has passed the expiry date shown on the carton, tube and syringe, or if the tubes containing the syringes are damaged.

Before administering BUCCOLAM:

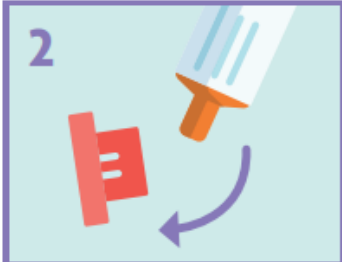
- Ensure the patient is not in any physical danger, remove glasses and loosen tight clothing.
 - Support the patient's head with something soft, such as a cushion or your lap.
 - Follow the advice of your healthcare professional or follow the Patient Care Plan.
 - Check the medication expiry date.
 - Check the protective tube has not been opened or damaged, do not use if it has.
- IMPORTANT:** Please ensure the translucent tip is fully removed. If necessary, it must be manually removed BEFORE administration, to ensure it does not fall into the patient's mouth.

To administer BUCCOLAM correctly:



1

Remove the syringe from the tube



2

Remove the red cap and dispose of safely



3

Gently hold the cheek away from the teeth



4

Insert the tip of the syringe between the lower gum and cheek



5

Slowly release the solution by gently pressing the plunger until empty



6

Note the time that BUCCOLAM was administered. Stay with the patient until they are fully recovered



7

Retain empty syringe for the ambulance or healthcare professional

Call an ambulance immediately if:

- The seizure does not stop within 10 minutes of administering BUCCOLAM
- You cannot administer BUCCOLAM, or cannot give the full dose
- The patient's breathing slows down or stops
- The patient vomits and the seizure does not stop within 10 minutes of administering BUCCOLAM
- You observe signs of a heart attack such as chest pain or pain that spreads to the neck or left shoulder and down the left arm
- You give too much BUCCOLAM and there are signs of overdose (see patient information leaflet)

NEVER give another dose of BUCCOLAM:

- Even if seizure does not stop within 10 minutes
- If the patient vomits or salivates
- Unless stated on the Patient's Care Plan

Please read the patient information leaflet inside the box for additional signs indicating need for medical support.

This leaflet is developed by Takeda UK Limited for educational purposes and is provided for parents and patients who have been prescribed BUCCOLAM.

There is also a leaflet inside each pack of BUCCOLAM which you should read carefully as it contains more information about the product.

Reporting side effects

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the Yellow Card Scheme at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Shire Pharmaceuticals Ltd at drugsafety@shire.com.

By reporting side effects you can help provide more information on the safety of this medicine.

Access the BUCCOLAM administration animation by visiting:

<https://vimeo.com/299456109>

Password: Buccolam0030

