



Test Valley School

Medical Needs Policy

Rights Respecting Schools: -

Article 3: The best interests of the child must be a top priority in all things that affect children.

Article 24: Every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food and a clean environment so that children can stay healthy. Richer countries must help poorer countries do this

Rationale:

Many pupils will, at some time, have a medical condition that may affect their participation in school activities. For many this will be short-term: perhaps finishing a course of medication. Other pupils may have a medical condition that, if not properly managed, could limit their access to education. Such pupils are regarded as having medical needs.

At Test Valley School we are an inclusive community and believe that every child has the right to a good education in accordance with our Equality Policy, this includes children with medical needs, in terms of both physical and mental health. Every child has the right to take a full and active role in school life, remain healthy and achieve their academic potential. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

We understand therefore, that we have a responsibility to make the school welcoming and supportive to pupils with medical needs by working in partnership with parents to ensure that medicines are administered in accordance with the pupil's needs and the parents/carers wishes. We will undertake to ensure compliance with the statutory guidance document 'Supporting Pupils with Medical Conditions'. (i)

This policy defines the ways in which Test Valley School supports the needs of pupils with medical conditions (temporary or long-term), whilst safeguarding staff by providing clear guidelines and parameters for the support they offer.

Supporting a pupil with a medical condition during school hours or during a school trip/residential activity is not the sole responsibility of any one person. The school will work collaboratively with all relevant agencies or people to provide effective support. (ii)

- NOTE:** (i) Published by the Department of Education
(ii) Section 100 of the Children and Family Act 2014



Objectives:

To ensure that pupils with medical conditions in terms of both physical and mental health are supported properly and confidentially to enable them to have full access to education, including school trips and physical education activities.

To ensure that the needs of pupils with medical conditions are effectively supported through consultation and communication with health and social care professionals, with the pupils themselves and with their parents.

To ensure that following long term absences due to health problems or short-term and frequent absences, that reintegration back into school will be supported to limit the impact on any pupils' educational attainment.

To define the areas of responsibility of all parties involved: pupil, parents, staff, Headteacher, Governing Body and any outside agencies

To ensure that we comply with the duties of care outlined in the Equality Act 2010 regarding any pupil with a medical condition who is also disabled or those with special educational needs.

To ensure that every pupil is treated the same and has the same rights of admission whether they have a medical condition or not.

Roles & Responsibilities:

a) Headteacher

The Headteacher is responsible for ensuring that whenever the school is notified that a pupil has a medical condition they will ensure that: -

- This policy is put into action
- There are suitable and sufficient facilities and equipment available to aid self-management of the pupil's medical condition
- All staff are aware of this policy and understand their role in its implementation.
- There are sufficient staff who are suitably trained in First Aid and know what to do in an emergency for the most common medical conditions and can deliver the Individual Health Care Plan (IHCP), including in emergency and contingency situations
- (IHCPs) are prepared, monitored annually and new plans drawn up as required
- Appropriate staff are insured to support pupils with medical conditions
- All relevant staff are made aware of the pupil's condition and understand their duty of care in the event of an emergency. In such a situation school staff respond under a common law duty of care to act like any reasonably prudent parent.
- First Aid training is refreshed as needed
- Risk assessments for visits and activities take account of the pupil's needs
- The pupil has access arrangements to any emergency medication under staff supervision
- Transition arrangements are carried out between schools to ensure continuity in provision
- All staff who need to know are informed of a pupil's medical condition, but pupil confidentiality is maintained.



b) The Pupil Welfare Officer (or suitable qualified member of the admin team):

- Is responsible for the development of IHCPs
- Gathers information on pupils with medical conditions at point of transfer into or out of school
- Ensures that all emergency medication is locked in a safe location in the medical room and is clearly labelled and safely stored
- Remind pupils to carry their medication with them if appropriate e.g. epipens
- Ensures that all use of medication defined as a controlled drug is administered under the supervision of the Pupil Welfare Officer or other person(s) trained in First Aid
- Ensures that expiry date for all stored medication is regularly checked
- Maintains a centralised register of pupils with medical need
- Ensures that if a pupil needs to be taken to hospital, parents will be notified and that a member of staff will accompany the pupil if parents are unavailable
- Should inform the School Nursing Service in the case of any pupil with a more severe medical condition who has not already been brought to the attention of the school nurse
- Actively interacts with the School Nurse and other healthcare professionals to seek appropriately qualified support and knowledge in order to help them and staff fulfil their duties to the best of their ability
- Provides any necessary training for school staff in managing any special medical condition.

c) School Staff:

There is no legal duty that requires school staff to administer medication. This is a voluntary role. Any member of staff who agrees to accept responsibility for administering prescribed medication to a pupil will receive proper training and guidance, and will also be informed of potential side effects and what to do if they occur.

- Should be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- Should know which pupils in their care have a medical condition
- Are aware that any staff member may be asked to provide support to pupils with medical conditions. The administration of medicines should be done in accordance with our 'Administering Medicines' policy although staff cannot be required to do so.
- Will be provided with relevant awareness training at the start of each school year so that they know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help and all new staff will be inducted on the policy when they join the school
- Ensure that if made aware of a pupil's previously unknown medical condition, they pass on information to the Pupil Welfare Officer in a timely fashion i.e. within the school day if possible, if not, no later than 48hrs after becoming aware of it
- If providing support to a pupil with medical needs staff should have received suitable training which is recorded in the health and safety training file and be aware that a First Aid certificate does not constitute appropriate training in supporting children with medical conditions
- All First Aid trained staff are to be aware of the most common serious medical conditions at the school. Such trained staff should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting pupils with medical needs.



d) Pupils

- Should, wherever possible, be fully involved in discussions about their medical support needs and contribute to and comply with their IHCP
- Know where to gain access to their medication in an emergency
- Where possible and in discussion with parents, pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their IHCP
- Pupils should be responsible for carrying their own medication with an appropriate level of supervision whenever possible and appropriate.

e) Parents/Carers

- Must provide the school with sufficient and up-to-date information about their child's medical needs
- Are the key partners and should be involved in the development and review of their child's IHCP
- Should carry out any action they have agreed to as part of the IHCP implementation or review
- Ensure medication held in school is within expiry dates
- Should notify the Pupil Welfare Officer if their child's medication changes or is discontinued or the dose or administration method changes.

The Governing Body:

The Governing Body needs to ensure that: -

- All pupils with a medical condition are supported to enable the fullest participation possible in all aspects of school life
- School leaders consult health professionals, pupils and parents to ensure that the needs of pupils with medical conditions are effectively supported.
- Arrangements are made to ensure this policy is developed, reviewed and implemented
- Pupils with medical needs are identified on entry to the school
- Sufficient staff receive suitable training and are competent to support children with medical conditions
- The Policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical needs and how this will be reviewed.
- All members of staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed
- The appropriate level of insurance is in place and that it appropriately reflects the level of risk.

The Governing Body of Test Valley School has determined that school staff may, if willing, supervise pupils taking prescribed medication provided:

- a. There has been a written request from parents



b. There have been written details from the parents or doctor including:

- i. Name of medication
- ii. Dose
- iii. Method of administration
- iv. Time and frequency of administration
- v. Other treatments
- vi. Any side effects

Outside agencies:

Outside agencies will:

- Be contacted for advice about any medical condition when appropriate
- Provide training for staff e.g. the use of epi-pens
- Provide a relevant healthcare professional who should lead on identifying and agreeing with the school the type and level of training required and how this can be attained.

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

The Local Authority

The Health Authority, through NHS Trusts

The School Health Service (usually through the School Nurse)

The child's General Practitioner

The Community Paediatrician

The Community Service Pharmacist.

Individual Health Care Plans:

At Test Valley School the IHCPs are based on the School Nursing Service and Department of Education templates.

Any pupil with asthma, epilepsy, epi-pen, type 1 diabetes or any life threatening condition should have an (IHCP) which details the support that child needs.

The formats in the attached templates are to be used and supplemented with a photograph of the child for easy identification by staff who may not immediately know the child.

When compiling the IHCP, the following information should be considered:



- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication and other treatments, times, facilities equipment, testing, dietary requirements and environmental issues
- specific support for the pupil's educational, social and emotional needs
- the level of support needed including in emergencies
- who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements
- who in school needs to be aware of the pupil's condition and the support required
- arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff or self-administered (pupils who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision)
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate
- what to do if a pupil refuses to take medicine or carry out a necessary procedure
- what to do in an emergency, who to contact and contingency arrangements
- if a pupil has SEN but does not have an Education, Health and Care Plan, their special educational needs should be advised by the SEN department.

When a pupil joins at the start of a new academic year, IHCP arrangements should be in place, if possible, for the start of term. Where the pupil joins mid-way through the year or a new diagnosis is given, arrangements should be in place as soon as possible but no later than two weeks of them joining. It may be necessary that information from multiple health or social care professionals needs to be gathered.

Residential activities and school visits:

Educational visits off site are a core part of Test Valley School's offer to all pupils to support their progress at school and prepare them for the wider world outside of school. Pupils should not be excluded from such opportunities due to their medical needs. It is the school's responsibility to ensure all pupils are safe on visits and this may require additional help and support from staff and parents. This could take many forms and may include, but not be limited to;

- Ensuring that teachers are aware of how a pupil's medical condition will impact on their participation in an off-site activity and of any reasonable adjustments that may be necessary
- A family member staying overnight with their child – no staff member will ever be permitted to share sleeping quarters with a pupil. If the pupil needs an adult to stay with them overnight, this must come from within the family or a known carer.
- Alternative staffing arrangements may be required to enable the pupil(s) to undertake the activities
- Briefing the site and any residential staff of the pupil's needs.

Procedures for Medication:

Some medicines will need to be kept in school at all times. Prescription or non-prescription medicines will not be given to a child under 16 without their parent's written consent - see Appendix B. A documented tracking system is to be in place to record all medicines received



– see Appendix C and D. If a pupil refuses to take medication the parents will be informed at the earliest available opportunity.

It is our policy to manage prescribed medicines (eg. Antibiotics, inhalers) and maintenance drugs (eg. insulin) as appropriate following consultation and agreement with, and written consent, from the parents. We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed and includes instructions for administration. Finally, it is our general policy not to take responsibility for the administration of non-prescribed medicines (Calpol or cough mixture) as this responsibility rests with the parents.

a) Paracetamol

- i) Paracetamol is the only analgesic that can be given by the school for minor ailments such as period pain and headaches
- ii) Signed consent must be obtained from a parent on a medical consent form at admission.
- iii) Should a pupil ask for paracetamol without a consent form, the parent/carer can be contacted to obtain permission
- iv) A note of the dosage is to be recorded in the Daily Log with the time given
- v) No aspirin or medicine containing ibuprofen will be administered to any pupil under 16 unless prescribed by a doctor.

b) Antibiotics

Pupils with acute infections should remain at home until fully recovered. However, a pupil may be able to return to school before a course of antibiotics has been completed. This medication is to be handed to the Pupil Welfare Officer with signed instructions from the parent.

c) Inhalers

Pupils with asthma should be encouraged to carry their own inhaler. Spare inhalers should be sent in and stored in the medical room.

d) Epi-pens

Pupils with allergies must keep an epi-pen with them. A spare epi-pen should be kept in the medical room in a clearly labelled container provided by the parent. The return of expired epi-pens to the GP is the responsibility of the parent.

e) Diabetes

A spare 'emergency kit' for diabetics in addition to what they carry themselves, will be stored in the medical room in a clearly labelled container.

f) Other medication

If a GP has prescribed medication for which it is essential to administer at school a Medical Consent form or signed letter must be completed by the parent. The medication must be stored in the original container/packaging with clear labelling and full dosage instructions.



Emergencies:

In the event of a medical emergency First Aid is to be given and an ambulance called if necessary, with parents being notified. If the pupil has an IHCP it is to be given to the ambulance crew. A member of staff is to travel in the ambulance if parents cannot be contacted.

All staff should be made aware of the emergency symptoms and procedures.

In an emergency such as a fire or an incident whilst on a trip, there will be a named adult responsible for ensuring the pupil's needs are met and medication is taken off site.

Complaints

Staff at the school are indemnified under the County Council's self-insurance arrangements. The County is self-insured to indemnify school staff who have agreed to administer medication or undertake a medical procedure to pupils. Therefore, in the event of legal action over an allegation of negligence, it is the employer rather than the employee who is likely to be held responsible. The need for accurate records in such cases is crucial. Therefore, thorough and accurate record-keeping systems as mentioned above have been drawn up to be maintained by staff involved in supporting pupils with medical needs.

Should the parents or pupils be dissatisfied with the support provided to meet the pupil's medical needs they should discuss their concerns directly with the Pupil Welfare Officer or Year Coordinator in the first instance. If this does not resolve the issue, they may make a formal complaint in line with the school's complaints procedure to the Headteacher.

If the response does not satisfy the complainant, then a letter to the Chair of Governors is to be written allowing a reasonable period of time for a response.

A complaint can also be put in writing to the Hampshire Children's Services Complaints Team

Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Related reading

This policy should be read in conjunction with the Administration of Medicines Policy and, if applicable, the SEN Policy.



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 – work

Telephone – mobile

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 should be clearly labelled with your child's name and kept in agreement with the school's policy.

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)?

Does your child need to take medicines before exercise or play?

Yes No

If yes, please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

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

Yes No

If yes please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Reliever treatment when needed

For wheeze, cough, shortness of breath or sudden tightness in the chest, give 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
<input type="text"/>	<input type="text"/>

Expiry dates of medicines checked

Medicine	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Parent/carer's signature Date

Dates card checked by doctor or nurse

Date	Name	Job title	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What to do in an asthma attack

- 1 Make sure the child takes one to two puffs of their reliever inhaler, (usually blue) preferably through a spacer
- 2 Sit the child up and encourage them to take slow steady breaths
- 3 If no immediate improvement, make sure the child takes two puffs of reliever inhaler, (one puff at a time) every two minutes. They can take up to ten puffs
- 4 If the child does not feel better after taking their inhaler as above, or if you are worried at any time, call 999 for an ambulance. If an ambulance does not arrive within ten minutes repeat step 3.

The Asthma UK Helpline - Here when you need us

0800 121 62 44 www.asthma.org.uk/helpline
9am–5pm, Monday–Friday

www.asthma.org.uk



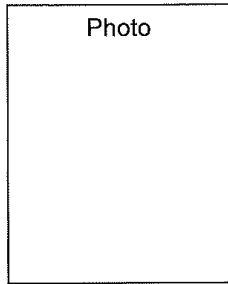
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Hampshire Hospitals **NHS**

NHS Foundation Trust

Date:



This Child Has Diabetes

Name.....
 Date of Birth.....Age.....
 Class.....
 Contact:

Paediatric Diabetes Nurses (office): 01962 824283
 Caroline Spence: 07884 003834
 Vicky Houghton: 07887 567229

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high because the body is unable to use it properly and the method for converting glucose into energy is not working as it should. Normally the amount of glucose in our blood is carefully controlled by the hormone insulin which is produced in the pancreas. Insulin helps the glucose to enter the cells where it is used as fuel by the body. Glucose comes from the sweet and starchy foods that we eat. Children with Type 1 Diabetes can no longer produce insulin and treatment is through a combination of insulin injections, a balanced healthy diet and regular physical activity. The aim of the treatment is to keep blood glucose levels as close to the normal range (4-7mmol) as possible so it is neither too high (hyperglycaemia) or too low (hypoglycaemia)

Snack Time:

needs to have a snack at.....

Type of snack: Fruit

Insulin Injections:

needs to check a blood glucose level and then inject at lunchtime

Insulin Type: Novorapid Dose:.....

After injecting they must go straight to lunch (a card may be needed to give them permission to go to the front of the lunch queue). Some children will inject after eating lunch.

A blood glucose level should be checked at lunchtime or any other time staff are concerned

Hypoglycaemic Symptoms: (Blood Glucose less than 4mmol)

.....

Hypoglycaemic Treatment:

.....

Do Not leave the child alone until the hypo has been treated.

Remember to always follow the quick acting sugar e.g. dextrose tablets, lucoazade with some starchy food e.g. plain biscuits or cereal bar. If the hypo occurs just before lunch then please treat with quick acting sugar and once recovered send child immediately to lunch. In the unlikely event of the child loosing consciousness do not give them anything to swallow. Place them in the recovery position and phone for an ambulance.



THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name: _____

DOB: _____

Photo

Emergency contact details:

1) _____

2) _____

Child's Weight: _____ Kg

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine:
- Contact parent/carer (if vomited, can repeat dose)



Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

- AIRWAY:** Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing, wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

1. Lie child flat. If breathing is difficult, allow to sit
2. Give EpiPen® or EpiPen® Junior
3. Dial 999 for an ambulance* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

If in doubt, give EpiPen®

After giving EpiPen:

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement after 5 minutes, give a further EpiPen® or alternative adrenaline autoinjector device, if available

*You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®. Massage injection site for 10 seconds

Keep your EpiPen device(s) at room temperature, do not refrigerate.

For more information and to register for a free reminder alert service, go to www.epipen.co.uk

Produced in conjunction with:



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www.bsaci.org Approved Oct 2013

Additional instructions:

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.

This plan has been prepared by: _____

Hospital/Clinic: _____



Date: 16 Oct, 2014