



BRICKFIELDS
Multi Academy Trust

The Brickfields Trust

Supporting Pupils at School with Medical Conditions Policy

January 2024

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1. Introduction

The Children and Families Act 2014 places a duty on schools to support pupils at their school with medical conditions. This guidance came into force on 1 September 2014. Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education. Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010. Where this is the case our Board of Trustees will comply with their duties under that Act. For pupils with SEN, this policy should be read in conjunction with the SEND Code of Practice and policy. Our Board of Trustees will ensure that arrangements are in place in all trust schools to support pupils in school with medical conditions through annual review of this policy and by reviewing this policy in practice. School leaders will consult health and social care professionals, parents and pupils to ensure that the needs of children with medical conditions are properly understood and effectively supported.

2. Aims

To ensure that The Brickfields Trust is meeting our legal responsibilities and sets out the arrangements that we will make to support pupils with medical needs, based on good practice.

To ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

To ensure that parents feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe.

To receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

Roles and responsibilities

3. The Role of the Board of Trustees

Governing Bodies should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other support materials as needed.

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- To ensure that arrangements are in place to support pupils with medical conditions so that such children can access and enjoy the same opportunities at school as any other child.
- To ensure that focus is given to the needs of each individual child and how their medical condition impacts on their school life.
- To ensure that arrangements give parents and pupils confidence in the schools' ability to provide effective support for medical conditions in school.
- To ensure that arrangements show an understanding of how medical conditions impact on a child's ability to learn, as well as increase confidence and promote self-care.
- To ensure that staff are properly trained to provide the support that pupils need.
- To ensure that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.
- To ensure that arrangements put in place are sufficient to meet statutory responsibilities and that policies, plans, procedures and systems are properly and effectively implemented.
- To ensure that this policy is reviewed regularly and is readily accessible to parents and school staff.
- To delegate responsibility to the Head of School for overall responsibility for policy implementation in each setting.
- To ensure that the policy sets out the procedures to be followed when a school is notified that a pupil has a medical condition, covers the role of individual healthcare plans, who is responsible for their development and that they are reviewed annually.
- To ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

4. The Role of the Head of School

- To ensure that their school's policy is developed and effectively implemented with partners.
- To ensure that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- To ensure that all staff who need to know are aware of the child's condition.
- To ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- To ensure individual healthcare plans are written when appropriate.
- To make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- To contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

5. The Role of School Staff

- To provide support to pupils with medical conditions, including the administering of medicines
- To undertake sufficient and suitable training so that they know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Teachers are to be made aware of children in their class who have medical needs, they should be aware of the nature of the condition, when and where the child may need extra help.
- Staff administering the medicine should read and have understood this document, have access to the accompanying document *Supporting children in school with medical needs DfE 2015* and are able to complete the *School Medication in school form*, including agreeing that they are sufficiently trained and experienced to carry out that administration and to sign the appropriate section in that document.

6. The Role of the School Nurse

- To be responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.
- To support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.
- To liaise with lead clinicians locally on appropriate support for the child and associated staff training

7. The Role of Other Healthcare Professionals

- To notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- To provide advice on developing healthcare plans.
- To provide specialist support in schools for children with specific conditions, for example; asthma, diabetes, epilepsy or allergies that could result in anaphylaxis.

8. The Role of the Pupils

- To provide information about how their condition affects them.
- To be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- Other pupils to be sensitive to the needs of those with medical conditions.

9. The Role of the Parents/Carers

- To provide the school with sufficient and up-to-date information about their child's medical needs.
- To notify the school that their child has a medical condition.

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- To be involved in the development and review of their child's individual healthcare plan.
- To carry out any action they have agreed to as part of its implementation for example, provide medicines and equipment and ensure that they or another nominated adult are contactable at all times.
- Read, and when understood, sign the written consent form titled *Medication in School form*.
- Inform the school of any changes to the prescription, medication, method of administration or support required. This information to be checked against the prescriber information and the information provided by the health practitioner.

10. Supporting Pupils with Medical Conditions

Definition

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

- (a) **Short-term**, affecting their participation in school activities which they are on a course of medication.
- (b) **Long-term**, potentially limiting their access to education and requiring extra care and support

The Named Person responsible for children with medical conditions is the trust Inclusion Leader and her inclusion Team (including but not limited to SENCo, Family Liaison Officer and/or Attendance Officer). This person is responsible for:-

- Informing relevant staff of medical conditions.
- Arranging training for identified staff.
- Ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information.
- Assisting with risk assessment for school visits and other activities outside of the normal timetable.
- Developing, monitoring and reviewing Individual Healthcare Plans to support pupils at school with medical conditions.
- Working together with parents, pupils, healthcare professionals and other agencies.
- Ensure that arrangements are put into place to cover transition from another setting, upon being notified that a child is coming into school with a medical condition. These may vary from child to child, according to existing HCPs.
- Ensure that arrangements are implemented following reintegration into the school or when the needs of a child change.
- Put arrangements into place in time for the start of the new school term.
- In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are in place within two weeks.

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- Provide support to pupils where it is judged by professionals that there is likely to be a medical condition. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put into place.

11. Procedure when notification is received that a pupil has a medical condition

- The named person will liaise with relevant individuals, including as appropriate parents, the individual pupil, health professionals and other agencies to decide on the support to be provided to the child.
- Where appropriate, an Individual Healthcare Plan will be drawn up.
- Appendix 1 outlines the process for developing individual healthcare plans.

12. Individual Healthcare Plans (IHCP)

The main purpose of an individual health care plan for a pupil with medical needs is to identify the level of support that is needed at school. Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom.

- An ICHP will be written for pupils with a medical condition that is long term and complex.
- It will clarify what needs to be done, when and by whom and include information about the child's condition, special requirements, medicines required, what constitutes an emergency and action to take in the case of an emergency.
- Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be mentioned in their IHP.
- IHCPs will be reviewed annually, or earlier if evidence is provided that a child's needs have changed.

Various people will be involved in the healthcare plan. This may include the named person responsible, the parents, the pupil 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 aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

When deciding what information should be recorded on individual healthcare plans, the named person considers the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage

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their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;

- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the Head of School/ other appropriate member of staff for medication to be administered by a member of staff, or self-administered by the pupil during school hours, including school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

See Appendix 2 for our Healthcare Plan Proforma.

13. Staff Training and Support

Any member of school staff providing support to a pupil with medical needs will receive suitable training. This will be identified during the development or review of individual healthcare plans. There may be some staff already who have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professional will normally lead on identifying and agreeing with our school the type and level of training required, and how this can be obtained. The school will ensure this remains up-to-date. We will aim to obtain from Healthcare professionals, including the school nurse, confirmation of the proficiency of staff in a medical procedure, or in providing medication.

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The training will ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. It will aim to develop an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Records of staff training will be kept by the respective school's Office Manager.

14. Managing Medicines on School Premises (during the school day):

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. If the medication can be administered outside school hours with no ill effect then that should be the desired course of action.

It should be noted that there is no legal duty that requires school staff to administer medicines but that we, at The Brickfields Trust schools are willing to undertake this task to enable regular attendance, under the following conditions.

Parents should keep children at home when they are acutely unwell.

Medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day.

15. Procedures for managing NON-prescription medicines

In most instances non-prescribed medicines will not normally be administered at school. These medications should be taken at home before and after school rather than during school. However, in exceptional occasions where this has been authorised the following must be adhered to:-

- Staff should never give non prescribed medication unless there is specific written permission on the completed 'Medication in School Parental Agreement form' signed by the parent/carer. (see Appendix 3)
- Administration of any permissible medicine will be written in the Medication Log Book kept in the main office and signed by the member of staff with time, date and dosage or recorded on SIMs.
- Medication e.g. for pain relief will only be administered when information on maximum dosages and when the previous dose is known.

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- Drugs listed as 'Controlled Drugs' within the specification of the Drugs classification list, must NEVER be administered unless prescribed. Please see section 'Procedures for managing prescription medicines which need to be taken during the school day' in this policy.
- **NON- PRESCRIBED Invasive drug administering must never occur.** Thus, oral administration of tablets and /or medication only. Creams, lotions or other medications to be applied to face or hands only.
- No non-prescribed injected medications.
- No non-prescribed ear or eye drops. (Not including First Aid application of Eye Wash procedure during normal First Aid provision by a qualified First Aider)
- No non-prescribed medications applied to areas of the body deemed private, (usually areas covered by clothing) including hair, legs, feet, chest, back, genital area, buttocks and rectum.
- **NB A child under 12 should never be given medicine containing aspirin unless prescribed by a doctor.**

16. Procedures for Managing Prescription Medicines

We 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 inside an insulin pen or pump rather than in its original container.

- Children must not keep medicines anywhere in school. **They must be taken to the Office at the start of the school day by the parent/carer.**
- Medicines must not be administered solely by the child. This must be supervised.
- For medicines to be administered in school, they must be properly labelled with the name of the child, the required dose and the appropriate time at which they should be administered.
- Medicines are not accepted out of the container in which they were originally dispensed and must include the prescriber's instructions.
- A parent/carer must complete the appropriate school form '*Medication in School Parental Agreement form*' before medicines can be accepted into school.
- We will not make changes to doses on parental instructions.
- Administration of the medicine will be witnessed and counter signed by a second member of staff.
- Medicines must be collected by the parent and taken home at the end of each day.

17. Staff Responsibilities

Members of staff giving medicines will be members of staff who are:

- Willing to perform such tasks.
- Trained where necessary for the task.

18. Checks before administering

- The child's name.
- The written record, *School Parental Agreement form*, must be completed and fully signed before medicines are accepted and updated at EACH dose.
- The parent has signed the above form.
- The member of staff is adequately trained to administer, or supervise self-administration of the medication and has signed the form confirming this.
- Read and check the prescribed dose.
- Name of medicine.
- Details of storage of the medicine.
- The expiry date of the medication.
- Method of administration.
- Time/frequency of administration.
- Written instructions provided by the prescriber on the label or container.
- Staff are aware of any medical emergencies that could arise from administration of this medication. (including signs and effects of overdose or under dose, as indicated on the *Medication in school Parental Agreement form*).
- The Record File must be checked to ensure that another member of staff has not already administered the dose.

When a child is given medicine he/she will first be asked his/her name and this name checked against the name on the medicine – even if the member of staff knows the child well.

If in any doubt about any procedure staff should not administer the medicines but check with parents or a health professional before taking further action. If staff have any other concerns related to administering medicines to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school.

If the administration of prescription medicines requires technical or medical knowledge, then individual training will be provided to staff from a qualified health professional.

If a child refuses to take medication then school staff will not force them to do so. The school will inform the child's parents.

19. Storage of Medicines

All medicines will be kept a secure place such as in the main office in a locked cupboard or in the medical room and administered by a member of the admin/support staff. The key to the cupboard will be accessible to all office staff.

Medicines requiring refrigeration will be kept in the main office refrigerator. They should be in an airtight container, clearly labelled.

Pupils should know where their own medication is stored and who holds the key. Asthma inhalers, blood glucose testing meters and adrenaline pens must not be locked away. Asthma inhalers may be kept in the child's classroom and older children will be encouraged to hold their own reliever inhaler.

All staff will know where to obtain the keys to the medicine cupboard in an emergency.

20. Self Management

Children who are able will be encouraged to manage their own medicines. This will only apply to relief treatments for asthma which may be kept in their classrooms or the school office. Other medicines should be kept in secure storage so access will only be through the main office.

Only those medicines agreed in a full health medical care plan, or SEN plan can be carried by children. This is to ensure their safety and the safety of other children who may acquire these medications.

21. Record Keeping

The parent or doctor should complete the form ensuring that they give written details of the name of medication, the dosage, the method of administration, the time and frequency of administration, other treatment and any side effects.

We will keep records of all medicines administered to children, either in written form or on SIMs. This will state who the child is and what class, what medication was administered, how, and how much was administered, when (date and time) and by whom. Any side effects of the medication to be administered at school will also be noted (see Appendix 4). School will check that the medicine is in its original container and that the dispenser's instructions are clear.

A record of medicines administered will be kept in the main office either in written form on SIMS . A copy of consent form will also be kept in the main office.

22. Disposal of Medicines

Medicines will be returned to the parents. It is the responsibility of parents to ensure that date-expired medicines are returned to a pharmacy for safe disposal. All medicines will be returned to the parent at the end of the period of permission, or end of school year in the case of medicines for which ongoing permission is held.

23. Hygiene and Infection Control

- Follow the guidance of your training regarding hygiene and infection control.
- Use the 'sharps' system for correct disposal of needles or other instruments that could cause cutting or stab wounds.
- Ensure all materials that may be contaminated by body fluids are correctly and safely disposed of.
- Ensure gloves are used for the administration of all medicines.
- Wash hands before and after medicine administration.
- Clothing contaminated by body fluids to be dealt with in the appropriate manner.
- All spills to be dealt with appropriately keeping in mind contamination and bodily fluids.
- All health and safety aspects to be considered before during and after administration of medicines.
- Spoons or cups to be washed under hot water immediately following administration of medicines.
- Obviously sharing or spoons, cups or other shared methods of administration of medicines is NOT ALLOWED under any circumstances.

24. Educational Visits & Sporting Events

Medicines required to be taken when a child is on a school trip will be administered by the child's class teacher/support staff in accordance with the written instructions given by the parent on the appropriate Parental Agreement Form. Training for staff will be given to fulfil the needs of medicine administration. Risk assessments will be completed at the planning stage to consider any adjustments needed for pupils with medical needs. The medication must be in date and if it is not the child/ren will not be allowed to go on the visit, unless the parent confirms in writing that the child can go along without one. The medication will be placed in a rucksack for the teacher to carry, along with a copy of – Permission to Administer Medicine form, which will be held with the medication in the designated plastic box. This information should be clearly stated on the Risk Assessment for that visit and the name of the person that will be accompanying the visit as the trained person to assist with any administration needs for the child/ren. The child/ren should know who the

adult is that is carrying their medication. In addition, should medication be required during the visit, the dosage administered will be recorded on the Risk Assessment for the visit.

All medication must be returned to the appropriate storage area back at school.

25. Residential Holidays

Where children are staying away from home on a residential holiday organised by the school, parents will be asked to sign a form giving permission for mild medication such as paracetamol, antiseptic cream or lip salve, to be administered by staff if deemed necessary.

26. Emergency Procedures

An ambulance will be called in all emergency situations. A child should not be taken to hospital in a staff car except in very exceptional circumstances. In the parent's absence, a member of staff will accompany the child to hospital and stay with the child until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

27. 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 schools' complaint procedure.

28. Health Medical Care Plans and Common Conditions

(a) Asthma

One in ten children in the UK has asthma. The most common symptoms are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Whilst older children can identify these symptoms, younger children may not be able to. It is thus essential that staff in Early Years settings are aware of the range of symptoms.

Parents or carers of children with severe asthma are responsible for advising the school accordingly. The school nurse will be consulted, and if necessary, an individual Medical care plan will be drawn up by the nurse and the Inclusion Leader.

There are 2 types of medicines used to treat asthma: (i) relievers (blue inhalers) and (ii) preventers (brown, red or orange inhalers; sometimes tablets). Usually a child will only need a reliever at school, to relieve symptoms when a child is having an asthma attack. They are also sometimes used before exercise.

Parents' Responsibilities

- To complete a Medication in School Parental Agreement Form (Appendix 3) to request that asthma pump be available to the child during school time;
- To detail on the form whether the pump is (i) a reliever or (ii) a preventer;
- To provide a "spacer" (to assist in administration of the medicine) where possible;
- To advise staff at school if the child's condition worsens for any reason, and
- To ensure the correct prescription label is affixed to the pump.

The School's Responsibilities

- To provide safe, accessible storage arrangements for the child's pump;
- For KS1 children (i.e. up to year 2), to ensure that an adult administers the dosage through the pump (and spacer);
- For KS2 children (i.e. year 3 – 6), to ensure that an adult is present whilst the child self-administers the dosage (using a spacer if necessary);
- To keep a record of the child's use of the asthma pump at school (see Appendix 5);
- To ensure that arrangements are in place to ensure that asthma pumps are taken on Educational Visits, carried by an appropriate member of staff, and
- Parents will have access to the record of when the pump was used at school.
- To provide a child in an emergency or where a child has lost or run out of their **blue** asthma pump with another **blue** asthma pump to relieve the child having breathing difficulty.

(b) Epilepsy – a medical care plan **MUST** be in place

Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. At least one in 200 children has epilepsy and around 80% of them attend mainstream school. Note that most children with diagnosed epilepsy never have a seizure during the school day.

Parents' Responsibilities:

- To provide the school with as many details as possible re the child's specific condition, so that a medical care plan can be put together;
- To provide a history of the child's previous seizures (to include frequency, duration and any other particular points that may usefully inform the Medical care plan);
- To complete the medical form to authorise staff to administer medication as required;

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- To provide the designated school staff with any prescribed medication, that will be stored and managed in accordance with the terms set out in this policy.

The School's Responsibilities:

- To put a Medical Care Plan in place, in consultation with the child's parents/carer and appropriate external agencies;
- To ensure that all staff are made aware of the child's condition;
- To ensure that staff are aware that seizures usually last for a few seconds or minutes only, and that they may or may not be accompanied by a loss of consciousness;
- To ensure that staff are aware that triggers such as anxiety, stress, tiredness or being unwell may increase a child's chance of having a seizure;
- To ensure that staff understand whether or not the child has photosensitivity (sensitivity to flashing or flickering lights that can also trigger seizures);
- To ensure that staff understands that should the child have a seizure, the appropriate action is to put them in a safe position, and allow the seizure to take its course;
- To provide safe, accessible storage arrangements for the child's medication, and
- To advise parents in writing should any medication be administered, and to keep a record of administration at school.

(c) Diabetes – a Medical care plan MUST be in place

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes). The condition affects about 1 in 550 school-age children in the UK, the majority of who have Type 1 diabetes. This group normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone.

Parents' Responsibilities

- To provide the school with as many details as possible re the child's specific condition, so that a Medical care plan can be put together;
- To provide a history of any significant hypoglycaemic (blood sugar levels are too low) or hyperglycaemic (blood sugar levels are too high) episodes, with as much relevant detail as possible;
- To complete the medical form to authorise staff to administer medication as required;
- To advise designated school staff of the child's personal insulin administration plan (i.e. how often is insulin administered? Do blood glucose levels need to be checked at school, and if so, how often?);

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- To provide appropriate glucose tablets/gel for storage at school in case of a hypoglycaemic reaction, and - to provide school with any prescribed medication.

The School's Responsibilities

- To ensure that where staff agree to administer blood glucose tests or insulin injections, they are given the appropriate training;
- To ensure that relevant staff are aware of the action to take if the child has a hypoglycaemic (blood sugar is too low) reaction (stay with the child and administer a fast acting sugar, such as glucose tablets);
- To ensure that relevant staff are aware of the action to take if the child experiences hyperglycaemia (blood sugar is too high). Signs to look out for are tiredness, a greater than usual need to go to the toilet or to drink, and should be flagged to discuss with the child's parents/carers;
- To provide safe, accessible storage arrangements for the child's medication, and
- To advise parents in writing should any medication be administered, and to keep a record of administration at school.

Needlestick Injuries

Conditions such as diabetes may require needles for blood sampling as well as insulin injections. Needlestick injuries are wounds caused by needles accidentally puncturing the skin and can be a hazard as used needles can inject hazardous fluids into the body through the skin including blood borne viruses that could lead to AIDS (HIV virus) hepatitis B or hepatitis C.

Safe working practices

- A risk assessment will be completed to minimise risks
- Any employee required to assist will be informed of the risk assessment and receive appropriate training
- Suitable equipment will be provided for the task, including a sharps container
- Sharps are never carried around by hand
- Carefully assemble the device in line with training
- Do not take the device apart unless unavoidable
- Use one hand to replace caps onto needles
- Dispose of sharps immediately into sharps bin
- Replace sharps bin when $\frac{3}{4}$ full
- Wash and dry hands thoroughly

Treatment for Needlestick injury

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- Let wound bleed freely
- Rinse under cold running water copiously
- Dry wound and cover with waterproof dressing
- Seek medical advice
- Complete accident report

(d) Anaphylaxis – a Medical Care Plan MUST be in place

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours. Common triggers include: peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruit (e.g. kiwi fruit), penicillin, latex and the venom of stinging insects (e.g. bees, wasps).

The most severe form of allergic reaction is anaphylactic shock, where the blood pressure falls dramatically and the patient loses consciousness. Fortunately, this is rare among young children below teenage years. More commonly among children, there may be a swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.

Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin, nausea and vomiting. Even where mild symptoms are present, the child should be watched carefully as a more serious reaction may still occur.

However, anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

Parents' Responsibilities:

- To provide the school with as many details as possible re the child's specific condition, so that a Medical care plan can be put together;
- To provide a complete list of any and all substances known to cause an allergic reaction in the child to date;
- To provide a history of any significant allergic reactions, with as much relevant detail as possible;
- To complete medical form to authorise staff to administer medication as required; in the case of anaphylaxis, the treatment is an injection of adrenaline (also known as epinephrine, or 'epipen')
- In discussion with the SENCO, to determine how many 'epipen' devices to have stored at school, and to provide school with any prescribed medication, that will be stored and managed.

The School's Responsibilities:

- To ensure that where staff volunteer to be trained in the use of 'epipen' devices, appropriate training is arranged;

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- To ensure that relevant staff are aware of the action to take if the child has an acute, severe allergic reaction (anaphylaxis) - as per the DfE guidance, to call an ambulance should a severe, acute allergic reaction occur;
- To provide safe, accessible storage arrangements for the child's medication, and
- To advise parents in writing should any medication be administered, and to keep a record of administration at school.

(e) Sickle Cell Anaemia – a Medical Care Plan MUST be in place

There are a number of different sickle cell disorders which are genetic in nature. The severity of the condition varies from child to child, and also varies over time. Some of the effects are as follows:

- Anaemia which may reduce capacity for exercise;
- Obstruction of small blood vessels by 'sickled' cells which cause painful crises in bone and muscle and can lead to damage in different parts of the body; An increased risk of infection;
- Delayed growth and delayed onset of puberty, and
- Psychological difficulties due to having a chronic and often painful illness. Painful crises can be triggered by cold, infection, dehydration, fatigue and stress, but may also occur without warning. Other signs to look out for include complaints of pain at any site, fever, breathing problems, headache and odd sensations such as limping or headaches.

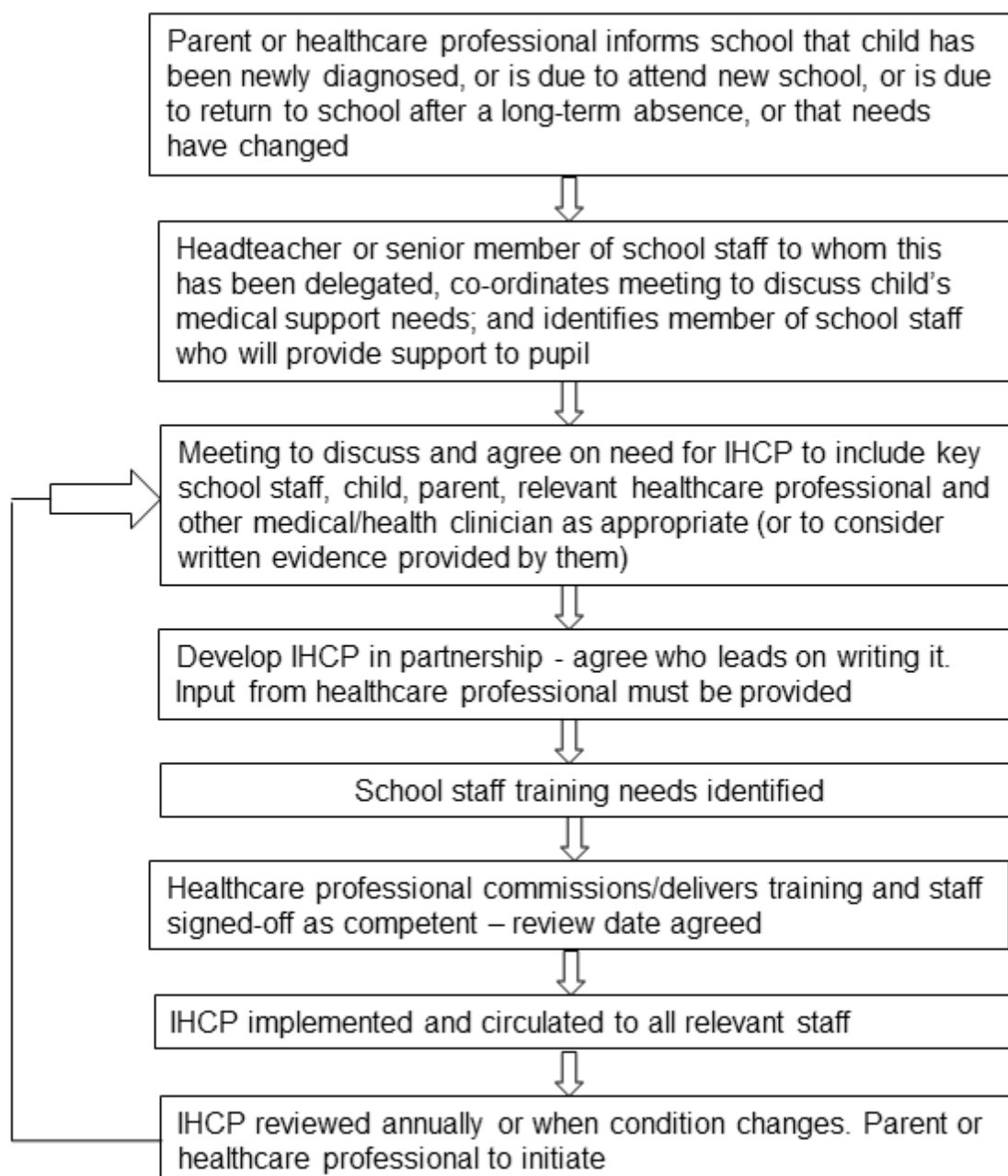
Parents' Responsibilities:

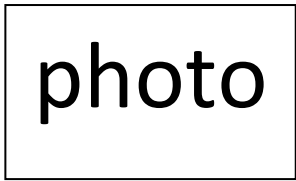
- To provide the school with as many details as possible re the child's specific condition, so that a Medical care plan can be put together;
- To provide a history of any significant crises, with as much relevant detail as possible;
- To complete the medical form (Appendix 3) to authorise staff to administer medication as required.

The School's Responsibilities:

- To ensure that where staff volunteer to be trained in the administration of any specific medication that may be required, and that training is arranged;
- To ensure that relevant staff are aware of the action to take if the child has a crises, as well as being aware of the possible triggers;
- To provide safe, accessible storage arrangements for the child's medication and
- To advise parents in writing should any medication be administered, and to keep a record of administration.

APPENDIX 1: Model Process for Developing Individual healthcare plans





APPENDIX 2: School Healthcare Plan Pro forma

Name of school	
Child's name	
Class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Relationship to child	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

APPENDIX 3: Medication in School Parental Agreement Form

The school will not give your child medicine unless you complete and sign this form.

Name of school	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	
Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to:	The school office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I agree to dispose of the medicines responsibly when returned to me by the school.

Name of parent / carer:

Signed by parent / carer:

Date:

Signed by or on behalf of Head of School:

Date:

APPENDIX 6: Contacting Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone