

Document type: Policy

**Supporting
Children in
School who have
a Medical Need**



BARNSLEY
Metropolitan Borough Council
E D U C A T I O N S E R V I C E S

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THIS POLICY WAS REVIEWED JANUARY 2009

Section 1 General Policy Statement

The Governors and Headteacher of Wombwell Park Street Primary School acknowledge that there is no legal duty which requires a member of the school staff to administer medication to a pupil or participate in any medical procedure involving a pupil

The Governors and Headteacher recognise that any provisions or arrangements contained in this policy are voluntary and in addition to the School's Health and Safety Policy.

The support of children with a medical need will be in accordance with the Authority's guidance on Supporting Children in School who have a Medical Need.

Signed: _____
(Headteacher)

Date: _____

Signed: _____
(Chairperson of the Governing Body)

Date: _____

Section 2 Statement of Organisation for Supporting Children in School with Medical Needs

The school's arrangements for carrying out the policy includes the following key principles.

- a) Places a duty on the Governing Body to approve, implement and review each individual arrangement.
- b) Places a duty on the Governing Body to consult school staff on each arrangement.
- c) To ensure that any member of staff agreeing to participate in an arrangement does so on a voluntary basis.
- d) That any participating staff have legal indemnity.
- e) That a record keeping system is in place for any arrangements which are implemented.
- f) Provide information and training, where appropriate, for any arrangement for which an employee has volunteered to participate.
- g) That only the following members of staff participate in the arrangements:
 - Mrs Bentley
 - Mrs K Clark Mrs Stevens
 - Mrs C Fenton Mrs Turner
 - Mrs C Empsall
 - Mrs K Arrowsmith

Section 3 Arrangements for Supporting Children in School with a Medical Need

NON OPTIONAL POLICIES

- 3.1 Asthma**
- 3.2 Headlice**
- 3.3 Incontinence**

OPTIONAL POLICIES

- 3.4b Prescribed Medicines**
- 3.5a Non- Prescribed Medicines**

- 3.6b Anaphylaxis**

- 3.7b Diabetes**

- 3.8a Epilepsy**

Arrangement 3.1 Asthma

- 1** The Governing Body recognise that in most cases when pupils suffer from asthma they will need to take asthma medication during the school day, usually through the use of inhalers.
- 2** Every effort will be made to encourage and help a child who suffers from asthma to participate fully in aspects of school life.
- 3** Where a child is admitted to/attends school who suffers from asthma the Headteacher will implement the following procedure:
 - inform all staff;
 - allow children to take charge of and use their inhaler from an early age;
 - encourage and request volunteers to offer assistance when needed;
 - ensure children with asthma have immediate access to their inhaler and allow those who are able to use their inhaler themselves to carry it with them in their pocket or pouch;
 - provide indemnity for staff who volunteer in assisting with administering medication to pupils with asthma;
 - maintain a register of all children who suffer from asthma
 - encourage and support full participation in PE and sport activities
- 4** The Headteacher will ensure that staff are aware of the procedure to be followed if a child has an asthma attack, as set out in Annex 1 to this arrangement.

Asthma Attacks

Asthma Attacks

If a child has an asthma attack the school will follow the following procedure:

- (i) ensure that the reliever inhaler (blue) is taken immediately. Where possible use the blue reliever aerosol via a spacer device and give up to ten puffs spaced out evenly over a period of five minutes. Repeat the dose every few minutes.
- (ii) stay calm and reassure the child. Listen carefully to what the child is saying. Although it's comforting to have a hand to hold staff will not put their arm around a child's shoulder as this is restrictive.
- (iii) help the child to breathe by ensuring tight clothing is loosened. Encourage the child to breathe slowly and deeply whilst sitting upright or leaning forward slightly, in the most comfortable position for them (lying flat is not recommended). Offer the child a drink of water.
- (iv) return the child to class when they are better.
- (V) inform the child's parents about the attack.

Emergency Situation

Medical advice will be sought and/or an ambulance called if:

- the reliever has no effect after five to ten minutes;
- the child is either distressed or unable to talk;
- the child is getting exhausted;
- there are any doubts at all about the child's condition.

School will continue to give reliever medication of two puffs every few minutes until help arrives (too much blue inhaler is more beneficial than too little).

A child will always be taken to hospital in an ambulance. School staff will not take them in their car as the child's condition may deteriorate quickly.

Arrangement 3.2 Headlice

- 1** The Governing Body recognise that Headlice are a problem for the whole community and that there is a high incidence of headlice amongst primary aged school children.
- 2** In managing the problem of headlice the school encourages promoting prevention of them by working with the school Health Service and raising awareness through health education.
- 3** This policy acknowledges that school staff and school nurses do not have legal rights to carry out head inspections and the school cannot and will not exclude an infected child.
- 4** The school will distribute a leaflet which has been designed by the School Health Service. The leaflet details the facts about headlice, shows how to detect them and how to treat them. It is distributed to parent(s) and carer(s) periodically and is integrated within the management of other school health problems. A copy of the leaflet can be found in guidance.
- 5** In circumstances where support has been offered to parent(s) or carer(s) and they repeatedly fail to take any action in dealing with headlice on their child the school will consult the Authority with a view to reporting them to Social Services, if there is cause for concern ie. neglect

Arrangement 3.3 Incontinence

- 1** The Governing Body accepts the Authority's Policy that admission to nursery or school cannot be refused on the basis of a child not being toilet trained.
- 2** Furthermore it recognises that some instances of incontinence may be due to a lack of training , delayed development, disability or special educational needs.
- 3** The school will deal with genuine accidents as part of their duty of care for the child in accordance with the procedure for managing incidents of incontinence as outlined in Annex 1 to this arrangement.
- 4** In cases of repeated occurrences of incontinence due to a lack of training the school will advise the parent(s) or carer(s) that it is causing a problem for staff and request their support in managing the situation.
- 5** For SEN pupils with CSA support, managing incidents of incontinence as outlined in Annex 1, will be part of their job description.
- 6** Where possible two staff will be present when changing a child. In respect of older disabled children or older children who have special educational needs the parent(s) or carer(s) will be asked who, ie either a male or a female or both, they want to assist in changing their child. In cases where older children are more mentally able the school will ask the child which gender of staff they would prefer to assist in changing them. This information will form part of the Health Care Plan.
- 7** Soiled nappies must be disposed of under the regulations covering the disposal of clinical waste using the yellow bag system.

**PROCEDURE FOR MANAGING INCIDENTS OF
INCONTINENCE IN PRIMARY CHILDREN**

Dealing with incontinence in pupils must be managed with the same precautions that apply to any bodily fluid.

- 1 The changing of a pupil's clothing and necessary washing should take place in a private area and two persons should be present.
- 2 Any area designated for this purpose should have facilities for washing and drying the child.
- 3 Members of staff carrying out this procedure should wear disposable gloves and apron.
- 4 Parents must always be told that there has been an incident and that it was necessary to wash / dry the child.
- 5 Soiled clothing should be put in a plastic bag and returned to parents for washing or disposal of.
- 6 Dirty nappies should be placed in a plastic bag and sealed (sellotape or staples) which in turn should be placed in the yellow bag to identify the contents as containing bodily waste.
- 7 At the end of the procedure wash and dry hands and dispose of apron and gloves.

Arrangement 3.4b Prescribed Medicines

- 1** The Governing Body recognise that many pupils will need to take medication at school at some time during school life. However medication must only be taken to school when absolutely essential. For us, this means that medication which has to be taken three times daily should not be brought into school. Only medication which needs to be taken four or more times daily will be administered by school.
- 2** The Headteacher will make clear to parent(s) or carer(s) that they are responsible for ensuring their child is well enough to attend school. If a child is acutely unwell they must be kept at home.
- 3** In circumstances where it is necessary for a pupil to take medication during the school day the Headteacher will implement the following procedure:
 - inform appropriate staff;
 - request volunteers to administer the prescribed medication;
 - ensure that any medication brought into school is clearly marked with the name of the pupil and the recommended dosage;
 - check that the parental consent form AM1 has been completed and returned to school before medication is administered.
- 4** Each time a child is given medication a record will be made on Form AM2, by the person who administered the medication.
- 5** If a child refuses to take medication school staff will not force them to do so. The Headteacher will make an informed decision on the action to be taken based on the arrangements agreed with the parent.

Arrangement 3.5a Non-Prescribed Medicines

Non-prescribed medicines will not be administered to any pupil under any circumstances by a member of the school staff.

The Headteacher will make clear to parent(s) or carer(s) that they are responsible for ensuring their child is well enough to attend school. If a child is acutely unwell they must be kept at home.

Arrangement 3.6b Anaphylaxis

- 1** The Governing Body recognise that pupils who suffer extreme allergic reaction to particular substances require urgent medical treatment.
- 2** Where a child is either admitted to the school with anaphylaxis or diagnosed at a later date with anaphylaxis the Headteacher will implement the following procedure:
 - inform the Authority;
 - inform all staff;
 - request volunteers to administer the prescribed medication;
 - implement the protocol and care plan as set out in Annex 1 to this arrangement;
 - ensure all staff administering the prescribed medication receive the appropriate training and legal indemnity as set out on Form AM3
 - ensure that the provision of care can be maintained for the full day;
 - make arrangements to include the child's participation on school visits and journeys

ANNEX 1

PROTOCOL AND CARE PLAN ON THE MANAGEMENT OF A CHILD WHO SUFFERS FROM A SEVERE ALLERGIC REACTION

1 BACKGROUND

- 1.1 It is known that * may suffer an anaphylactic reaction if he/she eats or comes into contact with

If this occurs he/she is likely to need medical attention and, in an extreme situation, his/her condition may be life threatening. However, medical advice is that attention to his/her diet, and in particular the exclusion of nuts, together with the availability of his/her emergency medication, is all that is necessary. In all other respects, it is recommended that his/her education should carry on as normal.

- 1.2 The arrangements set out below are intended to assist *s parents and the school in achieving the least possible disruption to his/her education, but also to make appropriate provision for his/her medical requirements.

2 DETAILS

- 2.1 The Headteacher will arrange for his/her teacher and other staff in school to be briefed about *'s condition and about other arrangements contained in this document.
- 2.2 The school staff will take all reasonable steps to ensure that * does not eat any food items unless they have been prepared/approved by the parents.
- 2.3 *parents will remind him/her regularly of the need to refuse any food items, which might be offered to him/her by other pupils.
- 2.4 In particular, * parents have the opportunity to provide for her:
- 2.5 If there are any proposals which mean that * may leave the school site, prior discussions will be held between school and *'s parents in order to agree appropriate provision and safe handling of his/her medication on the day.
- 2.6 Wherever the planned curriculum involves cookery or experimentation with food items, prior discussion will be held between the school and parents to agree measures and suitable alternatives.
- 2.7 The school will hold, under secure conditions, appropriate medication clearly marked for use by designated school staff or qualified personnel and showing an expiry date.

All used/expired medication must be replaced by *'s parents prior to commencement of the next attending school day.

3 ALLERGY REACTION

3.1 In the event of * showing symptoms of anaphylaxis, which are:

as described by his/her mother, then the following steps should be taken;

ALERT ANOTHER staff member, who will summon an ambulance using 999 and stating “**CHILD EXPERIENCING SEVERE ANAPHYLACTIC REACTION**”. Then a trained staff member will collect the EPIPEN from storage then return to administer the EPIPEN AUTO INJECTOR into **s thigh, in accordance with medical instructions received in the training session.

PARENTS TO BE INFORMED ON TEL NO:

THEN

The teacher, upon recognising the symptoms of anaphylaxis (nausea, swelling, rash etc) will administer

Symptoms usually subside within one hour following the administration of Piriton and * should be closely observed during this time.

The syrup may make * sleepy.

Following recovery, **s parents should be informed of what occurred.

IF symptoms do not subside, or increase in severity and he/she becomes wheezy, dizzy, has difficulty breathing, drowsy, collapses or becomes unconscious.

THEN place * in the recovery position, stay with him/her and do not leave him/her alone at any time.

DETAILS OF THE MEDICAL PROCEDURE FOR USING THE EPIPEN INJECTOR

PULL OFF GREY SAFETY CAP.

PLACE THE BLACK TIP ON THE MID OUTER ASPECT OF *S THIGH (ALWAYS THE THIGH) AT A RIGHT ANGLE.

PRESS HARD TO THIGH, HOLD IN PLACE FOR A COUNT OF 10.

REMOVE EPIPEN AND PLACE IN SHARPS BIN FOR AMBULANCE MEN.

MASSAGE INJECTION SITE FOR 10 SECONDS.

IF NO IMPROVEMENT IN CONDITION AFTER 5 MINUTES AND NO MEDICAL ASSISTANCE HAS ARRIVED 2ND EPIPEN TO BE ADMINISTERED.

Care should be taken to avoid accidental injury to the administering person. If this occurs, they should go to the nearest Accident & Emergency Department immediately for treatment.

- 3.2 The administration of EPIPEN is safe for *, and even if it is given through mis-diagnosis, it will do him/her no harm.
- 3.3 On the arrival of qualified ambulance service, the teacher in charge will appraise them of the medication given to *.
- 3.4 After the incident debriefing session will take place, with all members of staff involved. School can contact School Health Department for advice and support.
- 3.5 Parents will ensure replacement of any used medication prior to the commencement of the next school day.

4 TRANSFER OF MEDICAL SKILLS

- 4.1 Volunteers from school staff;

have undertaken training to administer emergency medication.

Name of qualified person given training:

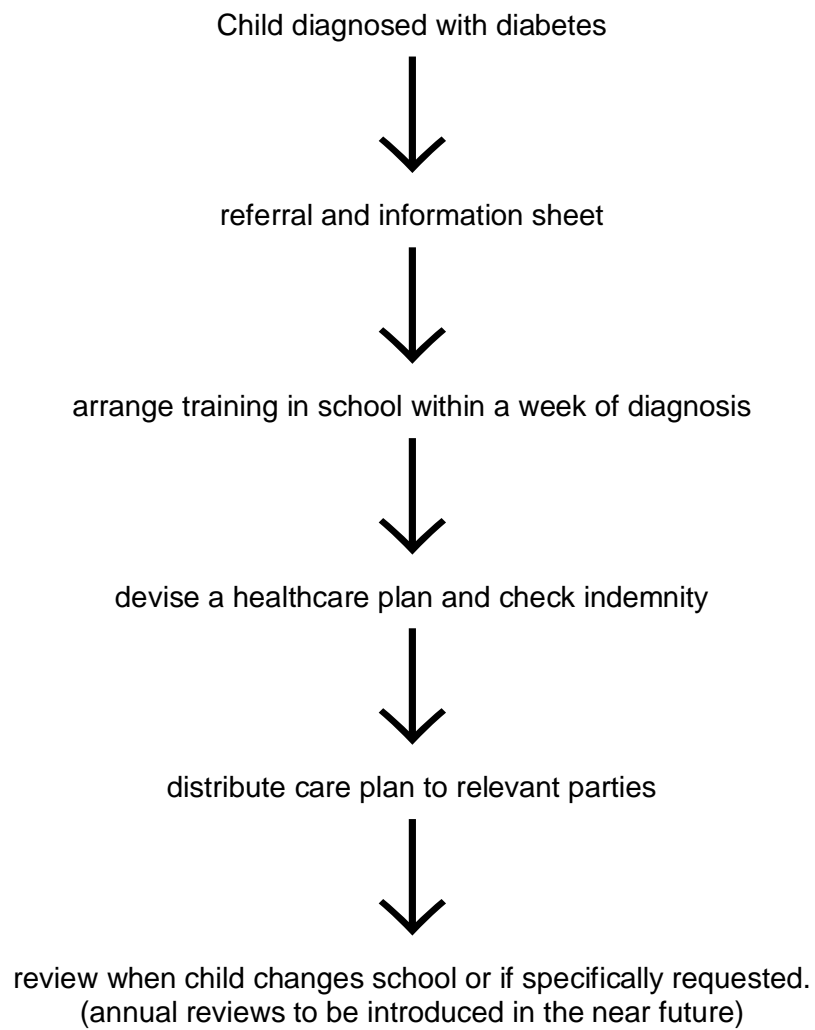
- 4.2 A training session was attended on _____ by members of school staff named (4.1) _____, explained in details *'s condition, the symptoms of anaphylactic reaction and the procedures for the administration of medication.
- 4.3 Further advice is available to the school staff/volunteers at any point in the future where they feel the need for further assistance. The medical training will be repeated at the beginning of the academic year by the school health advisor _____, who can be contacted on 777893 Ext

Arrangement 3.7b Diabetes

- 1** The Governing Body recognise that pupils who suffer from diabetes normally need to have daily insulin injections and a balanced diet to control their blood glucose level. They appreciate that greater flexibility is achieved for children, in particular older ones, who choose to take more than two injections a day.

- 2** Where a child is either admitted to the school who suffers from diabetes or diagnosed with diabetes at a later date the Headteacher will implement the following procedure:
 - inform the Authority;
 - inform all staff;
 - request volunteers to administer or assist with the administration of insulin injections and blood glucose testing;
 - implement the protocol/Health Care Plan which has been agreed by the Headteacher, school staff and relevant health professionals, including emergency procedures;
 - ensure staff follow the guidelines for Blood Glucose Monitoring as set out in Annex 2 to this arrangement;
 - ensure all staff administering or assisting in the administration of insulin injections and blood glucose monitoring receive appropriate training and legal indemnity as set out on Form AM3
 - ensure that the provision of care can be maintained for the full day;
 - take reasonable steps in accommodating the individual diet requirements of a child suffering from diabetes in accordance with the Health Care Plan;
 - make arrangements to include the child's participation in PE, and school visits and journeys.

CARE PATHWAY FOR SCHOOL CHILD WITH DIABETES.



ANNEX 2

GUIDELINES FOR BLOOD GLUCOSE

MONITORING IN SCHOOLS

Training will be given to the relevant teachers/CSAs by the paediatric diabetes specialist nurse. All equipment to be labelled with the child's name and stored safely when not in use.

- 1 The procedure should be carried out in designated area eg medical room. Prepare area – Paper towels / disposable gloves / Cotton wool / Blood glucose meter / Test strips / Disposable bags / Finger pricking device and lancet.
- 2 Child / young person to wash their hands using warm soapy water
- 3 Person carrying out / assisting the child should wash and dry their hands and wear disposable gloves.
- 4 Finger pricking to be carried out as previously agreed in the care plan.
- 5 Blood to be placed on test strip, then to be monitored according to the individual machine.
- 6 Cotton wool to be placed on finger until bleeding ceases.
- 7 Lancet to be placed in sharps bin
- 8 Result to be recorded in accordance with the care plan.
- 9 All disposable materials to be disposed of in accordance with the yellow bag system.
- 10 Dispose of gloves in yellow bag and wash and dry hands thoroughly.
- 11 It is recommended that each child is to take their blood glucose monitoring kit home each weekend for cleaning.

Any blood spillages are to be dealt with according to LEA guidelines

Arrangement 3.8a Epilepsy

- 1** The Governing Body recognise that pupils who suffer from epilepsy may require urgent medical treatment.
- 2** Where a child is due to be admitted to the school who suffers from epilepsy or who is diagnosed with epilepsy at a later date the parent(s) or carer(s) and the Authority will be notified in writing that the school staff will not administer the emergency medical procedure (Rectal Diazepam or Buccal Midozalam) which is carried out to treat children who suffer from a prolonged seizure.
- 3** The Headteacher will ensure that there is an agreed protocol/Health Care Plan in place at school for any child who suffers from epilepsy and make arrangements for the epilepsy specialist nurse to deliver an awareness session to school staff on epilepsy.
- 4** If the situation arises where a child experiences a major seizure the school will:
 - a) call for an ambulance;
 - b) immediately contact the parent(s) or carer(s)

This arrangement is in the late stages of development since the Authority is awaiting clarification from Barnsley NHS Primary Care Trust. It is anticipated that it will be forwarded to schools in the near future

:

Section 4 Authority Proformas

- AM1 Parental Request/consent for administration of a prescribed medicine
- AM2 School record of prescribed medicine
- AM3 Parental request/consent for the administering of a medical procedure/
emergency medical procedure

**AM 1
OCTOBER 04**

BARNSELY METROPOLITAN BOROUGH COUNCIL

EDUCATION SERVICES

This form is to be used for parental requests to schools for the administration of a prescribed medicine.

SECTION 1

SCHOOL

DATE OF REQUEST

SECTION 2

PUPILS NAME

YEAR GROUP

ADDRESS

TELEPHONE NUMBER

DAY TIME EMERGENCY
CONTACT NUMBER

PARENT(S) OR
CARER(S) NAME

SECTION 3

NAME OF MEDICATION

CONDITION OR ILLNESS
EG EAR INFECTION

ISSUING PHARMACY

DATE PRESCRIBED

DETAILS OF DOSAGE

DATE COURSE OF
MEDICATION FINISHES

SECTION 4

Name of GP

.....
.....
.....

Address

.....
.....

Telephone No

.....

SECTION 5

Arrangements agreed with the parent(s) or carers(s) if child refuses to take medication.

.....
.....
.....

SECTION 6 DECLARATION BY THE PARENT/LEGAL GUARDIAN OF

I consent to my child being administered the prescribed medicine as detailed in Section 3 in accordance with the dosage at the following time(s)

- (i) between 8.30am and 12.00pm at
- (ii) between 12.00pm and 4.00pm at

I understand that the LEA, Governing Body of the school and the staff cannot accept responsibility for any adverse reaction my child may suffer as a consequence of being administered the prescribed medication at my request.

Signed:

Relationship to child:

Date:

SECTION 7

APPROVAL FOR REQUEST YES/NO

..... **HEADTEACHER**

..... **DATE**

AM2

October 04

**BARNSELY METROPOLITAN BOROUGH COUNCIL
EDUCATION SERVICES**

**RECORD OF PRESCRIBED AND NON PRESCRIBED MEDICINES
ADMINISTERED
TO CHILDREN OR SELF ADMINISTERED**

DATE	PUPIL	TIME	MEDICINE & DOSAGE	CONDITION OR ILLNESS	ADMINISTERED BY

(APRIL 2004)

BARNSELEY METROPOLITAN BOROUGH COUNCIL EDUCATION SERVICES

This form is to be used for parental requests to schools for the administering of an emergency medical procedure.

SECTION 1

School: _____

Date of awareness session: _____

Nature of medical procedure to be
Undertaken: _____

SECTION 2

Pupils Name: _____

Year Group: _____

Address: _____

Telephone Number: _____

Day time emergency contact number: _____

Parent's Name: _____

SECTION 3

Name of GP: _____

Address: _____

Telephone no: _____

SECTION 4

Training will be provided with the agreement of parent/carer/ responsible medical professional/Headteachers/ and Barnsley Local Education Authority, on the understanding that:

- i) Staff undergo training on a voluntary basis
- ii) Staff are employees of the Barnsley Local Education Authority or Governing Bodies in Barnsley VA Schools or are carers approved by the Barnsley NHS Primary Care Trust
- iii) Staff agree to regular review and update their skills under instruction from a trainer approved by the responsible medical professionals.

Date training undertaken: _____

Training provided by _____ And approved by _____

Name of Nominated Staff	Signature
1	<p>.....</p> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
2	<p>.....</p> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
3	<p>.....</p> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
4	<p>.....</p> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
5	<p>.....</p> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>

Name of Nominated Staff	Signature
6	<p>.....</p> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
7	<p>.....</p> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
8	<p>.....</p> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
9	<p>.....</p> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
10	<p>.....</p> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
11	<p>.....</p> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
12	<p>.....</p> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>

Name of Nominated Staff	Signature
13 I have understood the training that has been provided and feel competent in carrying out the task.
14 I have understood the training that has been provided and feel competent in carrying out the task.
15 I have understood the training that has been provided and feel competent in carrying out the task.
16 I have understood the training that has been provided and feel competent in carrying out the task.
17 I have understood the training that has been provided and feel competent in carrying out the task.
18 I have understood the training that has been provided and feel competent in carrying out the task.
19 I have understood the training that has been provided and feel competent in carrying out the task.

DECLARATION BY SUPERVISING DOCTOR/NURSE

I declare that the above named individuals of _____ School have attended an awareness session under my supervision. They have been made aware of the medical condition and procedure and have been given the appropriate training and level of understanding to administer medical procedures as detailed in the Care Plan and Teaching Pack.

Name: _____ Status: _____

Signed: _____ Date: _____

SECTION 5

DECLARATION BY THE PARENT/LEGAL GUARDIAN OF

I consent to my child receiving the medical procedure detailed in the Care Plan by individuals identified in Section 4. I will notify the school immediately of any change in circumstances/regime.

I fully understand that unless the administering member(s) of staff ----- negligently fails to administer the medical procedure in compliance with the approved training/instruction he/she has received, or any subsequent training/instruction he/she has received, the LEA, Governing Body of the School and the staff cannot accept any responsibility for any adverse reaction or medical complication my child might suffer as a consequence of receiving this medical procedure, which I have requested them to undertake on my behalf.

Signed: _____

Relationship to child: _____

Date: _____

SECTION 6

I confirm the Chairperson of the Governing Body will be informed of the above details.

Signed: _____

(Headteacher)

Date: _____

