

# Supporting Pupils at School with Medical Conditions Policy

## St Edward's Church of England Academy



**Approved by:** Governing Body

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This policy outlines St Edward's Church of England Academy's responsibility to safeguarding and promoting the welfare of young people and expects all staff and volunteers to share this commitment. We strive to ensure compliance with the relevant legislation and guidance in Health Guidance for Schools with regard to procedures for supporting children with medical requirements, including managing medicines.

Medicines should only be brought into school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

All administration of medicines is arranged and managed in accordance with the Health Guidance for Schools document.

The school will endeavour to keep every student safe and comfortable whilst at school. If a student requires the use of their medication the school will inform parents or carers as appropriate.

## 1. Aims

The aims of our first aid policy are to:

Ensure that students with medical needs receive proper care and support at school. The Headteacher will accept responsibility in principle for members of the school staff giving or supervising students taking prescribed or Emergency medications during the school day where those members of staff have volunteered to do so.

Our administration of medicine requirements are achieved by establishing principles for safe practice in the management and administration of:

- prescribed medicines
- non-prescribed medicines
- maintenance drugs
- emergency medicine

We:

- provide clear guidance to all staff on the administration of medicines
- ensure that there are sufficient numbers of appropriately trained staff to manage and administer medicines
- ensure that there are suitable and sufficient facilities and equipment available to aid the safe management and administration of medicines
- ensure the above provisions are clear and shared with all who may require them
- ensure that this policy is reviewed periodically or following any significant change which may affect the management or administration of medicines

## 2. Administration of Medicine

The administration of medicines is the overall responsibility of parents/carers. The Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, and this may include managing medicines where appropriate and agreed with parents/carers.

### **Prescribed medicines**

It is our policy to manage prescribed medicines (e.g. antibiotics, inhalers) where appropriate following consultation and agreement with, and written consent from, the parents/carers.

### **Non-prescribed medicines**

Non-prescribed medicines will only be administered in exceptional circumstances at the discretion of the Headteacher.

### **Maintenance drugs**

It is our policy to manage the administration of maintenance drugs (e.g. Insulin) as appropriate following consultation and agreement with, and written consent from parents/carers. On such occasions, a health care plan is in place for the child concerned.

### **Non-Routine Administration (Emergency medicine)**

We manage the administration of emergency medicines such as:

- injections of adrenaline for acute allergic reactions
- rectal diazepam for major fits
- injections of Glucagon for diabetic hypoglycaemia

In all cases, professional training and guidance from an appropriate source will be received before commitment to such administration is accepted.

2.1 Medication will only be received in school if it has been prescribed by a doctor or on the written request of a parent.

2.2 Only reasonable quantities of medication should be supplied to the school, (for example, a maximum of four weeks supply at any one time)

2.3 Each item of medication must be delivered in its original container and handed directly to the schools reception.

2.4 Where the student travels on school transport with an escort, parents/carers should ensure the escort is informed of any medication sent with the student, including medication for administration during respite care

2.5 Each item of medication must be clearly labelled with the following information

- Student's name
- Name of medication
- Dosage
- Frequency of dosage
- Date of dispensing
- Storage requirements (if important)
- Expiry date

2.6 The school will not accept items of medication which are in unlabeled containers

2.7 Unless otherwise indicated all medication to be administered in school will be kept in a locked medical cabinet

2.8 On request the school will provide parents/carers with details of when medication has been administered to their child

2.9 Where it is appropriate to do so students will be encouraged to administer their own medication, if necessary, under staff supervision. Parents/carers will be asked to confirm in writing if they wish their child to carry their medication with them in school

2.10 It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of the student's need for medication. Parents are responsible for ensuring emergency medication stored in school is in date. The First Aid Officer - Mrs. J Norris will regularly monitor that stored medication is in date, taking action as appropriate.

2.11 Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.

2.12 The school will make every effort to continue the administration of medication to a student whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a student on a school trip if appropriate supervision cannot be guaranteed.

### **3. Procedures for Administration**

When deciding upon the administration of medicine needs for children we discuss this with the parents/carers concerned and make reasonable decisions about the level of care required. Any child required to have medicines will have an 'administration of medicines/treatment' consent form completed by the parent/carer and kept on file.

Individual health care plans are completed for children where required and reviewed periodically in discussion with the parents/carers to ensure their continuous suitability.

All administration of medicines is recorded. If a child refuses to take medication, parents/carers are informed at the earliest available opportunity.

### **3.1 Schedule Two Drugs**

These drugs, which include Ritalin, are governed by the Misuse of Drugs Act and are kept in a locked cupboard which conforms to the legislation. It is kept locked at all times except when being accessed for storage or administration of medicine. Keys are kept to a minimum and are held only by the Headteacher's PA – Mrs. M Driscoll.

A register of controlled (schedule two) drugs is kept which records:

- medication provided
- medication administered
- the name of the person for whom they were supplied.
- the name and quantity of the drug/medication supplied
- the amount administered each time and the amount left each time.
- the type of medication i.e. tablet/liquid and expiry date.
- two signatures for each dose of medicine given.
- two signatures for each time the medications are counted and checked. This is done once a week. The second signature is a witness.

Register entries are made in ink and in chronological order.

This register is kept for at least two years from the last entry made.

All pupils with ongoing medical needs have a care plan. This includes pupils with diabetes, Epipen, heart problems, epilepsy and very severe asthma.

### **3.2 Contacting the Emergency Services**

When a medical condition causes the child to become ill and/or requires emergency administration of medicines, then an ambulance will be summoned at the earliest opportunity and parents/carers informed to accompany the pupil to the hospital if at all possible.

## **4. Asthma**

### **4.1 Medication**

Asthma sufferers carry their own medication. Medication is NOT held centrally unless a parent makes a specific request, nor is it administered by the school.

### **4.2 Treatment**

Preventers: These are taken daily at home am & pm to make the airways less sensitive to the triggers. Generally, the preventers come in brown (sometimes white) containers.

Relievers: These medicines, sometimes called bronchodilators quickly open up narrowed airways and help the student's breathing difficulties. Generally, the relievers come in blue containers.

**(Reliever medication should be carried by the student at all times including during all PE lessons)**

Children with asthma learn from their past experience of attacks; they usually know just what to do and will probably carry the correct emergency treatment. As asthma varies from child to child it is impossible to give rules that suit everyone, however the following guidelines may be helpful:

### **4.3 During an attack**

- a) Ensure that the reliever medicine is taken promptly and properly.
- b) Make sure an adult stays with the pupil and if in doubt contact a qualified First Aider.
- c) Stay calm and reassure the student:
  - listen to what the student is saying and to what he/she wants: the student probably has been through it before

- loosen tight clothing around the neck
- offer the student a drink of warm water
- try tactfully to take the student's mind off the attack
- don't put your arm around the student's shoulder as this is restrictive

d) Help the student to breathe:

- Encourage the student to breathe deeply and slowly
- Most people with asthma find it easier to sit upright or to lean forwards slightly
- The student may want to rest his/her hands on the knees to support the chest
- Make sure that the student's stomach is not squashed up into the chest
- Lying flat on the back is not recommended

**(If the reliever has no effect after 5-10 minutes call an ambulance.)**

#### **4.4 After an attack**

Minor attacks should not interrupt a student's concentration and involvement in school activities. As soon as the attack is over encourage the student to continue with normal activities.

## **5. Diabetes Mellitus (Type 1 Diabetes)**

### **5.1 What is Diabetes?**

This is a condition which is ever present in schools. The following can happen:

- **Hypoglycaemia** – when blood sugar levels fall below normal 4mmol/l
- **Hyperglycaemia** – prolonged high blood sugar level, which can lead to diabetic coma.

### **5.2 Hypoglycaemia (low blood sugar - most common) – symptoms:**

- Faintness
- Palpitations
- Strange behaviour
- Sweating
- Cold skin
- Strong pulse
- Shallow breathing

#### **5.2.1 Treatment**

Follow the student's Health Care Plan

#### **5.2.2 Mild or Moderate Hypoglycaemia; below 4mmol/l**

Awake with symptoms of hypoglycaemia i.e. shaky pale sweating, hungry, dizzy, don't feel well, aggressive feel faint

- Sit down, check blood glucose level. Stay with child
- Give 3 dextrose tablets or sugary drink i.e. 50 mls of lucozade or 100 mls of coke or sugary drink
- Type 1 Diabetics have emergency boxes stored in the medical room.
- Students also carry emergency supplies with them.
- When student recovers - blood glucose rises above 4mmol/l - give starchy food, e.g. 2 biscuits or sandwich.
- In the unlikely event of a student losing consciousness call an ambulance.

#### **5.2.3 Severe Hypoglycaemia**

- If pupil is unconscious and not able to swallow do not give anything by mouth.

- Stay with the pupil and put them in recovery position
- Call 999

### **5.3 Hyperglycaemia (high blood sugar) – symptoms:**

- Dry skin, rapid pulse
- Deep breathing, very difficult to inhale
- Smell of acetone on casualty's breath
- Treatment – rest and reassure patient, call for an ambulance.

**(This usually comes on over days and so is not an acute problem but can be serious.)**

## **6. Anaphylactic shock**

### **6.1 What is Anaphylactic shock?**

This is a sudden allergic reaction to:

- Certain foodstuffs
- Drugs
- A sting from an insect
- Latex rubber

In such cases breathing is dramatically reduced because of tightening of the airways due to swelling. They become shocked because of dilated blood vessels.

### **6.2 Symptoms:**

- Anxiety
- Blotchy skin/rash
- Swelling of face/eyes/throat
- Seriously impaired breathing
- Rapid pulse
- Unconsciousness

### **6.3 Treatment:**

- Dial 999
- If shocked, best to lie patient down
- Keep patient warm

If a member of school displays these symptoms contact a First Aider immediately. Medication for all known sufferers of anaphylactic shock is kept in a named box in the medical cupboard in the medical room. Key is kept in Student Services.

## **7. Epilepsy**

### **7.1 Minor Partial Seizure**

A sufferer may remain conscious with the following

#### **7.1.1 Symptoms:**

- Sudden 'switching off'
- Staring blankly

- Slight twitch/jerking
- Possible shouting/noise making

### **7.1.2 Treatment:**

- Sit the casualty in a quiet place and observe. Remove sources of harm.
- Reassure patient
- Notify parents.

## **7.2 Complex Partial seizure**

Where consciousness is affected

### **7.2.1 Symptoms:**

- Confusion
- Unaware of surroundings
- Mumbling sounds
- Chewing movements
- Not respond when spoken to

### **7.2.2 Treatment**

- Sit the casualty in a quiet place and observe. Remove sources of harm.
- Reassure patient
- Notify parents.

## **7.3 Generalised Tonic Colonic Seizure**

In some cases a child or young person loses consciousness

### **7.3.1 Symptoms:**

- May start with casualty crying out
- Casualty falls down & may go unconscious
- Rigid back
- Breathing may become difficult
- Lips may go blue
- Clenched jaw
- Convulsions
- Saliva and/or blood in the mouth
- Loss of bowel control.

### **7.3.2 Treatment:**

- Observe casualty
- Loosen clothing
- Administer Emergency Medication (as per care plan)
- Place in recovery position when convulsions cease
- Call 999 if fitting continues and recovery to consciousness is slow
- Contact Parents

Quiet often after a seizure the child or young person may feel tired, be confused, have a headache and need time to sleep. Recovery times vary some may feel better after a few minutes while others may need to sleep for several hours.

## **8. Storage**

For all the above conditions the school keeps a medical record and staff should familiarise themselves with this.

The storage of medicines is the overall responsibility of the Headteacher who ensures that arrangements are in place to store medicines safely. Secure storage is situated in the main school office and medical room.

The storage of medicines is undertaken in accordance with product instructions and in the original container in which the medicine was dispensed.

It is the responsibility of all staff to ensure that the received medicine container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.

It is the responsibility of the parents/carers to provide medicine that is in date. This should be agreed with the parents/carers at the time of acceptance of on-site administration responsibilities.

## **9. Students with Care Plans**

Should a student be identified by the School Nurse as needing a Health Care Plan, the plan will be drawn up by the First Aid Officer in conjunction with the School Nurse, Pastoral Leaders, Parents (and student if appropriate). The First Aid Officer will inform the Admin Team for entry of the basic information onto SIMS. The Health Care Plan itself will be held by the First Aid Officer and will be implemented, monitored and evaluated in liaison with parents (and student if appropriate) and relevant staff.

## **10. Intimate care**

Should any student require intimate care this will be identified in a Care Plan. Staff involved in providing intimate care will be identified in the plan, will receive appropriate training and will follow NHS Essence of Care Guidelines (available from the School Nurse).

## **11. Identification of students with long term medical conditions**

### **11.1 Students new to school**

- Parents inform school of a long term medical condition via the admission form
- Form passed to Admin team
- Information entered by Admin team onto SIMS

### **11.2 Existing students with a new medical condition**

- Parents inform school of a long term medical condition by any other method (Medical Information Update [Form](#))
- Information passed to:
  - First Aid Officer, Head of Learning and relevant teaching staff
  - Information entered by Admin team onto SIMS
  - Information forwarded to Student Services team for filing in student records and information sharing purposes.

### **11.3 Information sharing and staff responsibilities**

- List cross referenced with School Nurse
- Complete medical list provided for First Aid Officer, School Nurse, Senior Leadership Team, Heads of Learning, Heads of Department, First Aiders.
- Medical list to Data Officer for entry to Assessment Manager class lists
- Class teachers to familiarise themselves with SIMS medical data on identified students
- Additions to SIMS list made by Admin team.

## **12. Disposal of medicines**

- It is the responsibility of the parents/carers to ensure that all medicines no longer required, including those which have date-expired, are returned to a pharmacy for safe disposal.
- 'Sharps boxes' are always be used for the disposal of needles. Collection and disposal of the boxes is arranged as appropriate.

## **13. Training**

A number of staff have qualifications in First Aid, an up-to-date list is held by the First Aid Officer. They are responsible for ensuring staff receive regular training to update their qualifications. Where staff are required to carry out non-routine, more specialised administration of medicines or emergency treatment to children, appropriate professional training and guidance from a competent source is sought before commitment to such administration is accepted. All members of staff will receive annual training in dealing with students who suffer from asthma, diabetes, epilepsy or who may suffer anaphylactic shock.

## **14. Monitoring arrangements**

This policy will be reviewed annually by the Senior Leadership Team and Headteacher. At every review, the policy will be shared with the Governing Body for approval

## **15. Links with other policies**

This administering medication policy is linked to the

- First aid policy
- Health and safety policy
- Risk assessment policy

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