

# Supporting Students With Medical Conditions Policy

This Policy should be read in conjunction with the SEN Policy, Attendance Policy, Health and safety policy, Complaints Policy and the Safeguarding Children policy

## 1) Statement of intent

Fairfield High School wishes to ensure that students with medical conditions receive appropriate care and support at school. This policy has been developed in line with the Department for Education's guidance released in April 2014 – "Supporting students at school with medical conditions". Fairfield High School in the context of its inclusive aim sees itself as part of the wider team of services around the child which includes the parents/carers and the child themselves. For us to support students with medical conditions, it requires effective communication between all of the services around the child. The SENCO and Learning Managers at Fairfield have pastoral oversight of the student's development, adjustment and attainment and they will ensure that the demands of confidentiality are met through the 'need to know'.

Ofsted places a clear emphasis on meeting the needs of students with SEN and Disabilities and this includes children with medical conditions.

## 2) Definitions

- "Medication" is defined as any prescribed or over the counter medicine.
- "Prescription medication" is defined as any drug or device prescribed by a doctor.
- A "staff member" is defined as any member of staff employed at Fairfield High School

### 3.1) The Governing Body is responsible for:

- The overall implementation of the supporting students with Medical Conditions Policy and procedures of Fairfield High School
- Ensuring that the Supporting Students with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy
- Ensuring that all students with medical conditions are able to participate fully in all aspects of school life
- Ensuring that the relevant training is delivered to staff members who take on responsibility to support students with medical conditions
- Ensuring that information and teaching support materials regarding supporting students with medical conditions are available to members of staff with responsibilities under this policy

- Ensuring the level of insurance in place reflects the level of risk

### **3.2) The Head Teacher is responsible for:**

- The day to day implementation and management of the supporting students with medical conditions policy and the procedures of Fairfield High School
- Ensuring the policy is developed effectively with partner agencies
- Making staff aware of this policy
- Liaising with the SENCO, Learning Support Managers and Healthcare Professionals regarding the training required for staff
- Making staff who need to know aware of a child's medical condition
- Overseeing the Development of individual healthcare plans (IHCPs) with the SENCO and Learning Support Managers
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations
- Ensuring the correct level of insurance is in place for teachers who support students in line with this policy
- Ensuring the SENCO or Learning Managers contact the school nursing service or any other relevant Healthcare Professionals in the case of any student who has a medical condition

### **3.3) Staff members are responsible for:**

- Taking appropriate steps to support students with medical conditions
- Where necessary making reasonable adjustments to include students with medical conditions into lessons
- Administering medication, if they have agreed to undertake that responsibility
- Undertaking training to achieve necessary competency for supporting students with medical conditions, if they have agreed to undertake that responsibility
- Familiarising themselves with the procedures detailing how to respond when they become aware a student with a medical condition needs help

### **3.4) School Nurses are responsible for:**

- Notifying the school when a student has been identified with requiring support in school due to a medical condition
- Liaising locally with lead clinicians on appropriate support

### **3.5) Parents and Carers are responsible for:**

- Keeping the school informed about any changes to their child/children's health
- Completing a **parental agreement for the school to administer medicine form** before bringing the medication into school
- Providing the school with the medication that their child requires and keeping it up to date
- Collecting any leftover medicine at the end of the course or school year
- Discussing medications with their child/children prior to requesting that a staff member administers the medication
- Where necessary, developing an Individual Healthcare Plan (IHCP) for their child in collaboration with the Head Teacher, other staff members and HealthCare Professionals

### **4) Training of staff**

Teachers and support staff will receive training on the Supporting Students With Medical Conditions Policy as part of the induction process. Teachers and support staff will receive regular and ongoing training as part of their development. No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering. Margaret Anne Streatfeild will keep a record of training undertaken and a list of staff qualified to undertake responsibilities under this policy.

### **5) The role of the child**

Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. Where possible children will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location. If students refuse to take medication or to carry out a necessary procedure, parents/carers will be informed so that alternative options can be explored. Where appropriate students will be encouraged to take their own medications under the supervision of a member of staff.

### **6) Individual Healthcare Plans (IHCPs)**

Where necessary an IHCP will be developed in collaboration with the student, the parents/carers, Head Teacher, SENCO, Learning Managers and Medical professionals (see Appendix 1 and 2). IHCPs will be easily accessible whilst preserving confidentiality. IHCPs will be reviewed at least annually by the SENCO and/or Learning Managers or when the students' medical circumstances change, whichever is sooner. Where a student has an IHCP and a statement of special educational needs, the IHCP will be linked to it or become part of it. If a student is returning from a period of hospital education or alternative provision or home tuition, we will work with the relevant agencies and external providers to ensure that the IHCP identifies the support the student needs to reintegrate.

The IHCP should contain the emergency contact numbers of the Healthcare Professionals responsible for the management of the student's healthcare needs and the emergency contact details for the student's parent/carers.

## **7) Medicines**

Where it is possible, it is preferable for medicines to be prescribed in frequencies that allow the student to take them outside of school hours. If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for the **School to Administer Medicine Form (see Appendix 3)**. No child will be given any prescription or non - prescription medicines without WRITTEN parental consent except in exceptional circumstances. Where a student is prescribed medication without their parent/carers knowledge, every effort will be made to encourage the student to involve their parents/carers whilst respecting their right to confidentiality. No student under 16 years of age will be given any medication containing aspirin without a doctor's prescription.

Medicines MUST be in date, labelled and provided in the original container (except in the case of insulin which may come in a pen or a pump) with dosage instructions. Medicines which do not meet these criteria will not be administered. Medicines will be stored in the back office which is easily accessible and secure. If medication needs to be kept in the fridge, this should be the staff fridge and the cap on the medication should be securely closed. Any medications left over at the end of the course will be returned to the students' parents. Written records will be kept of any medication administered to students. Students will never be prevented from accessing their medication.

Fairfield High School cannot be held responsible for any side effects that occur when medication is taken correctly.

Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which may be dealt with under our Behaviour Policy.

## **8) Emergencies**

Medical emergencies will be dealt with under the schools' emergency procedures. Where an IHCP is in place it should detail what constitutes an emergency and what to do in an emergency. If a student needs to be taken to hospital, a member of staff will remain with the student until their parent/carer arrives.

## **9) Avoiding unacceptable practice**

Fairfield High School understands that the following behaviour is unacceptable:

- Assuming that students with the same condition require the same treatment
- Ignoring the views of the student and/or their parent/carer
- Ignoring medical evidence or opinion

- Sending students home frequently or preventing them from taking part in activities in school because of a medical condition.
- Sending a student to the office or medical room alone if they are seriously unwell
- Penalising students with medical conditions for their attendance record where their absences relate to their condition
- Making parents/carers feel obliged or forcing them to attend school to administer medication or provide medical support, including toileting issues
- Creating barriers to students participating in school life, including school trips
- Refusing to allow students to eat, drink or use the toilet when they need to in order to manage their condition

### **10) Insurance**

Teachers who undertake responsibilities within this policy are covered by the schools insurance. Full written insurance documents are available to be viewed by members of staff who are providing support to students with medical conditions. Those who wish to see the documents should contact the bursar.

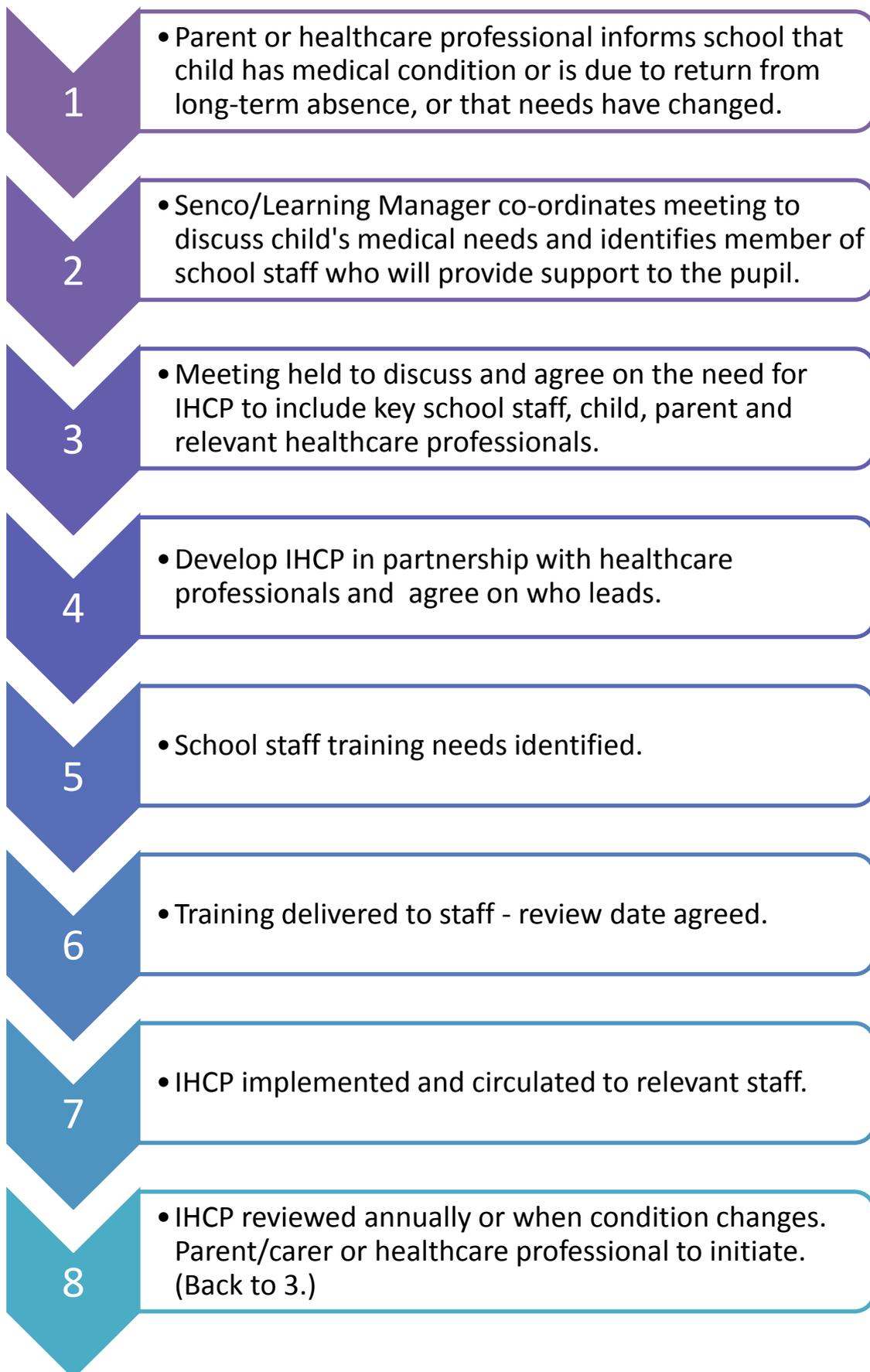
### **11) Complaints**

Details of how to make a complaint can be found in the Complaints Policy.

Reviewed by Head Teacher ..... Date .....

Reviewed by Chair of Governors..... Date .....

## Appendix 1 – Individual Healthcare Plan implementation procedure



Appendix 2 - Individual healthcare plan template

**Fairfield High School Individual Health Care Plan**

Child's name

Tutor group

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

**Family Contact Information**

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

**Clinic/Hospital Contact**

Name

Phone no.

**G.P.**

Name

Phone no.

Who is responsible for providing support in school

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 student'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

Signed.....(School).....(Date)

Signed .....(parent/carer).....(Date)

### Appendix 3 - Parental agreement for a school to administer medicine template

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

#### Fairfield High School medicine administering form

Date for review to be initiated by	
Name of child	
Date of birth	
Tutor group	
Medical condition or illness	

#### Medicine

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	Margaret Anne Streatfeild

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.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

## Appendix 4 - Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent,

RE: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting students at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each student needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, students, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will include add details of team. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I or add name of other staff lead would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

## **Appendix 5 - Asthma Policy**

### **The aim of the policy is:**

- For all children with asthma at Fairfield High School to receive appropriate attention as required.
- To provide a clear set of guidelines and expectations to be followed with regard to the management of asthma.

### **Fairfield High School:**

- Welcomes students with asthma.
- Encourages and helps children with asthma to participate in all aspects of school life.
- Recognises the need for immediate access to inhalers.
- Keeps a record of all students with asthma and the medicines they take.

### **Background**

The majority of children with asthma will be taking regular inhaled therapy. This normally consists of steroid or steroid combination inhalers which are normally kept at home.

The inhalers which should be kept in school are relievers, usually coloured blue. The most commonly used is the metered dose inhaler which is used with a spacer.

### **Access to and Storage of Inhalers in School**

- Parents/ carers are responsible for ensuring that the child / school has the most appropriate inhaler or medication and that it is up to date.
- Children with asthma must be able to access their own relieving medication
- Children who are able to use their inhalers themselves should be allowed to carry them with them
- If a child is considered unable to take responsibility for their own inhaler, staff should make sure the inhaler is provided then stored in a safe but readily accessible place, clearly marked with the child's name
- Inhalers should never be in locked storage
- Inhalers should always be easily available during physical education, sports activities and educational visits
- Students with asthma need to be able to access their reliever medicine freely, including whilst away from school on education visits. Children should be reminded to carry their own reliever inhaler at all times.
- All asthma medicine taken to school should be clearly labelled with the student's name
- All medication should be stored in their original containers

- All medication should be sent home with students at the end of the school year and should not be stored in school during the summer holidays
- Out of date medication should be returned to parents, who should be asked to return the item to a pharmacy for safe disposal
- When a student leaves the school, their medication should be returned to parents

### **Record Keeping**

- At the beginning of the school year or when a child joins the school, parents/carers are asked if their child has any medical conditions and they must complete the relevant information documents.

### **Exercise and Activity**

Students with asthma are encouraged to participate fully in PE lessons. All teachers know which children in their class have asthma from the school's asthma register. If a student needs to use an inhaler during a lesson they will be encouraged to do so.

The health benefits of exercise are well documented and this is true for children with asthma. All sport coaches in after school clubs will be aware of those children with asthma and know what to do in the event of an asthma attack

### **School Trips**

- Accompanying staff will be made aware of the children with asthma.

### **Asthma Attacks (1)**

Signs to indicate an acute attack should be treated as an emergency. The following signs should be noted:

- Extreme breathlessness and/or coughing.
- Reliever medicine does not work.
- The child has difficulty with talking and/or is unable to talk in sentences without taking a breath in the middle.
- The child is becoming exhausted or distressed.

### **Asthma Attacks (2)**

All staff who come into contact with students with asthma know what to do in the event of an asthma attack.

In the event of an asthma attack the school follows the procedure outlined by Asthma UK '**What to do in an Asthma Attack**'. This procedure will be visibly displayed in the staffroom and every classroom

## **Appendix 6 – Diabetes Policy**

### **What is Diabetes?**

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). About one in 550 school-age children have diabetes, and 2 million people suffer in the UK. The majority have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. People with Type 2 diabetes are usually treated by diet and exercise alone.

Each person may experience different symptoms and this should be discussed when drawing up the health care plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. Staff with diabetes should make their condition known and their treatment plan available. Children and staff should be made aware of what to do if the member of staff is unwell.

### **Medicine and Control for children**

The diabetes of the majority of children is controlled by injections of insulin each day. Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection. Older children may be on multiple injections and others may be controlled on an insulin pump. Most children can manage their own injections, but if doses are required at school supervision may be required, and also a suitable, private place to carry it out.

Increasingly, older children are taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of long-acting insulin at home, usually at bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. The child is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give. Diabetic specialists would only implement this type of regime when they were confident that the child was competent. The child is then responsible for the injections and the regime would be set out in the individual health care plan.

Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting. Most older children will be able to do this themselves and will simply need a suitable place to do so. However younger children may need adult supervision to carry out the test and/or interpret test results.

When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional. Administering injections is a matter for personal preference and no member of staff will be expected to carry out this task without full training and their consent.

Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the child may experience a **hypoglycaemic episode (a hypo) during which blood glucose level fall too low**. Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

**Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar – a hypoglycaemic reaction (hypo) in a child with diabetes:**

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking or trembling
- lack of concentration
- irritability
- headache
- mood changes, especially angry or aggressive behaviour

Remember each child may experience different symptoms and this should be discussed with the parents/carers, diabetic nurse team and the child when drawing up a health care plan.

**If a child has a hypo, it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought to the child and given immediately.** Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later. **An ambulance should be called if: recovery takes longer than 10-15 minutes or if the person becomes unconscious**

Some children may experience **hyperglycaemia (high glucose level)** and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. **If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.**

### **Record Keeping**

At the beginning of the school year or when a child joins the school, parents/carers are asked if their child has any medical conditions and they must complete the relevant information documents. Information and photographs of children with diabetes are in the medical room and in cohort profile folders as part of care plans.