

# Highfurlong School

*'Inspire, Challenge, Believe'*



## Supporting Children with Medical Conditions

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## Aims

### This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

### The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are adequate staffing arrangements to ensure someone is always available to support pupils with medical conditions
- Liaising with wider health teams such as the Children's Community Nursing Team to ensure the best care possible for our pupils

Abbreviations used in policy:			
CCNT	Children's Community Nurse Team	MARS	Medical Administration Recording Sheet
RN	Registered Nurse	PRNs	Medication that is not scheduled.
AP	Assistant Practitioner	TA	Teaching Assistant
DSL	Designated Safeguarding Lead	PA	Passenger Assistant

## 1. Legislation and Statutory Responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on Supporting Pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (DfE 2014), Guidance on the use of salbutamol inhalers in school (March 2015) and with due regard to Medicines Management in Special Schools- Interim/Transitioning Arrangements 18.08.2022 (Blackpool Teaching Hospitals NHS Foundation Trust)

## 2. Roles and Responsibilities

### The governing body will:

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

### The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's medical conditions
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the Children's Community Nursing in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the team
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

### Staff will:

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This may include the administration of medicines.

- Staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency via the Children's Community Nurse Team before doing so
- Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

**Parents will:**

- Provide the school with sufficient and up-to-date information about their child's medical needs including when any change is required to the current care plan in place. If additional information is required other professional bodies may be contacted to provide additional information via the CCNT.
- Be involved in the development and review of their child's care plans and sign to agree to the contents annually and when any amendments to the plan are made.
- Carry out any action they have agreed to as part of the implementation of the care plan e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times
- Provide medication in the original container with a clear, readable prescription label including an expiration date.
- Provide authorised consent to CCNT to administer medication by completing, signing and dating a permission to give form for each medication required.

**Pupils will:**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their own care plans. They are also expected to comply with their own care plans.

**Children's Community Nurse Team (CCNT) will:**

The CCNT will ensure all pupil care plans are updated annually, signed by parents and shared with class staff working directly with the pupil.

Healthcare professionals, such as GPs, health visitors, therapists, dieticians and paediatricians, will liaise with the CCNT and notify them of any pupils identified as having a medical condition. They may also provide advice on developing or writing a pupil's care plan.

Medications and safety checks will be carried out at the beginning of each day by a RN or AP.

RNs will deliver annual training on medications management to school staff. RNs and APs will maintain yearly competencies.

AP and RN will offer ongoing support and demonstration to school staff until they are competent in the processes within each pupil's individual care plan.

AP and RN will notify school staff when daily medication is due to expire.

**3. Equal opportunities**

Highfurlong is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils where possible to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out as part of normal so that planning arrangements take account of any steps needed to ensure that pupils with complex medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted. Some pupils may need treatment before and/or after exercise, any restrictions on a child's ability to participate in PE should be recorded on their care plan. Staff will seek advice and discuss any issues that may arise with the CCNT.

Sometimes additional safety measures may need to be taken for off site visits. It may be that an additional staff member, parent or volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervision off site visits should always be aware of any medical needs and any relevant emergency procedures, a hard copy of the NHS care plan should be taken in the event of the information being needed in an emergency.

#### **4. Individual Care Plans**

CCNT supports school by writing and amending pupils' individual care plans. It is the responsibility of CCNT to ensure parents have signed and agreed the plans. CCNT ensures school staff have annual updates and training to ensure they are competent to carry out their daily tasks to support pupils such as administering medication, feeding, changing, toileting, suctioning. CCNT also ensures that any interim changes are made to these plans when required and staff are retrained if necessary.

#### **5. Managing Medication**

- **Signing in/out**

All medications should be signed in at the start of each day and signed out at the end of the day at the school office by a parent or PA to the CCNT via the sign sheet.

- **Expiration**

Expiry dates of school held medication must be monitored. Presently daily medication dates are monitored by CCNT and emergency medication dates are monitored by SEND administration via the Medical Tracker system. School staff alert parents when supplies of emergency medication are running low to allow time for new stock to be ordered and sent into school and notification is sent to parents via medical tracker. Expired medication is sent home for parents to discard safely directly or via the PA, this should be documented on the signing in and out sheet.

**Children who do not have their rescue medication in school should not be in school if their medication is not available to them.**

Class staff to monitor volume of feeds and equipment and request replenishment directly with parents.

- **Storage**

CCNT will store all medication safely in the Nurse Room in locked cupboards.

Where medication is required to be kept in a fridge it will be stored in the Nurse Room which is only accessible by school and nursing staff. Fridge temperatures are checked daily and recorded by the CCNT.

Asthma inhalers to be stored in clearly labelled boxes in classrooms on a high shelf (out of the reach of pupils) with care plans for class staff to administer.

All feeds and feeding equipment to be stored in the Feed Room until required.

## **Administration**

Medication administered in school must only be medicines that are required at a specific time during the school day or requiring administration 4 times daily or more.

When administering medication in the absence of a RN, the AP must seek a second counter signature from a member of education staff. They will sign their initials as a confirmation that the MARS chart, medication and label all correlate.

CCNT to check that the parent has signed the permission to give form and that it is up to date if any new medications are prescribed before they complete the MARS.

School staff should be aware if they have a concern relating to the changing medical needs or administration of medicines procedures they should in the first instance report this to the Senior Leadership Team. If it is relation to a serious safeguarding incident then they should seek appropriate support and advice by reporting it verbally to the DSL followed by documenting via the school cpoms system.

- **CCNT Policy: Administration of Medication**

School staff will follow CCNT policy when supporting CCNT with the administration of medicines.

- Two nursing staff/ TAs to ensure checks are completed prior to giving medication. This will include checking the expiry dates; ensuring medication is labelled, and intact to give.
- Two nursing staff / TAs to check 7 Rights to administration, these are;
  - 1) **Right Medicines**
  - 2) **Right Patient**
  - 3) **Right Dose**
  - 4) **Right Route**
  - 5) **Right Time**
  - 6) **Right documentation ( See Permission to Give and MARS - See **Appendix 1a and 1b**)**
  - 7) **Right Effect**

- The administrator should follow the process from drawing up the medication to administration and documenting it.
- Two nursing staff/ TAs must document any medicines that have been discarded or if the child refuses medication.

## **6. Emergency Procedures**

Staff will follow the school's normal emergency procedures (for example, calling 999) for any child who does not have a care plan. In the case where a pupil does have an existing care plan, the care plan is to be followed. All pupil care plans will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, a member of school staff who knows the child will accompany the pupil to hospital by ambulance and stay with the pupil until the parent, carer or social worker arrives.

## **7. Staff Training**

All staff must be fully trained, competent and confident in the administration of oral medications and medications given via gastro by the CCNT. All staff receive annual training from a RN for giving medication, safe storage of medication and specific medical conditions including: epilepsy, anaphylaxis, dysphagia and asthma.

All class staff also receive annual training from a RN for individual pupils in relation to each of their health conditions and treatment (asthma, epilepsy, hydrocephalus, catheterisation, stoma, gastro feeds, naso-gastro feeds, blended diets, oxygen, oral suctioning) and their individual care plans and feed plans.

## **8. Record Keeping**

CCNT will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. In the case of emergency medication being given- parents will be notified via medical tracker and this information will be stored electronically until a pupil leaves.

Individual care plans are kept with emergency medications in a readily accessible place which all staff are aware of in the Nurse Room. The exception to this is that asthma plans are held in asthma inhaler boxes within each classroom.

## **9 Specific Medical Conditions**

### **Asthma: Protocol in school and use of the Emergency Inhaler**

All pupils who have asthma have a care plan which is written and updated by the CCNT annually.

If the parents agree that their child is capable, pupils will be supported by nursing and school staff to take responsibility for managing their own inhalers and equipment.

The emergency salbutamol inhaler is only to be used by children who have an asthma care plan in school and have been prescribed a reliever inhaler and for whom written parental consent for use of the emergency inhaler has been given. **See Appendix 2.**

The dose given via the emergency salbutamol inhaler should be as indicated on the pupil's current asthma care plan.

There are two emergency salbutamol inhaler kits, one is stored in the Emergency cupboard in the Nurse Room, the other is on the top shelf in the stationery cupboard (next to Life Skills). The inhaler is also available for staff members to use.

It contains:

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using, cleaning and storing the inhaler and spacer;
- manufacturer's information;
- medical tracker will be used to record administration (i.e. when the inhaler has been used) with pupils and a notification is sent to parents via medical tracker which indicates the time and dose given. It will also alert administrative staff when any part of the equipment is due for replacement.
- Guidance on the use of emergency salbutamol inhalers in schools
- a list of children and staff permitted to use the emergency inhaler as detailed in their individual healthcare plans

## **Dysphagia and Choking**

See **Appendix 3** Procedure for Choking

### **10. Administering Paracetamol for a pupil on a short term basis (which is not prescribed by a doctor)**

There may be instances where a parent may feel that their child requires paracetamol for pain relief on a short term basis where the medication has not been prescribed by a doctor. Wherever possible a parent will be asked to come into school to administer themselves or if a pupil is able to self-medicate they will be supervised to do so. However there may be extenuating circumstances where it is not possible for a parent to come to school but where school feels that it is in the best interest of the pupil to receive the medication and be in school. In these circumstances a member of SLT must agree the circumstances and insure the following steps are adhered to:

- Only standard paracetamol may be given, not combination drugs which may contain other drugs.
- Medication will be stored in a separate box labelled the Community Nurse Team Room for safety.
- There must be written parental consent from the parent or carer on the first day of administration. A parent must complete a permission to give slip and ensure a time of administration and dosage is agreed in line with the information on the packet/bottle. The name of the medicine, dose, pupil's name, time and date and signature of the parent and person administering the dose must be obtained.



- Pupils can only be given one dose of paracetamol during the school day which must be in the middle of the day.
- Staff must be fully trained in the procedures relating to the administration of medication. Normal CCNT protocols around the administration of medicines should be followed, two members of staff must measure the dosage and witness the pupil being given the paracetamol and a record of the dose and time given must be kept in school via the online Medical Tracker. Administration records must be shared by the School Office before the pupil arrives home.

Paracetamol must not be given:

- Following a head injury
- Where a pupil has taken paracetamol containing medicine within the last four hours

## **11. Liability and Indemnity**

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. Current arrangements include cover under a Medical Malpractice Policy.

The details of the school's insurance policy are:

### **Endorsement 003 - Schools Treatment Endorsement**

#### **2.3.4 School Treatment**

It is a condition precedent to the right of the **Insured** to be defended or indemnified under this **Policy** for:

- a) Each child who receives a medical procedure or intervention in school has a specific individual care plan signed off by the child's parents, the school head teacher and a relevant Healthcare Professional or clinician. In this context a relevant Healthcare Professional or clinician is a person who is so qualified to undertake the necessary sign-off of the care plan, and who is in a position to fully understand the needs and requirements of the pupil.
- b) The care plan must include full details of the emergency procedures in the event of a medical emergency.
- c) The child's parents have provided written consent for a non-Medical or Healthcare practitioner to provide the medical procedure or intervention to their child.
- d) The employee who is providing the medical procedure or intervention has received full training from a registered Medical or Healthcare professional, and has been signed off as fully competent in the procedure they are providing.
- e) The employee who is providing the medical procedure or intervention has provided written confirmation that they have read and understood the individual care plan.

**See APPENDIX 4 Medical Consent**

## **12. Complaints**

Parents with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the SENCO in the first instance. If the SENCO cannot resolve the matter, they will direct parents to the school's complaints procedure

## **13. Monitoring**

This policy will be reviewed and approved by the governing board at least every 3 years or sooner if required.

## **14. Links to other policies**

This policy links to the following policies:

- Accessibility Plan
- Complaints Policy
- Equality Information and Objectives Statement
- First Aid
- Health and Safety Policy
- Safeguarding and Child Protection Policy
- Special Educational Needs Information Report and Policy

**Appendix 1a: Parental Agreement Permission to Give**

**Permission to Give / Consent**

**Childs Name:**

**DOB:**

**Class:**

**Allergies:**

**Medication: Dose, route, frequency and expiry date**

**Name:**

**Strength of Medication:**

**Dose & Time to be given:**

**Route:**

**Expires:**

**Medication: Dose, route, frequency and expiry date**

**Name:**

**Strength of Medication:**

**Dose & Time to be given:**

**Route:**

**Expires:**

**Medication: Dose, route, frequency and expiry date**

**Name:**

**Strength of Medication:**

**Dose & Time to be given:**

**Route:**

**Expires:**





**APPENDIX 2**

**CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER  
Highfurlong School**

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name, which is already in school and/or they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

**Child's name:**.....

**Date:** .....

**Parent's name (print):**..... **Relationship to child:**.....

**Parent's address and contact details:**

.....  
.....

**Telephone:**.....

**E-mail:** .....

## **APPENDIX 3 Procedure for Choking**

### **Aim**

We aim to make children, parents and staff aware of health and safety issues and to minimise the hazards and risks to enable the children to thrive in a healthy and safe environment. All staff have been trained and hold a current and valid certificate for paediatric first aid.

We take steps to minimise the risk of children/adults choking. These include:

- Staff having overall awareness of the children and promoting the importance of not putting objects in their mouths.
- Staff ensuring that there are no small objects that could cause choking left unattended.
- Staff and children sitting down when eating at snack/lunchtimes and ensuring that children do not leave the table with food still in their mouths.
- Staff ensuring that all toys and equipment are age appropriate and in good condition.
- All snacks provided for children are cut up appropriately.
- Parents providing grapes in lunchboxes are requested to cut them up lengthways.

Choking happens when someone's airway suddenly gets blocked so they cannot breathe. Their airway can be partly or fully blocked. In adults, choking is usually caused by food getting stuck. In young children, it can be caused if they put small objects in their mouths that then get stuck. If someone was choking, we would assess the situation quickly to see how best we can help.

### **Mild choking in adults and children over one year old**

If the airway is only partly blocked, the person will usually be able to speak, cry, cough or breathe. If this is the case, the person will usually be able to clear the blockage themselves.

- Staff would encourage the person to keep coughing to try and clear the blockage.
- Staff would remove any obvious blockage from their mouth, using first two fingers and thumb to grasp the object.
- Staff would be vigilant and ready to help in case the airway became fully blocked or the choking became severe.

### **Severe choking in adults and children over one year old**

Where choking is severe, the person will not be able to speak, cry, cough or breathe. Without help they will eventually become unconscious.

- Staff would stand slightly behind the person to one side, support their chest with one hand and lean the person forward so that the object blocking their airway will come out of their mouth, rather than go further down.

The choking protocol is displayed in the dining hall and is as follows:

1. Give up to five back blows: hit them firmly on their back between the shoulder blades. If back blows do not dislodge the object, move on to step 2.
2. Give up to five abdominal thrusts: hold the child around the waist and pull inwards and upwards above their belly button.
3. Call 999 if the blockage does not dislodge.

Continue with cycles of back blows and abdominal thrusts until the blockage dislodges, help arrives or the child becomes unresponsive. If you can't call 999, get someone else to do it

4. Call School Nursing Taken from Red Cross First Aid

<https://www.redcross.org.uk/first-aid/learn-first-aid-for-babies-and-children/choking-child>

Staff will continue with the cycles of back blows and abdominal thrusts until help arrives.

If staff have any doubt that the person is breathing normally, and have been trained to do so, they will begin external chest compressions and rescue breaths (CPR).

5. Call parents.

6. After the event, record on medical tracker and request that parents refer for a dysphagia assessment.

### **Important**

Abdominal thrusts must not be used on babies under one year old, pregnant women or people who are obese.

1. Stand behind the person who is choking.

2. Place your arms around their waist and bend them well forward.

3. Clench your fist and place it right above the person's navel (belly button).

4. Place your other hand on top, then thrust both hands backwards into their stomach with a hard, upward movement.

5. Repeat this until the object stuck in their throat comes out of their mouth.

Abdominal thrusts can cause serious injuries. Where this potentially life-saving treatment has been necessary, a health professional should always examine the person afterwards.

### **Complications**

Once the person's airway is cleared, parts of the material that caused the choking can sometimes remain and can cause complications later. If the person still has a persistent cough, difficulty swallowing, or feels as though something is still stuck in their throat, they need to seek medical advice urgently.

**APPENDIX 4**



**Medical consent- please tick the box to show that you give your permission**

**Name of pupil:**

**I give my permission for:**

<ul style="list-style-type: none"><li>● <b>My child to be given first aid by a trained member of staff during any on-site or off-site activity</b></li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>● <b>My child to receive urgent dental, medical or surgical treatment, including anaesthetics, as may be considered necessary by the medical authorities present, during any on-site or off-site activity.</b></li></ul> <p><b>In an emergency school can consent on behalf of your child (on the basis of 'loco parentis'). Medical professionals can consent on behalf of your child regardless of whether you have ticked this box.</b></p>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>● <b>A member of school staff to sign on my behalf any medical consent forms, if my child should require emergency treatment and I cannot be contacted</b></li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>● <b>Plasters to be applied to my child</b></li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>● <b>My child to use anti-bacterial hand gel</b></li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>● <b>My child to be assisted in applying sunscreen if necessary</b></li></ul>	<input type="checkbox"/>







**APPENDIX 5**

**STAFF CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER  
Highfurlong School**

If I show symptoms of asthma / or I am having an asthma attack :

1. I can confirm that I have been diagnosed with asthma and I have been prescribed an inhaler.
2. I have a working, in-date inhaler, clearly labelled with my name, which I will bring with me to school every day.
3. In the event of me displaying symptoms of asthma, and if my inhaler is not available or is unusable, I consent to receive salbutamol from an emergency inhaler held by the school for such emergencies.

**Name:**.....

**Date:** .....

**Signature:**.....