

Medical Policy



Service Children's Education

F B I S I A

‘Flying High’
Working together to build a successful future for all

Our multicultural school values and promotes a happy, safe and caring environment that is committed to helping all children experience success, whatever their background or abilities, and to ensure they achieve the highest standards in all they set out to do. The health, safety and well being of every child is our paramount concern.

1 Introduction

1.1 This policy furthers the aims of the SCE Strategic Plan for Inclusion. It reflects SCE’s commitment to meet the needs of all its pupils and to promote an inclusive approach to education.

1.2 SCE believes, in line with its policy on Inclusion, that pupils with medical needs can be supported, and play a full part, in schools. A positive approach by schools to a pupil’s medical needs will not only benefit the pupil directly, but can also positively influence the attitude of everyone in school.

1.3 This policy deals with issues surrounding the management of the needs of pupils with medical needs. It also recommends the drawing up of Healthcare Plans in consultation jointly with parents and other agencies including the BFG Health Service or the local equivalent.

2 Principles

2.1 SCE policy for supporting pupils with medical needs is governed by the following principles:

- Schools should work to overcome potential barriers to learning and each child should have the opportunity to experience success and achieve as high a standard as possible.
- Resources to support pupils with medical needs should be deployed in line with identified needs and their effectiveness should be regularly monitored and evaluated.
- In making provision for a child with medical needs the child’s own views should be sought and taken into account wherever possible.
- Parents have a key and overriding role in supporting pupils with medical needs and SCE will work in partnership with them.
- SCE is committed to working in partnership with, and will rely on the support of, other agencies, particularly the BFG Health Service or local equivalent, to enable pupils with medical needs to be supported.

2.3 Some support staff may have meeting the health care needs of pupils as part of their duties. For the majority of staff however there is no legal duty that requires them to administer medication; this is a voluntary role. Teachers’ conditions of employment do not include giving medication or supervising a pupil taking it. All staff who provide support for pupils with health care needs, or who volunteer to administer medication, need support from the headteacher, health service and parents, access to information and training, and are assured of their legal liability being accepted by SCE.

3 Short term medical needs

3.1 Many pupils will need to take medication (or be given it) at school at some time in their school life. Mostly this will be for a short period only, e.g. to finish a course of antibiotics. To allow pupils to do this will minimise the time they need to be off school. Medication should only be taken to school when absolutely essential. A form for schools to use is provided (Form 2).

3.2 It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents should be encouraged to ask the prescribing doctor or dentist about this.

4 Non-prescription medication

4.1 Non-prescription medication, e.g. aspirin or throat tablets, will not be administered by school staff.

5 Long term medical needs

5.1 It is important for the school to have sufficient information about the medical condition of any pupil with long term medical needs. SCE sees it as being important for such pupils to be supported through the drawing up of a written healthcare plan, in partnership with parents and the BFG Health Service or the local equivalent.

5.2 This can include:

- Details of a pupil's condition
- Special dietary arrangement
- Medication and any side effects
- Emergency procedures
- The school's role

A form for a healthcare plan which schools should use is provided (Form 1).

6 Self Management

6.1 It is good practice to allow pupils who can be trusted to do so to manage their own medication from a relatively early age and schools should encourage this. If pupils can take their medicine themselves staff need only supervise this. A form for schools to use is provided (Form 3).

7 Refusing medication

7.1 If pupils refuse to take medication, school staff should not force them to do so. The parents should be informed as a matter of urgency. If necessary, the emergency services should be called.

8 Record keeping

8.1 Parents are responsible for supplying information about medicines that their child needs to take at school. The parents or doctor should provide written details including:

- Name of medication
- Dose
- Method of administration
- Time and frequency of administration
- Other treatment
- Any side effects

8.2 It is good practice for schools to record medicines given and a suitable form is provided (Form 4).

9 School Trips

9.1 Sometimes schools will need to take additional safety measures for outside visits. Arrangements for taking any necessary medication will also need to be taken into consideration.

10 School transport

10.1 Most pupils with medical needs will not need extra supervision on school buses, but in some cases bus escorts will need extra training. If this is considered necessary, it should be provided by the garrison.

11 Safety management

11.1 Medicines may be harmful to people for whom they are not prescribed. In these cases SCE has a responsibility that the risks to the health of others are properly controlled.

12 Storing medication

12.1 Schools should not store large amounts of medication. The minimum amount possible should be brought to school where it should be stored in a locked cupboard. All medication should be carefully labelled, as follows:

- Name of medication
- Dose
- Method of administration
- Other treatment
- Side effects

12.2 This can be achieved most easily by the medicine being supplied to school in the container in which it was dispensed as this will show all the relevant detail.

13 Emergency procedures

13.1 All staff should know how to call the emergency services and a form for office display is provided (Form 8).

14 Purpose of a Health Care Plan

14.1 The main purpose of a healthcare plan is to identify the level of support that is needed at school. This should not be a difficult task but will need the active partnership of parents and the Health Service. A suitable form is provided (Form 1).

15 Staff training

15.1 School staff should not give medication unless they feel competent to do so; they may require further support from BFGHS or local equivalent. Forms for recording this training are provided (Form 5).

16 Intimate or invasive treatment

16.1 Generally this will not be required but in exceptional circumstances, the provisions of the SCE guidelines for staff who provide intimate care for children and young people should be followed. Guidelines for the administration of rectal diazepam are provided (Form 6), as is a form to record its administration (Form 7).

17 Conditions which may be supported in schools

17.1 Information on the medical needs which may be supported in school and ways in which pupils suffering from them can be supported in school follows in the annex.

18 Procedure for the admission of a child with medical needs

18.1 The headteacher when considering the admission of a child with medical needs will contact the BFG Health Service or local equivalent to seek advice and for help in completing the appropriate forms. A flow chart is attached.

19 Pupils with medical needs in boarding houses

19.1 The issues covered by this policy will be dealt with on a similar individual basis in the boarding situation with the important difference that SCE nurses are employed to support the medical needs of these pupils.

19.2 Parents and pupils are expected to complete a medical questionnaire in support of pupils who board. In some cases it will be necessary to complete a health care plan in consultation with the pupil, parent and school staff. Health care professionals when employed by the health service, or through SCE, follow a strict code of conduct. Pupils are always encouraged to share their medical history with their parents/carers. However, experience shows that some may not be able to do this. While a pupil's right to privacy should be protected, the safety of all pupils must be ensured. Therefore it is expected that some medicines be supported by a formalised agreement. It is the parents' and pupil's individual responsibility to notify the school when these medicines are in use, so that provision can be made for their safe storage.

20 Common conditions which may be supported in school

20.1 The majority of pupils with long term medical needs will have one of the following conditions:

- Asthma
- Epilepsy

- Diabetes
- Anaphylaxis
- ADHD

20.2 Information on these and ways in which pupils suffering from them can be supported in school are given in the DfES document ‘Supporting Pupils with Medical Needs’ and its Scottish equivalent. Relevant sections are appended.

References:

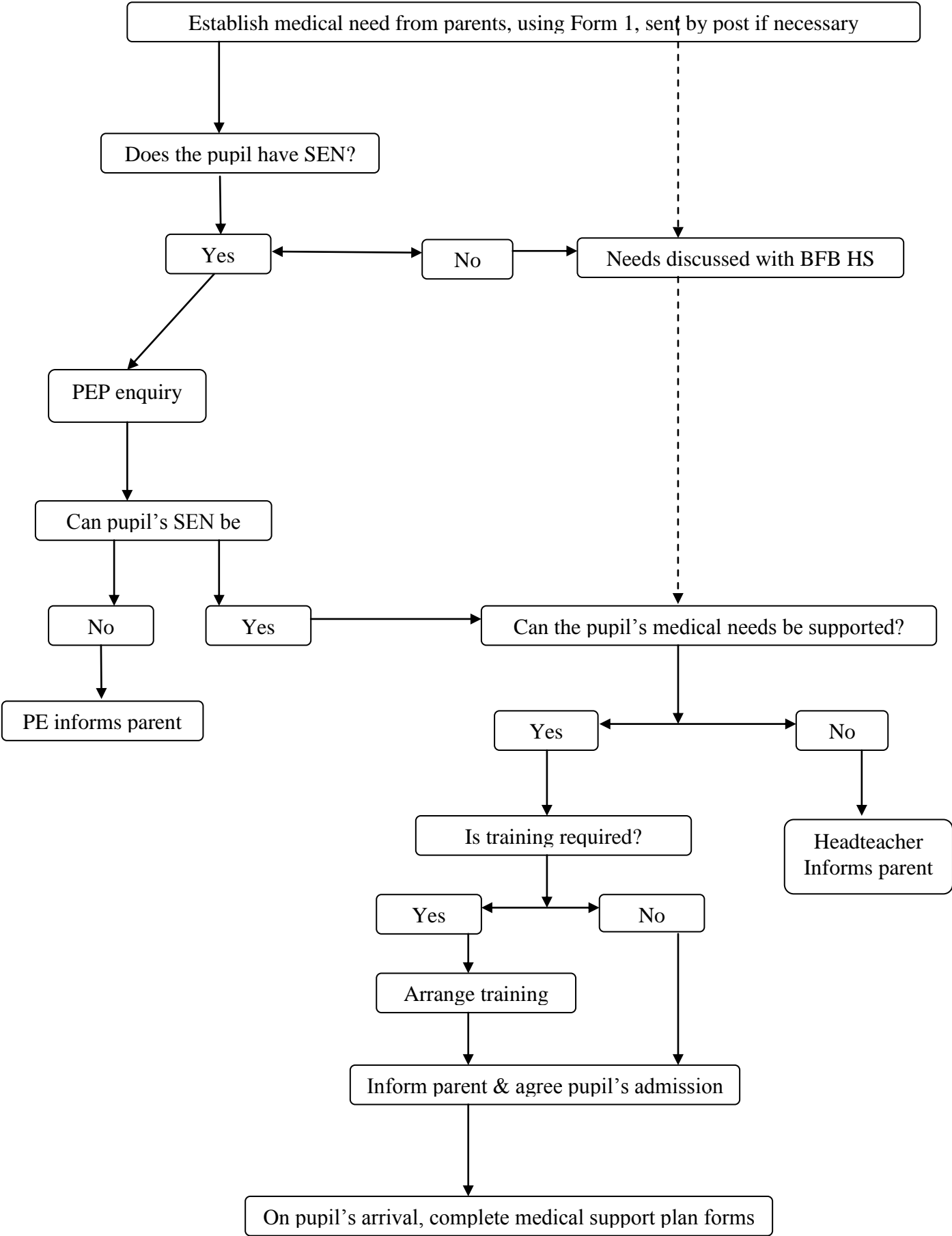
- SCE/BFG Health Service co-operation agreement (2004)
- DfES circular 14/96 ‘Supporting Pupils with Medical Needs’ – legal framework and Guidance
- Scottish Executive publication ‘The Administration of medicines in schools’.
- SCE Strategic Plan for Inclusion para 2.1 Principles – “All children and young people have the right to equal opportunities in education, which should reflect the individual’s needs. A range of flexible responses should be available to meet such needs and to accommodate diversity.”
- SCE Strategic Plan for Inclusion para 2.4 – “SCE believes that schools’ managers should...ensure that appropriate...support arrangements are in place both within the school and from external agencies so that individuals’ needs are properly addressed.”

21 Safeguarding Children

The School’s legal responsibility for safeguarding the welfare of children goes beyond basic child protection procedures.

The duty is now to ensure that safeguarding permeates all activity and functions. This policy therefore complements and supports the Safeguarding Policy.

Flowchart for the admission of a pupil with medical needs





Common Health Concerns for Schools

Introduction

The medical conditions in children which most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). This guidance provides some basic information about these conditions but it is beyond its scope to provide more detailed medical advice and it is important that the needs of pupils are assessed on an individual basis.

Asthma

What is Asthma?

People with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur and house dust mites. Exercise and stress can also precipitate asthma attacks in susceptible people. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness and difficulty in breathing, especially breathing out. The affected person may be distressed and anxious and, in severe attacks, the pupil's skin and lips may become blue.

About one in seven children have asthma diagnosed at some time and about one in twenty children have asthma which requires regular medical supervision.

Medication and Control

There are several medications used to treat asthma. Some are for long term prevention and are normally used out of school hours and others relieve symptoms when they occur (although these may also prevent symptoms if they are used in anticipation of a trigger, e.g. exercise).

Most pupils with asthma will relieve their symptoms with medication using an inhaler. It is good practice to allow children with asthma to take charge of and use their inhaler from an early age, and many do.

A small number of children, particularly the younger ones, may use a spacer device with their inhaler with which they may need help. In a few severe cases, children use an electrically powered nebulizer to deliver their asthma medication.

Each pupil's needs and the amount of assistance they require will differ.



Healthcare Plan for a Pupil with Medical Needs

Children with asthma must have immediate access to their reliever inhalers when they need them.

Pupils who are able to use their inhalers themselves should usually be allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the pupil's name. Inhalers should also be available during physical education and sports activities or school trips. It is helpful if parents provide schools with a spare inhaler for their child's use in case the inhaler is left at home accidentally or runs out. Spare reliever inhalers must be clearly labelled with the pupil's name and stored safely.

Common Concerns

The medication of any individual pupil with asthma will not necessarily be the same as the medication of another pupil with the same condition. Although major side effects are extremely uncommon for the most frequently used asthma medications, they do exist and may sometimes be made more severe if the pupil is taking other medication.

Pupils should not take medication which has been prescribed for another pupil. If a pupil took a puff of another pupil's inhaler there are unlikely to be serious adverse effects. However, schools should take appropriate disciplinary action if inhalers are misused by the owner or other pupils.

Pupils with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special consideration may be needed before undertaking some activities. They must be allowed to take their reliever inhaler with them on all off-site activities. Physical activity will benefit pupils with asthma in the same way as other pupils. They may, however, need to take precautionary measures and use their reliever inhaler before any physical exertion. Pupils with asthma should be encouraged to undertake warm up exercises before rushing into sudden activity especially when the weather is cold. They should not be forced to take part if they feel unwell.

The health care plan should identify the severity of a pupil's asthma, individual symptoms and any particular triggers, such as exercise or cold air.

If a pupil is having an asthma attack, the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. The person in charge should not put his/her arm around the pupil, as this may restrict breathing. The pupil should sit rather than lie down. If the medication has had no effect after 5-10 minutes, or if the pupil appears very distressed, is unable to talk and is becoming exhausted, then medical advice must be sought and/or an ambulance called.



Epilepsy

What is Epilepsy?

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Around one in 130 children in the UK has epilepsy and about 80% of them attend mainstream schools. Parents may be reluctant to disclose their child's epilepsy to the school. A positive school policy will encourage them to do so and will ensure that both the pupil and school staff are given adequate support.

Not all pupils with epilepsy experience major seizures (commonly called fits). For those who do, the nature, frequency and severity of the seizure will vary greatly between individuals. Some may exhibit unusual behaviour (for example, plucking at clothes, or repetitive movements), experience strange sensations, or become confused instead of, or as well as, experiencing convulsions and/or loss of consciousness.

Seizures may be partial (where consciousness is not necessarily lost, but may be affected), or generalised (where consciousness is lost). An example of some types of generalised seizures are:-

Tonic Clonic Seizures

- During the tonic phase of a tonic clonic seizure the muscles become rigid and the person usually falls to the ground. Incontinence may occur. The pupil's pallor may change to a dusky blue colour.
- Breathing may be laboured during the seizure.
- During the clonic phase of the seizure there will be rhythmic movements of the body which will gradually cease. Some pupils only experience the tonic phase and others only the clonic phase. The pupil may feel confused for several minutes after a seizure. Recovery times can vary - some require a few seconds, where others need to sleep for several hours.

Absence Seizures

- These are short periods of staring, or blanking out and are non-convulsive generalised seizures. They last only a few seconds and are most often seen in children.
- A pupil having this kind of seizure is momentarily completely unaware of anyone/thing around him/her, but quickly returns to full consciousness without falling or loss of muscle control.
- These seizures are so brief that the person may not notice that anything has happened. Parents and teachers may think that the pupil is being inattentive or is day dreaming.



Healthcare Plan for a Pupil with Medical Needs

Partial Seizures

- Partial seizures are those in which the epileptic activity is limited to a particular area of the brain.

Simple Partial Seizures (when consciousness is not impaired)

- This seizure may be presented in a variety of ways depending on where in the brain the epileptic activity is occurring.

Complex Partial Seizures (when consciousness is impaired)

- This is the most common type of partial seizure. During a temporal lobe complex partial seizure the person will experience some alteration in consciousness.
- They may be dazed, confused and detached from their surroundings.
- They may exhibit what appears to be strange behaviour, such as plucking at their clothes, smacking their lips or searching for an object.

Medication and Control

The symptoms of most children with epilepsy are well controlled by modern medication and seizures are unlikely during the school day. The majority of children with epilepsy suffer fits for no known cause, although tiredness and/or stress can sometimes affect a pupil's susceptibility. Flashing or flickering lights, video games and computer graphics, and certain geometric shapes or patterns can be a trigger for seizures in some pupils. Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TVs. Parents should be encouraged to tell schools of likely triggers so that action can be taken to minimise exposure to them.

Pupils with epilepsy must not be unnecessarily excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming or working in science laboratories. Off-site activities may need additional planning, particularly overnight stays. Concern about any potential risks should be discussed with pupils and their parents, and if necessary, seeking additional advice from the GP, paediatrician or school nurse/doctor.

Some children with tonic clonic seizures can be vulnerable to consecutive fits which, if left uncontrolled, can result in permanent damage. These children are usually prescribed Diazepam for rectal administration. Teachers may naturally be concerned about agreeing to undertake such an intimate procedure and it is important that proper training and guidance is given. For advice on intimate/invasive treatment see SCE's guidance for staff who provide intimate care for children and young people.

Diazepam causes drowsiness so pupils may need some time to recover after its administration. For information on the administration of rectal Diazepam see Forms 6 and 7.



Healthcare Plan for a Pupil with Medical Needs

When drawing up health plans, parents should be encouraged to tell schools about the type and duration of seizures their child has, so that appropriate safety measures can be identified and put in place.

Nothing must be done to stop or alter the course of a seizure once it has begun except when medication is being given by appropriately trained staff. The pupil should not be moved unless he or she is in a dangerous place, although something soft can be placed under his or her head. The pupil's airway must be maintained at all times. The pupil should not be restrained and there should be no attempt to put anything into the mouth. Once the convulsion has stopped, the pupil should be turned on his or her side and put into recovery position. Someone should stay with the pupil until he or she recovers and re-orientates.

Call an ambulance if the seizure lasts longer than usual or if one seizure follows another without the person regaining consciousness or where there is any doubt.

Diabetes

What is Diabetes?

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. About one in 700 school-age children has diabetes. Children with diabetes normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly.

Medication and Control

The diabetes of the majority of school-aged children is controlled by two injections of insulin each day. It is unlikely that these will need to be given during school hours. Most children can do their own injections from a very early age and may simply need supervision if very young, and also a suitable, private place to carry it out.

Children with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. They may need to do this during the school lunch break or more regularly if their insulin needs adjusting. Most pupils will be able to do this themselves and will simply need a suitable place to do so.

Pupils with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Schools may need to make special arrangements for pupils with diabetes if the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the pupil may experience a hypoglycaemia episode (a hypo) during which his or her blood sugar level falls to too low a level. Staff in charge of physical education classes or other physical activity sessions should be aware of the need for pupils with diabetes to have glucose tablets or a sugary drink to hand.



Healthcare Plan for a Pupil with Medical Needs

Hypoglycaemic Reaction

Staff should be aware that the following symptoms, either individually or combined, may be indicators of a hypo in a pupil with diabetes:

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking
- lack of concentration
- irritability

Each pupil may experience different symptoms and this should be discussed when drawing up the health care plan.

If a pupil has a hypo, it is important that a fast acting sugar, such as glucose tablets, a glucose rich gel, a sugary drink or a chocolate bar, is given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the pupil has recovered, some 10-15 minutes later. If the pupil's recovery takes longer, or in cases of uncertainty, call an ambulance. It is also possible to treat a hypo with a device similar to an epipen.

Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and schools will naturally wish to draw any such signs to the parents' attention.

Anaphylaxis

What is Anaphylaxis?

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food - in particular nuts, fish, dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

Medication and Control

In the most severe cases of anaphylaxis, people are normally prescribed an epipen for injecting adrenaline. The epipen looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The



Healthcare Plan for a Pupil with Medical Needs

needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than to hold back. Responsibility for giving the injection should be on a purely voluntary basis and should not, in any case, be undertaken without training from an appropriate health professional.

For some children, the timing of the injection may be crucial. This needs to be clear in the health care plan and suitable procedures put in place so that swift action can be taken in an emergency. The pupil may be old enough to carry his or her own medication but, if not, a suitable safe yet accessible place for storage should be found. The safety of other pupils should also be taken into account. If a pupil is likely to suffer a severe allergic reaction all staff should be aware of the condition and know who is responsible for administering the emergency treatment.

Parents will often ask for the school to ensure that their child does not come into contact with the allergen. This is not always feasible, although schools should bear in mind the risk to such pupils at break and lunch times and in cookery, food technology and science classes and seek to minimise the risks whenever possible. It may also be necessary to take precautionary measures on outdoor activities or school trips.

Allergic Reactions

Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen.

These may include:

- a metallic taste or itching in the mouth
- swelling of the face, throat, tongue and lips
- difficulty in swallowing
- flushed complexion
- abdominal cramps and nausea
- a rise in heart rate
- collapse or unconsciousness
- wheezing or difficulty breathing

Each pupil's symptoms and allergens will vary and will need to be discussed when drawing up the health care plan.

Call an ambulance immediately particularly if there is any doubt about the severity of the reaction or if the pupil does not respond to the medication.



Attention Deficit Hyperactivity Disorder

What is ADHD?

Attention Deficit and Hyperactivity Disorder (ADHD) occurs in 3-5% of children. It is characterised by inattention, over-activity and impulsiveness and is usually present from early childhood. It can have a very detrimental effect on the child's life and development. Education is often disrupted, family life is commonly stressful and peer relations may suffer. In the majority of cases, ADHD will persist into the secondary school age group. Many sufferers will be prescribed stimulant medication, commonly methylphenidate which is sold under brand names, Ritalin being the most common. A single dose of methylphenidate is effective for about 4 hours. Commonly children will have a dose at about 8am, when they leave home for school and therefore need a second dose around 12 noon, which will usually need to be administered at school. Consideration should always be given to a slow-release form of the drug being used as an alternative. Methylphenidate is a class A drug and it is important that accurate records are maintained. Training for staff should cover the symptoms of the condition, treatment and management.



Hornbill School



Healthcare Plan for a Pupil with Medical Needs

Name:	
Date of Birth:	
Condition:	
Class/Form:	
Date:	
Review date:	
Name of School:	Hornbill School
Agencies involved:	Hornbill School/ MRS
Medical Centre:	MRS
Tel No ext:	3226/3224893
Health Professional:	
Tel No:	
(Designation)	



Healthcare Plan for a Pupil with Medical Needs

Emergency Family Contact – 1	
Name	
Relationship	
Tel No (Home)	
Work	
Mobile	

Emergency Family Contact – 2	
Name	
Relationship	
Tel No (Home)	
Work	
Mobile	

Emergency Family Contact – 3	
Name	
Relationship	
Tel No (Home)	
Work	
Mobile	

(To be used when parent is away from usual place of work)

Medication	
I would like to come into school to administer the medication (for regular dose medication)	
I request that the school administer medication for my child	
Name/Type of Medication	
Full directions for use	
For how long will your child take this medication	



Healthcare Plan for a Pupil with Medical Needs

Child's Needs in School	(Duplicate this section if the child has more than one medical condition)
Daily care requirements (e.g. before lunch/sport)	
What constitutes an emergency for the pupil?	
Has this happened in the past? Please describe what happened before, during and after.	
Who is responsible in an emergency?	
What action should be taken?	
Mild to moderate reaction Signs and Symptoms	
Severe reaction Signs and Symptoms	



Healthcare Plan for a Pupil with Medical Needs

PARENTAL RESPONSIBILITY-general list

- Parents will inform the school of any changes in the child’s condition, required medication or dosage, in writing.
- Parents will provide the correct medication clearly labeled with the child’s details, preferably in the original ‘dispensed’ container.
- Parents will check medication regularly to ensure it is not past its Expiry Date and is usable.
- Parents will regularly remind the child support the management of their condition, for example in the case of an allergy, to avoid any known allergen and any foods that may contain it.
- Provide a suitable packed lunch and snack, or give written consent.
- Consideration should be given to the pupil’s transportation to and from school, with regard to their medical needs. Parents will inform QOGLR if bus transport is used.

School Responsibility

- Ensure all staff in direct contact with the child are aware of medical plan
- Identify the child and their condition on the MEDICAL list of children
- Ensure all relevant staff competent to administer the correct treatment
- Ensure The correct treatment is held in optimal conditions and taken with the child on external trips

I understand that I must deliver any medicine personally to an agreed member of staff, name.....,and accept that this is a service which the school is not obliged to undertake.

The school agrees to administer the medicine as detailed above
We, the undersigned, agree to this plan

Head Teacher.....Date.....

Parent.....Relationship.....Date.....

Pupil (if appropriate).....Date.....

Health Professional.....Date.....

Request for an ambulance: SPEAK CLEARLY AND SLOWLY

1. Dial **3372200 Panaga Ambulance**
991 Government Ambulance

Inform MRS Emergency Number 3224893 (0730hrs – 1800hrs)
Inform Duty Nurse outside hours 8729081

2. Give your telephone number **3224101 ext 3214 (MS)**
3. Give your location **HORNBILL SCHOOL**
4. Give exact location in school where the pupil is
5. Give your name
6. Give brief description of pupil's symptoms
7. Will there be any access issues for the ambulance to the location i.e. on camp etc?
8. Contact parent/guardian