



Al-Hijrah School
مدرسة الهجرة

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Supporting Pupils with Medical Needs

Policy Monitoring, Evaluation & Review

The school will review this policy as below and assess its implementation and effectiveness. The policy will be promoted and implemented throughout the school.

Updated:	May 2015	Reviewed by:	SLT / Governing Body / IEB
Next Review Date:	As required		
This Policy was adopted by Al-Hijrah School on:	Date:	22 May 2015	
Name:	Signed:		
Name:	David Willey (IEB)	Signed:	

Cherrywood Centre Burbidge Road Bordesley Green Birmingham B9 4US Phone +44(0)121 773 7979 Fax +44(0)121 773 7111
Web www.al-hijrah.bham.sch.uk Email enquiry@al-hijrah.bham.sch.uk
Dcsf No. 3304334



Supporting Pupils with Medical Needs Policy

1. Introduction

1.1 This policy aims to show:

- a) Procedures involved for the development of Healthcare plans
- b) Specific procedures for managing prescription medicines which need to be taken whilst in school
- c) A clear statement on the role and responsibilities of staff for managing and administering or supervising the administration of medicines
- d) A clear statement of parent's responsibilities in respect of their child's medical needs and written agreement for medicines to be administered to their child
- e) Staff training in dealing with medical needs
- f) Storage of medicines within the school
- g) Long term medicine administration
- h) Non prescribed medicines
- i) Managing asthma, diabetes, epilepsy and anaphylaxis
- j) Risk assessment and management procedures

2. Individual Healthcare Plans

2.1 The main purpose of an individual healthcare plan for a pupil with medical needs is to identify the level of support that is needed at school. The school, in consultation with medical professionals, parents and pupils, will make judgements upon the pupil's ability to cope with poor health or a particular medical condition. It will be agreed together what measures need to be taken to ensure the health and safety of a pupil.

2.2 The medical care plan will indicate:

- a) Pupils details
- b) Details about their medical needs
- c) The resulting needs of the pupil, including medication, facilities, dietary requirements and environmental issues.
- d) Specific support for the pupils educational, social and emotional needs
- e) Level of support needed, including emergencies
- f) Details on who will provide support and their training needs and cover arrangements
- g) Written permission from parents and the headteacher for medication to be administered or self administer by pupil during school hours.

- h) Procedures in regards to school trips and other school activities
- i) Procedures to take place in an emergency

3. *Managing Prescription Medicines*

3.1 Medicine should only be taken at the school when essential; that is where it would be detrimental to the child if the medicine was not administered during the day. Medicines must be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

3.2 THE SCHOOL CANNOT ACCEPT MEDICATION THAT HAS BEEN TAKEN OUT OF THE CONTAINER AS ORIGINALLY DISPENSED NOR MAKE CHANGES TO DOSAGES ON PARENTAL INSTRUCTIONS.

4. *Parental Consent Form*

4.1 If medicines need to be administered parents must attend a meeting with the SENCo or Pastoral Officer as follows:

SENCo:	Br. Nick Mitchell	Pastoral Officer:	Br. Amjid Hussain
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4.2 In this meeting the parents will establish with the school:

- a) Details of the pupil's condition
- b) Medication and side effects to be administered
- c) What to do and who to contact in an emergency
- d) Written instructions provided by the doctor
- e) Prescribed dose
- f) Expiry date of medication
- g) A form will be signed by parents and given to the Headteacher for agreement

4.3 The school will allow pupils who are mature and old enough to manage their own medication. If pupils can take their medicine themselves, staff may only need to supervise whether pupils can carry and administer their own medication. Staff will record details of the medication given or self administered in a log book. Details of which will be disclosed to the appropriate GP or Consultant involved with the child's medical health.

5. *Refusing Medication*

5.1 If pupils refuse to take their medication the school will not force them to do so. However, the school will contact the pupil's parents/carers as a matter of urgency. If necessary the school will call the emergency services.

6. *Storage of Medication*

6.1 Pupils, staff and parents will be told where their medication is stored and who holds the key.

6.2 A few medicines, such as asthma inhalers, insulin, adrenaline pens must be readily available to pupils and staff and must not be locked away.

7. *Emergencies*

7.1 Staff will follow emergency procedures as set out in the healthcare plan.

8. *School Trips & Excursions*

8.1 Medicines will be administered on trips and excursions where it would be detrimental to a child's health. Parents will need to complete the appropriate authorisation form.

8.2 A designated member of staff, usually the first aider, will be responsible for the transportation, control and administration of medicine for the duration of the excursion/trip. The designated person will ensure medical records and medication consent forms are taken also.

9. *Sporting Activities*

9.1 Most pupils with medical conditions can participate in extra-curricular sport or in PE curriculum. Any restrictions on a pupil's ability to participate in PE must be included in the pupil's individual healthcare plan. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

10. *Roles & Responsibilities for Managing & Administering Medicines*

10.1 Staff's Roles & Responsibilities

10.2 Staff will ensure parents requesting administration of medicines for their child complete a medication consent form.

10.3 Before accepting the medicine staff must ensure they:

- a) Check the medicine name, previous dosage details, prescribed dose, expiry date, and child's name, written instruction provided by prescriber on label or container.
- b) On receipt of medicines these should be taken and immediately stored within the medicines fridge or in the first aid box where appropriate.
- c) Depending upon the type of medicine, this may be kept locked.
- d) Medicine may only be administered by a designated staff member, unless the pupil self-administers.
- e) Before administering medication to a child a colleague needs to also witness the medication name, previous dosage details, prescribed dose, expiry date on medicine/label, and written dosage on the medication permission form and stay whilst the medicine is administered or self-administered.
- f) The log is to be recorded and witness by the additional adult.

10.4 Parent's Roles & Responsibilities

10.5 Parents have the prime responsibility for their child's health and should provide the school with information on their child's medical needs/conditions.

10.6 Parents requesting medicines to be administered during the school day must ensure that they provide:

- a) Information on the reason for medication
- b) Previous dosage details at home
- c) Medicines are clearly labelled with child's name
- d) Prescribed dose
- e) Expiry date of medication
- f) Sign medication consent form.

10.7 Parents will hand over the medication every Monday to the designated person the medication, which is checked by staff for the amount, dosage, name of pupil and collected by parents on a Friday, again staff will check the amount of medication returned. Parents will sign relevant paperwork to show that this has taken place.

11. Staff Training

11.1 Training will be given regarding the administration of medicines or with regard to the caring or supporting of a child with specific medical needs. This training will be updated annually and will include the following:

11.2	ASTHMA
What is Asthma?	Pupils with asthma have airways which narrow as a reaction to various triggers. The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Younger children may verbalise this by saying their tummy hurts or that it feels someone is sitting on their chest.
Medicine & Control	<p>There are two main types of medicines used to treat asthma; relievers and preventors. Usually a pupil will only need a reliever during the school day.</p> <p>RELIEVERS (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken immediately before exercise. Whilst PREVENTORS (brown, red, orange inhalers) are usually taken at home.</p> <p>Children with asthma must have immediate access to their reliever inhaler when they need them.</p> <p>Staff will take responsibility for inhalers for younger children who are not personally able to be responsible for their inhaler. Inhalers will be stored in a safe but readily accessible place and clearly marked with child's name. Children will be shown where their inhalers are stored. Inhalers will always be available during physical/sports activities and excursions.</p> <p>Any attacks must be noted and parents must be informed.</p>
Emergency Procedures	If medication has had no effect after 5-10 minutes or if the pupil is too breathless to speak; becomes exhausted or turns blue then the school will contact emergency services and then the parents.

11.3	EPILEPSY
What is Epilepsy?	Pupils with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Not all pupils with epilepsy experience major seizures and for those that do the nature, frequency and severity will vary greatly between individuals. Seizures may be partial (where consciousness is not necessarily lost, but may be affected) or generalised (where consciousness is lost). For example:
Types of Seizures	<p><u>Tonic clonic seizures</u> During the tonic clonic seizure the muscles become rigid and the person usually falls to the ground. Incontinence may occur. The pupils' 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. Recovery times can vary- some require a few seconds where others need to sleep for several hours.</p> <p><u>Absence seizures</u> These are short periods of staring or blanking out and are non-convulsive generalised seizures. A pupil having this kind of seizure is momentarily completely unaware of anyone/thing around him/her. These seizures are so brief that the person may not notice that anything has happened.</p> <p><u>Partial seizure</u> Partial seizure is which the epileptic activity is limited to a particular part of the brain.</p>
11.3	EPILEPSY
Types of Seizures	<p><u>Simple partial seizure</u> This seizure may be presented in a variety of ways depending on where in the brain the epileptic activity is occurring.</p> <p><u>Complex partial seizures</u> 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 a strange behaviour such as plunking at their clothes, or searching for an object.</p>
Medicine & Control	<p>The symptoms of epilepsy can be controlled by medication and seizures are unlikely during the school day. If pupil's epilepsy is triggered due to being photosensitive then the school will ensure that appropriate protective material can be used. Parents should inform the school of any likely triggers so that action can be taken to minimise the risk.</p> <p>Pupils with epilepsy must not be unnecessarily excluded from school activity. Extra care must be given if the pupil participates in swimming or working in science laboratories.</p>
Emergency Procedures	An ambulance must be called for if the seizure lasts longer than usual or if one seizure follows another without the person regaining consciousness.

11.4	DIABETES
What is Diabetes?	Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. Pupils with diabetes normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly.

Medicine & Control	<p>Pupils who have a diagnosis of diabetes will have a Healthcare plan written with parents and healthcare professionals. This will be displayed in staff rooms, medical room and main office.</p> <p>Most pupils can do their own injections from a very early age and may simple need supervision if very young, and also a suitable, private place to carry it out. Any staffs that do need to give the injection will be trained by a medical practitioner, and this training will be renewed annually. Pupils who self-administer must do so in front of a first aider and it should be recorded on Medication monitoring form.</p> <p>Pupils with diabetes need to regularly check their blood glucose levels using appropriate testing machine. This is recorded and should be monitored by a First aider.</p> <p>Pupils with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to physical exercise. If a meal or snack is missed the pupil may experience a hypoglycaemia episode during which his or her blood sugar level falls to too low a level.</p> <p>Medication should be stored in an accessible place which all staff and pupils are aware of. The medication should have the pupil's names written upon it.</p>	
General Symptoms	<ul style="list-style-type: none"> • Hunger • Sweating • Drowsiness • Pallor 	<ul style="list-style-type: none"> • Glazed eyes • Shaking • Lack of concentration • Irritability
11.4	DIABETES	
Individual Symptoms	<p>Each person may be different and this will be discussed and written onto the Healthcare plan. If a hypo occurs then it is important that a fast acting sugar, such as glucose tablets or gel, sugary drink or chocolate bar is immediately given. Slower acting starches such as sandwich or two biscuits and a glass of milk, must be given once the pupil has recovered, some 10-15 minutes later. If the pupils recovery takes longer, or in cases of uncertainty call an ambulance.</p> <p>Any changes in the pupils symptoms e.g. needing to go to the toilet more often, tiredness thirst or weight loss may indicate poor diabetic control. School and parents need to inform each other of these so appropriate actions may be taken.</p>	
Anaphylaxis	<p>Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed pupils are told what they can or cannot eat or drink. The most common food can be – nuts, fish or dairy products. Wasp and bee stings can also cause allergic reaction.</p>	
Allergic Reaction Symptoms	<ul style="list-style-type: none"> • Metallic taste or itching in the mouth • Swelling of the throat, face, tongue and lips • Collapse or unconsciousness • Difficulty in swallowing • Wheezing or Flushed complexion • Medication and 	<ul style="list-style-type: none"> • Abdominal cramps and nausea • A rise in heart rate • difficulty breathing • control
Healthcare Plan	<p>Pupils who suffer from an allergic reaction will have a Healthcare plan written which will be displayed in staff rooms and medical areas and the main office. In most severe cases of anaphylaxis, pupils are prescribed a device for injecting adrenaline. Responsibility for giving the injection should be on a voluntary basis and only given by those who have had training from a health professional. This training should be repeated annually.</p>	

Emergency Procedures	If a pupil does have an incident designated staffs need to be called for to administer the injection. An ambulance should be called. Parents should be informed. The incident needs to be recorded in the appropriate medical injury forms by the member of staff after the pupil is safely under the care of health professionals.
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12. Responsibilities

12.1 Parents

12.2 Parents are responsible for providing the head with sufficient information about their child's medical condition and treatment or special care at school. They should, with the head teacher, jointly agree on the schools role in supporting the pupil's medical needs.

12.3 The Governors

12.4 Governing Body is responsible that the following takes place:

- a) The schools policy covers the role of individual healthcare plans in supporting pupils at school with medical conditions.
- b) That Individual Care plans are implanted and shared with all who are relevant to the welfare of the pupil.
- c) That the Care plans have appropriate information as set out in statutory guidance for Governing bodies April 2014
- d) Must make arrangements to support pupils with medical conditions in school and that the policy is developed and implemented.
- e) That sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- f) That appropriate records in regards to administering of medication are kept and monitored.
- g) That they have ensured that arrangements are clear and unambiguous about the need to support pupils with medical conditions to participate in school trips and visits, or in sporting activities and not prevent them from doing so.
- h) That the policy indicates what should happen in case of emergencies.

12.5 Head Teacher

12.6 Head teacher should ensure that:

- a) The schools policy is developed and effectively implemented by all stakeholders.
- b) Staffs are aware of pupils who have an Individual Care plan.
- c) Sufficient trained numbers of staff are available to implement the policy and deliver against the pupils Individual Healthcare plan.
- d) They have overall responsibility for the development of Individual Healthcare plans.
- e) Staffs are appropriately insured and aware they are insured to support the pupil.
- f) Contact appropriate Health professional of any child who has a medical condition g) That may require support.

12.7 Staff

12.8 Any member of school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so.

12.9 School staff should receive sufficient and suitable training and achieve necessary level of competency before they take on the responsibility to support pupils with medical conditions. They should read and implement procedures as set down the Individual Healthcare plan and follow emergency procedures if required.

12.10 Pupils

12.11 Pupils who have a medical condition will often be the best placed to provide information about how their condition affects them. They should fully be involved in discussions about their medical support and contribute as much as possible to the development of and comply with their Individual Healthcare plan.