



Managing Medicines and Supporting Pupils with Medical Conditions and Intimate Care Policy

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Review Cycle: Every 2 years
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Policy Statement

The school policy is to support inclusion and attendance of pupils who have a medical condition. The school will therefore support administration of long-term medication and medical techniques where this is necessary for the pupil to continue to be educated at school. The school will also put in place procedures to deal with emergency medical needs.

To this end procedures have been established to ensure that all concerned, staff, parents, pupil/students and, where relevant, health professionals are aware of the pupil's condition and what steps have been agreed either to manage the condition on a daily basis or to be implemented in case of an emergency.

It is stressed however that the administration of medication is undertaken on a voluntary basis by staff and it will only be done where the procedures are followed.

The Children and Families Act 2014 requires Governing Bodies to ensure that arrangements are in place to support pupils with medical conditions. The DfE guidance 'Supporting pupils at school with medical conditions' (December 2015) can be found via the link below:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf

Hatherley Infant School takes account of the statutory guidance and its Governors ensure that the school's policy is implemented effectively.

It recognises the following key points:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, Hatherley Infant School recognises the following as generally unacceptable practice:

- preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assuming that every child with the same condition requires the same treatment;
- ignoring the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- sending children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- penalising children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- requiring parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Legal requirements

The Health & Safety at Work etc. Act 1974, and subordinate legislation, requires that organisations ensure the health and safety of persons at work and persons affected by their work. Pupils/students attending schools fall under this general legal requirement as they are affected by the work of the school. Where a pupil/student has a medical need a safe system needs to be implemented to manage the condition.

The Equality Act 2010 requires that persons with disabilities are not discriminated against. Pupils who require support for medical needs may be viewed as persons with disabilities because they have 'a physical impairment which has a substantial and long-term adverse effect on their ability to carry out normal day to day activities'.

It is stressed however that there is no legal requirement that requires staff to administer medication and **it is the parents who have the prime responsibility for their child's health.**

Staff administering medication or providing other medical support have generally done so voluntarily.

Considerations

Head Teachers are required to ensure that policies and procedures are implemented that ensure the health, safety and welfare of persons at work and persons affected by the work. In the case of medical needs the policies and procedures implemented must clearly indicate:

- a) What medical needs can or will be supported by the school.
- b) What is expected of parents/carers.
- c) The paperwork that must be completed to enable the school to assess whether it can manage the medical need.
- d) The paperwork that must be in place before medical needs support can be provided.
- e) How the provision will be maintained/reviewed.

Procedures

The following are the procedures that are to be followed in school to ensure the management of medical needs.

LONG TERM MEDICAL NEEDS

Step 1 – Obtain Information on Pupil long term Medical Conditions

Prior to children starting at school parents/carers are requested to complete information on their child's health and, prior to the start of each subsequent year, they are asked to update this information. This will be done using the Data File Information Sheet. In addition to medical conditions the form also requests information on emergency contacts

NB: Parents/carers are not required to disclose information but if they do not it must be made clear to them that this will prevent the school from ensuring the safety of their child.

Step 2 – Assess the information provided and whether a it is necessary to create an 'Individual Healthcare Plan'.

Step 3 – Complete Healthcare Plan

Where the assessment has indicated a Healthcare Plan (HCP) is needed and agreement has been reached with staff to either administer medication or support a pupil with medical techniques, an individual HCP must be completed. This plan will be based on information provided by the parents/carers or by

medically qualified personnel as appropriate. The HCP should be reviewed if there is a change in circumstance. It is the duty of the parents/carers to check the expiry date of all medication provided for use at school.

Any support identified as necessary when completing the HCP, whether in terms of facilities, equipment or training must be provided.

Information on where medication is to be stored must be clearly stated.

Step 4 – Add information to Summary Sheet

Compile the information on the medical needs of pupils and then add to the class/year group medical record form. This information aims to make staff aware of these issues and know who has a medical need and what that is. It must include as much detail as possible about what constitutes an emergency situation and what the daily care requirements are if any.

Step 5 – Record Keeping

It is necessary to record whenever medication is administered or there is a need to undertake a medical technique.

Step 6 – Review

Parents/carers need to be reminded regularly to update the school concerning their child's medical needs and a review of the existing procedures needs to occur whenever this happens or there is any reason to suspect the HCP is out of date or ineffective.

SHORT TERM MEDICATION

It is the Governors decision that staff will not administer short term medication (i.e. antibiotics) unless it interferes with their course of treatment ie medicine needs to be given 4 times a day at regular intervals. If a child requires short term medication, in the first instance, provision will be made to allow parents/carers to come in to school during the day to administer the medication to their own child.

Common Medical Conditions

The following provides some general information on medical conditions that occur frequently in schools or which have caused concerns in terms of the management of the condition.

1 - ASTHMA

a) What is Asthma? Asthma is a condition which affects the airways. When a person comes into contact with a trigger, something that irritates their airways, the muscles around the walls of the airways tighten so that the airways become narrower making it difficult to breath. It is a common condition that appears to be increasingly prevalent in children with one in ten children having asthma in the UK. Most schools will therefore have pupils/students attending who have asthma.

b) What are the Symptoms? The most common symptoms are coughing, wheezing, shortness of breath and tight feelings in the chest.

c) What medication is used? There are two main types of medicines used to treat asthma, relievers and preventers.

Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms. These are taken during an asthma attack and sometimes before exercise. They are therefore the most common type of inhaler in schools but the dosage for each pupil/student will vary. **Preventers** (brown, red, orange inhalers, sometimes tablets) are used to control swelling and inflammation in the airway, stopping them being so sensitive and reducing the risk of severe attacks. These will normally be used outside of school hours.

d) Emergency Arrangements – The information in the Asthma Care Plan under this heading will normally indicate the following or similar:

Should (name of pupil/student) have difficulty breathing, or continue to cough, or appear to be wheezy **he/she** should be given the **opportunity/encouraged** to use **his/her** medication immediately. If it is

possible to identify the trigger and remove it, i.e. move indoors out of cold air or away from pollen, then this should be done. The pupil should be **comforted/given support** as appropriate.

If after medication is administered there is no improvement in the condition or the condition deteriorates, then medical advice must be sought and/or an ambulance called and family contact notified.

NB the medication can take some 5 to 10 minutes to take effect but if the child is becoming distressed or unduly tired call an ambulance.

When a pupil uses their inhaler in school, this will be entered onto the class log and a report slip will be sent home.

e) Daily Care Requirements – The information in the Health Care Plan under this heading will normally indicate the following or similar:

(Name of pupil/student) will make use of **his/her inhaler/nebuliser regularly/as and when required**. This may be more frequently in cold weather or prior to PE. The pupil/student will normally require (indicate usual number of “puffs”) ___ puffs.

The **inhaler/nebuliser** contains (add information on chemical) _____ and is kept in **classroom/office/carried by the pupil/student**. The **inhaler/nebuliser** is marked with **his/her** name. The pupil/student is able to use the **inhaler/nebuliser with assistance/without assistance**.

f) Competence – All staff are able to assist in reminding pupils/supervising pupils taking the medication. The parent/carer/school nurse/first aider will demonstrate the use of inhalers/nebulisers as appropriate.

For additional information see Asthma UK website www.asthma.org.uk

2 - EPILEPSY

a) What is Epilepsy? Epilepsy is a neurological condition, also known as a seizure disorder, characterised by recurrent epileptic seizures. At least one in 200 children have epilepsy so most schools will at some stage have a pupil/student attending with epilepsy.

b) What types of seizures occur?

- **Tonic Clonic Seizures** - During 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 these will gradually cease. The pupil may feel confused for several minutes after a seizure. Recovery times will vary with some pupils requiring a few seconds to recover whilst others will 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/student having this kind of seizure is momentarily completely unaware of anyone/anything 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.
- **Partial Seizures** - Partial seizures are those in which the epileptic activity is limited to a particular area of the brain. There are two main types as below:
 - **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.

c) What Medication is used? Pupils/students will be provided with an anti-epileptic drug (AED) to prevent further seizures. The choice of drugs depending on the patient and the type of epilepsy they have. They may also have emergency medication which is to be administered in case of a fit or seizure.

d) Emergency Arrangements – The information in the Health Care Plan will vary considerably but will indicate the symptoms where known, i.e. in case of tonic clonic seizures whether the pupil will fall to the ground, become incontinent etc. The information in the Health Care Plan under this heading will normally indicate the following or similar:

Should (Name of pupil/student) suffer a seizure, which will normally involve _____, nothing is to be done to stop or alter the course of the seizure unless emergency medication is required. The **pupil/student** should not be moved unless the **pupil/student** is in a dangerous place, but something soft can be placed under **his/her** head. The **pupil/student's** airway must be maintained at all times. The **pupil/student** should not be restrained and there should be no attempt to put anything into the mouth. Once the convulsion has stopped, the **pupil/student** should be turned on **his/her** side and put into the recovery position. Someone should stay with the pupil/student until **he/she** recovers and re-orientates.

or

Should (Name of pupil/student) **suffer an epileptic fit which lasts for __ minutes or more/suffers (insert number) __ of seizures then he/she** will need to have emergency medication administered. The competent member of staff, in company with a second adult, will administer the medication. Initially __ milligrams of (add in name of drug) _____ will be administered **rectally/by drops into the mouth**. In the event there are difficulties administering the medication, e.g. diarrhoea, call an ambulance. If the **fit/seizures** continue a second dose of __ milligrams of (add in name of drug) _____ are to be administered. If the **fit/seizures** continue for __ minutes call an ambulance and notify family contact.

e) Daily Care Requirements – In the case of Epilepsy this section will usually be left blank. This is because only emergency medication will normally be required.

f) Competence – Staff who volunteer to administer the emergency medication must have received training from an approved source. This will involve information on the specific type of epilepsy, the possible triggers and instruction/demonstration on administering the medication.

For additional information see British Epilepsy Association website www.epilepsy.org.uk

3 - DIABETES

a) What is diabetes? Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. 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). Insulin is a hormone that helps the glucose to enter the cells where it is used as fuel by the body. Diabetes affects about one in 550 children and the majority will have Type 1 diabetes.

b) What are the symptoms? Where the condition is not managed effectively children can suffer a hypoglycaemic reaction (hypo). 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 or irritability.

NB Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control. If any such symptoms are noted these should be brought to the attention of the parent/carer.

c) What medication is used? Insulin is used to control the condition and children at a very early age are able to manage the condition.

d) Emergency Arrangements – The information in the Health Care Plan under this heading will normally indicate the following or similar:

Should (name of pupil/student) suffer an hypo, which will normally involve **him/her appearing drowsy/starting to shake/becoming irritable/_____**, **he she should be given the opportunity/encouraged to take a glucose tablet/sugary drink/_____**. The hypo should pass within (usually 10 - 15 minutes) _____ and if it persists past this time call an ambulance and notify the family contact.

If the pupil recovers within _____ minutes **he/she** should be encouraged to consume a slow acting starchy food, e.g. glass of milk.

e) Daily Care Requirements – The information in the Health Care Plan under this heading will normally indicate the following or similar:

(Name of pupil/student) will need to be reminded to check **his/her** blood glucose levels at **lunchtime/breaktimes/(Specify period)_____**. The pupil/student will need **no assistance/help** with the test kit but is to use the kit in **(indicate room or space.)_____**, so that he/she is not likely to be disturbed by other pupils/students.

f) Competence – All staff are able to assist in reminding pupils/students to use or to supervise them using the test kit. The use of the test kit will be demonstrated to staff by parent/care/school nurse as appropriate.

For additional information see Diabetes UK website www.diabetes.org.uk

4 - ANAPHYLAXIS

a) What is anaphylaxis? Anaphylaxis is an extreme allergic reaction caused by the body's immune system reacting to a substance it perceives as a threat. The reaction can occur very quickly and can be life threatening. Although no figures have yet been provided for the number of pupils/students who currently suffer from anaphylaxis a study on the Isle of Wight indicated 1 child in 70 as likely to be allergic to peanuts, tree nuts or both.

The most common cause of anaphylaxis is food, e.g. legumes (nuts), fish, dairy products but also penicillin, latex and stinging insects can cause allergic reactions. In its most severe form the condition can be life-threatening.

b) What are the symptoms? Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include 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

c) What medication is used? There is no preventative medication but where an anaphylaxis reaction occurs then there will usually be a need to administer adrenaline. This will normally be by use of a pre loaded-injection cartridge, often referred to as an EPI PEN. (This is because adrenaline is also known as epinephrine.)

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.

d) Emergency Arrangements – The information in the Health Care Plan under this heading will normally indicate the following or similar:

Should (name of Pupil) **have/thought to have consumed** any food product containing **legumes/_____ and/or exhibits/indicates** the following symptoms, **wheeziness/difficulty breathing/ abdominal cramps/_____** **he/she** will be given the EPI-PEN adrenaline auto injection into the fleshy part of the thigh. An ambulance will also be called and the family contact notified.

e) Daily care requirements – These need to be discussed carefully and where triggers have been identified a whole school approach to controlling or eliminating them is recommended.

f) Competence – Staff who volunteer to administer the emergency medication must have received training from an approved source. The training will cover information on the cause of the allergic reaction and instruction/demonstration/practice on administering the medication, i.e. using the EPI-PEN. The use of the EPI-PEN is quite simple but staff usually like refresher training from time to time as the EPI-PEN is rarely used.

Training can be provided by GP/Consultant/School Nurse/First Aid provider.

For additional information on anaphylaxis and other allergies see the Allergy in Schools website www.allergyinschools.org.uk

Intimate Care Plans

Intimate care is any care which involves washing, touching or carrying out an invasive procedure that most children carry out for themselves but which some are unable to do because of a physical disability, special educational needs, medical needs or needs arising from the child's stage of development.

In most cases intimate care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process.

Partnership with parents is a vital principle. Parents should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with Individual Health Care Plans that identify the need to support intimate care.

Writing an Intimate Care plan

Where a routine procedure is required an intimate care plan should be agreed in discussion with the child, school staff, parents and relevant health personnel. The plan should be signed by all who contribute and reviewed on a regular basis.

In developing the plan the following should be considered:

- Staff ratios and procedures
- Toilet arrangements and equipment (e.g. spare clothes and disposable gloves, disposal of wet and soiled nappies and clothing)
- Awareness of a child's discomfort which may affect learning
- The importance of working towards independence
- Strategies for dealing with pressure from peers e.g. teasing/ bullying particularly if the child has an odour.

All plans must be clearly recorded to ensure clarity of expectation, roles and responsibilities. If any member of staff is unsure or uncomfortable about a particular situation they can discuss this with the Inclusion Lead or Headteacher.

There should always be two adults when intimate care takes place. Information will be completed in the Intimate Care Log.

Pupils with health needs who cannot attend school

Pupils who cannot attend school because of their health needs will be taught under our Remote learning Plan. This also applies to pupils who, during Covid-19 restrictions, are classed as extremely clinically vulnerable and cannot attend school

Monitoring and review

This Policy and Procedures document was approved by the Full Governing Board. It will be reviewed every other year or sooner if the need arises or updated guidance produced by the DFE.

Linked policies

Safeguarding policy
Special Education Needs and Disability Policy

Single Equalities Scheme and Accessibility Plan
Positive Handling Policy
First Aid policy