



SUPPORTING CHILDREN IN SCHOOL WHO HAVE A MEDICAL NEED

Greenacre School





Section 1 General Policy Statement

The Governors and Headteacher of Greenacre School acknowledge that there is no legal duty which requires a member of the school staff to administer medication to a pupil or participate in any medical procedure involving a pupil.

The Governors and Headteacher recognise that any provisions or arrangements contained in this policy are voluntary and in addition to the School's Health and Safety Policy.

The support of children with a medical need will be in accordance with the Authority's guidance on Supporting Children in School who have a Medical Need.

Signed: _____
(Headteacher)

Date: _____

Signed: _____
(Chairperson of the Governing Body)

Date: _____



Section 2 Statement of Organisation for Supporting Children in School with Medical Needs

The school's arrangements for carrying out the policy include key principles.

- a) Places a duty on the Governing Body to approve, implement and review each individual arrangement.
- b) Places a duty on the Governing Body to consult school staff on each arrangement.
- c) To ensure that any member of staff agreeing to participate in an arrangement does so on a voluntary basis.
- d) That any participating staff have legal indemnity.
- e) That a record keeping system is in place for any arrangements which is implemented.
- f) Provide information and training, where appropriate, for any arrangement for which an employee has volunteered to participate.
- g) That the following members of staff participate in the arrangement, as volunteers and with parental permission and in line with CCG guidance 'Guidance to Manage Children and Young People with Complex Health Care Needs in School Settings 2018':
 - Teachers
 - HLTAs
 - Teaching Assistants



Section 3 Arrangements for Supporting Children in School with a Medical Need

- 3.1 Prescribed Medicines**
- 3.2 Non-Prescribed Medicines**
- 3.3 Anaphylaxis**
- 3.4 Asthma**
- 3.5 Diabetes**
- 3.6 Epilepsy**
- 3.7 Headlice**
- 3.8 Enteral Tube Feeding**
- 3.9 Do Not Resuscitate (DNR) orders.**



Arrangement 3.1 Prescribed Medicines – Short Term

- 1 The Governing Body recognise that many pupils will need to take medication at school at some time during school life. However medication must only be taken to school when absolutely essential.
- 2 The Headteacher will make clear to parent(s) or carer(s) that they are responsible for ensuring their child is well enough to attend school. If a child is acutely unwell they must be kept at home.
- 3 In circumstances where it is necessary for a pupil to take medication during the school day the Headteacher will implement the following procedure:
 - inform appropriate staff;
 - request volunteers to administer the prescribed medication, if nursing staff are unavailable;
 - ensure that any medication brought into school is clearly marked with the name of the pupil and the recommended dosage and is within date;
 - check that the parental consent form in the Admissions Questionnaire has been completed and returned to school before medication is administered.
- 4 Each time a child is given medication a record will be made on SWYFT (South West Yorkshire Foundation Trust) Recording System, by the person who administered the medication. This is in the form of MAR sheets which are transcribed by the CCN team.
- 5 In cases where pupils can be trusted and have the capacity to manage their own medication it will be encouraged and staff will observe/supervise this. The Headteacher, via the on-site care team will ensure that parental consent Form APM4 has been completed and returned to school and a record will be made on Form APM2.
- 6 If a child refuses to take medication school staff will not force them to do so. The Headteacher will make an informed decision on the action to be taken based on the individual needs of the pupil.



Arrangement 3.2 Non-Prescribed Medicines

- 1 Unless there are exceptional circumstances school staff must not administer non-prescribed medicines to any pupil. The Headteacher will make clear to parent(s) or carer(s) that they are responsible for ensuring their child is well enough to attend school. If a child is acutely unwell they must be kept at home.
- 2 The only permitted circumstances when a non-prescribed medicine can be administered to a pupil are:
 - a) where a child suffers from migraines and a letter to support this is provided by a doctor and the parent provides consent using Form APM5
 - b) where a female pupil experiences dysmenorrhoea (period pains) and this is with the consent of the parent using Form APM5
 - c) in circumstances recorded through the Admissions Process or subsequently through the review process
- 3 The medicine must be supplied by the parent(s) or carer(s) in original packaging, clearly labelled and in-date and stored in a safe and secure place in the Medical Room.
- 4 A record will be kept stating the medication dosage, time administered, by whom and the reason. Form APM2 is to be used for this purpose.
- 5 Where a non-prescribed medicine is administered to a pupil the parents must be informed in writing that day.
- 6 No pupil under the age of 16 will be administered aspirin.



Arrangement 3.3 Anaphylaxis

Please see the school's First Aid policy for further details on Anaphylaxis

DETAILS OF THE MEDICAL PROCEDURE FOR USING THE EPIPEN INJECTOR

HOLD FIRMLY WITH ORANGE TIP POINTING DOWNWARD

REMOVE BLUE SAFETY CAP BY PULLING STRAIGHT UP. DO NOT BEND OR TWIST

SWING AND PUSH ORANGE TIP FIRMLY INTO MID-OUTER THIGH UNTIL YOU HEAR A 'CLICK'.

HOLD ON THIGH FOR SEVERAL SECONDS.

BUILT-IN NEEDLE PROTECTION – When the EpiPen Auto-injector is removed, the orange needle cover automatically extends to cover the injection needle, ensuring the needle is never exposed.

REMOVE EPIPEN AND PLACE IN SHARPS BIN FOR AMBULANCE MEN.

MASSAGE INJECTION SITE FOR 10 SECONDS.

IF NO IMPROVEMENT IN CONDITION AFTER 5 MINUTES AND NO MEDICAL ASSISTANCE HAS ARRIVED 2ND EPIPEN TO BE ADMINISTERED.

Care should be taken to avoid accidental injury to the administering person. If this occurs, they should go to the nearest Accident & Emergency Department immediately for treatment.

- 3.2 The administration of EPIPEN is safe for *, and even if it is given through mis-diagnosis, it will do him/her no harm.
- 3.3 On the arrival of qualified ambulance service, the teacher in charge will appraise them of the medication given to *.
- 3.4 After the incident debriefing session will take place, with all members of staff involved. School can contact School Health Department for advice and support.
- 3.5 Parents will ensure replacement of any used medication prior to the commencement of the next school day.



ANNEX 2
APM 3
(September 2018)

GREENACRE SCHOOL

This form is to be used for parental requests to schools for the administering of an emergency medical procedure.

SECTION 1

School: _____

Date of awareness session: _____

Nature of medical procedure to be
Undertaken: _____

SECTION 2

Pupils Name: _____

Year Group: _____

Address: _____

Telephone Number: _____

Day time emergency contact number: _____

Parent's Name: _____

SECTION 3

Name of GP: _____

Address: _____

Telephone no: _____



SECTION 4

Training will be provided with the agreement of parent/carer/ responsible medical professional/Headteachers/, on the understanding that:

- i) Staff undergo training on a voluntary basis
- ii) Staff are employees of Greenacre School or are carers approved by the Barnsley NHS.
- iii) Staff agree to regular reviews and update their skills under instruction from a trainer approved by the responsible medical professionals.

Date training undertaken: _____

Training provided by _____ And approved by _____

Name of Nominated Staff	Signature
1	_____ I have understood the training that has been provided and feel competent in carrying out the task.
2	_____ I have understood the training that has been provided and feel competent in carrying out the task.
3	_____ I have understood the training that has been provided and feel competent in carrying out the task.
4	_____ I have understood the training that has been provided and feel competent in carrying out the task.
5	_____ I have understood the training that has been provided and feel competent in carrying out the task.



Name of Nominated Staff	Signature
6	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
7	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
8	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
9	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
10	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
11	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
12	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>



Name of Nominated Staff	Signature
13	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
14	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
15	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
16	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
17	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
18	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>
19	<hr/> <p>I have understood the training that has been provided and feel competent in carrying out the task.</p>



DECLARATION BY SUPERVISING DOCTOR/NURSE

I declare that the above-named individuals of _____ School have attended an awareness session under my supervision. They have been made aware of the medical condition and procedure and have been given the appropriate training and level of understanding to administer medical procedures as detailed in the Care Plan and Teaching Pack.

Name: _____ Status: _____

Signed: _____ Date: _____

SECTION 5

DECLARATION BY THE PARENT/LEGAL GUARDIAN OF

I consent to my child receiving the medical procedure detailed in the Care Plan by individuals identified in Section 4. I will notify the school immediately of any change in circumstances/ regime.

I fully understand that unless the administering member(s) of staff ----- negligently fails to administer the medical procedure in compliance with the approved training/instruction he/she has received, or any subsequent training/instruction he/she has received, , Governing Body of the School and the staff cannot accept any responsibility for any adverse reaction or medical complication my child might suffer as a consequence of receiving this medical procedure, which I have requested them to undertake on my behalf.

Signed:

Relationship to child:

Date:

SECTION 6

I confirm the Chairperson of the Governing Body will be informed of the above details.

Signed: _____

(Headteacher)

Date: _____



Arrangement 3.4a Asthma

- 1 The Governing Body recognise that in most cases when pupils suffer from asthma they will need to take asthma medication during the school day, usually through the use of inhalers.
- 2 Every effort will be made to encourage and help a child who suffers from asthma to participate fully in aspects of school life.
- 3 Where a child is admitted to/attends school who suffers from asthma the Headteacher will implement the following procedure:
 - inform the Authority;
 - inform all staff;
 - allow children to take charge of and use their inhaler from an early age;
 - encourage and request volunteers to offer assistance when needed;
 - ensure children with asthma have immediate access to their inhaler and allow those who are able to use their inhaler themselves to carry it with them in their pocket or pouch;
 - provide indemnity for staff who volunteer in assisting with administering medication to pupils with asthma;
 - maintain a register of all children who suffer from asthma
 - encourage and support full participation in PE and sport activities
- 4 The Headteacher will ensure that staff are aware of the procedure to be followed if a child has an asthma attack, as set out in Annex 1 to this arrangement.



ANNEX 1

Asthma Attacks

Asthma Attacks

If a child has an asthma attack the school will follow the following procedure:

- (i) ensure that the reliever inhaler is taken immediately.
- (ii) stay calm and reassure the child. Listen carefully to what the child is saying. Although it's comforting to have a hand to hold staff will not put their arm around a child's shoulder as this is restrictive.
- (iii) help the child to breathe by ensuring tight clothing is loosened. Encourage the child to breathe slowly and deeply whilst sitting upright or leaning forward slightly (lying flat is not recommended). Offer the child a drink of water.
- (iv) return the child to class when they are better.
- (V) inform the child's parents about the attack.

Emergency Situation

Medical advice will be sought and/or an ambulance called if:

- the reliever has no effect after five to ten minutes;
- the child is either distressed or unable to talk;
- the child is getting exhausted;
- there are any doubts at all about the child's condition.

School will continue to give reliever medication every few minutes until help arrives.

A child will always be taken to hospital in an ambulance. School staff will not take them in their car as the child's condition may deteriorate quickly.



Arrangement 3.5 Diabetes

- 1 The Governing Body recognise that pupils who suffer from diabetes normally need to have daily insulin injections and a balanced diet to control their blood glucose level. They appreciate that greater flexibility is achieved for children, in particular older ones, who choose to take more than two injections a day.
- 2 Where a child is either admitted to the school who suffers from diabetes or diagnosed with diabetes at a later date the Headteacher will implement the following procedure:
 - inform the Authority;
 - inform all staff;
 - request volunteers to administer or assist with the administration of insulin injections and blood glucose testing;
 - implement the protocol/Health Care Plan as set out in Annex 1 to this arrangement, including emergency procedures;
 - ensure staff follow the guidelines for Blood Glucose Monitoring as set out in Annex 2 to this arrangement;
 - ensure all staff administering or assisting in the administration of insulin injections and blood glucose monitoring receive appropriate training and legal indemnity as set out on Form APM 6 – Annex 3 to this arrangement;
 - ensure that the provision of care can be maintained for the full day;
 - take reasonable steps in accommodating the individual diet requirements of a child suffering from diabetes in accordance with the Health Care Plan;
 - make arrangements to include the child's participation in PE, and school visits and journeys.



ANNEX 2

GUIDELINES FOR BLOOD GLUCOSE

MONITORING IN SCHOOLS

Training will be given to the relevant teachers/TAs by the paediatric diabetes specialist nurse. All equipment to be labelled with the child's name and stored safely when not in use.

- 1 Prepare area – Paper towels / disposable gloves / Tissue / Blood glucose meter / Test strips / Disposable bags / Finger pricking device and lancet.
- 2 Child / young person to wash their hands using warm soapy water
- 3 Person carrying out / assisting the child should wash and dry their hands and wear disposable gloves.
- 4 Finger pricking to be carried out as previously agreed in the care plan.
- 5 Blood to be placed on test strip, then to be monitored according to the individual machine.
- 6 Tissue to be placed on finger until bleeding ceases.
- 7 Result to be recorded in accordance with the care plan.
- 8 All disposable materials to be disposed of in accordance with the yellow bag system.
- 9 Dispose of gloves in yellow bag and wash and dry hands thoroughly.
- 10 It is recommended that each child is to take their blood glucose monitoring kit home each weekend for cleaning and for a new lancet to be fitted to their finger pricking device.

Any blood spillages are to be dealt with according to school guidelines.



Arrangement 3.6 Epilepsy

1 The Governing Body recognise that pupils who suffer from epilepsy may require urgent medical treatment.

2 Where a child is either admitted to the school who suffers from epilepsy or is diagnosed with epilepsy at a later date the Headteacher will implement the following procedure:

- inform the Authority;
- inform all staff;
- request volunteers to administer the following emergency medication in cases where this is prescribed for particular pupils and is a part of their individual care plan:

Tick as appropriate

Yes No

- | | | |
|---|-------------------------------------|--------------------------|
| ➤ Rectal Diazepam | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Buccal Midozalam | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Both Rectal Diazepam and Buccal Midozalam | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

- Implement the agreed protocol/care plan as set out in Annex 1 to this arrangement;
- ensure all staff administering the emergency medication receive the appropriate training and legal indemnity as set out on Form APM3 – Annex 3 to this arrangement;
- ensure that the provision of care can be maintained for the school day;
- ensure staff record the use of Rectal Diazepam/Buccal Midozalam in the nursing cardex (special school) or on Annex 2 to this arrangement;

3 In circumstances where seizures do not stop after the first dose of emergency medication has been given the school will:

- a) give the child a second dose if this is written in the protocol/care plan
- b) call for an ambulance regardless of whether a second dose is given
- c) immediately contact the parent(s) or carer(s)



Arrangement 3.7 Headlice

- 1 The Governing Body recognise that Headlice are a problem for the whole community and that there is a high incidence of headlice amongst primary aged school children.
- 2 In managing the problem of headlice the school encourages promoting the prevention of them by working with the school Health Service and raising awareness through health education.
- 3 In accordance with the Authority's policy school staff and school nurses do not have legal rights to carry out head inspections and the school cannot and will not exclude an infected child.
- 4 The school distributes a leaflet which has been designed by the School Health Service. The leaflet details the facts about headlice, shows how to detect them and how to treat them. It is distributed to parent(s) and carer(s) periodically and is integrated within the management of other school health problems. A copy of the leaflet can be found at Annex 1 to this arrangement.
Once every half term a reminder will be issued to parents, via the weekly newsletter, to check children's hair for headlice and treat as necessary.
- 5 School governors have agreed that the practice of sending letters to all class members, following an outbreak of headlice, should continue. This procedure will be kept under review, as governors accept that:
 - it is inconsistent with the Health Authority's advice on highly transmissible diseases;
 - school could be sending a succession of these letters; the number of letters being issued diminishing their effect;
 - it creates a parental perception that there is a constant problem for their child;
 - it may encourage parents to use an insecticidal lotion inappropriately
- 6 In circumstances where support has been offered to parent(s) or carer(s) and they repeatedly fail to take any action in dealing with headlice on their child the school will consult the Authority with a view to reporting them to Social Services on the grounds of neglect.



Arrangement 3.8 Enteral Tube Feeding

1. Pupils requiring enteral tube feeding should have their tube inserted by healthcare professionals with the relevant skills and training
2. Check the position of all nasogastric tubes after placement and before each use, using aspiration and pH graded paper as advised by the National Patient Safety Agency in 2005. Local protocols should address the clinical criteria that permit enteral tube feeding. These criteria include how to proceed when the ability to make repeat checks of the tube position is limited by the inability to aspirate the tube, or the checking of pH is invalid because of gastric acid suppression.
3. Consider bolus or continuous delivery when feeding into the stomach. Take into account the pupils preference, convenience and drug administration.
4. Enteral tube feeding can be administered via different types of tubes but usually a nasogastric tube or gastrostomy feeding tube is used.

Arrangement 3.9 Do Not Resuscitate (DNR) orders

Whilst the school recognises there are some pupils in its care that are subject to agreed 'Do Not Resuscitate' (DNR) orders the school and its employees will, in cases of emergency and at all other times preserve life by any means possible until the arrival of emergency services, at which point the school will defer to such services.



Further Reading

This policy should be read in conjunction with the following documentation:

- Supporting pupils at school with medical conditions-Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (Department For Education-December 2015).
- Guidance to Manage Children and Young People with Complex Health Needs in Educational Settings (Barnsley Clinical Commissioning Group- September 2018).
- Standard Operating Procedure for the Administration of Oxygen at Greenacre School (Barnsley Hospital NHS Foundation Trust- August 2018)