



# Farringtons School

## Medical Policy

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## **Farringtons School Medical Policy**

### **1. Introduction**

1.1.1 Farringtons School is an inclusive community that aims to support and welcome pupils with medical conditions.

1.1.2 Farringtons School understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future.

1.1.3 Farringtons School aims to provide all children with all medical conditions the same opportunities as others at school. We will help to ensure they can:

1.1.4 Be healthy

1.1.5 Stay safe

1.1.6 Enjoy and achieve

1.1.7 Make a positive contribution

1.1.8 Achieve economic well-being

1.1.9 Pupils with medical conditions are encouraged to take control of their condition. Pupils feel confident in the support they receive from the school to help them do this.

1.1.10 Farringtons School aims to include all pupils with medical conditions in all school activities.

1.1.11 Farringtons School ensures all staff understand their duty of care to children and young people in the event of an emergency.

1.1.12 All staff feel confident in knowing what to do in an emergency.

1.1.13 Farringtons School understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.

### **2. The medical conditions policy is supported by a clear communication plan for staff, parents and students to ensure its full implementation**

2.1.1 Parents are informed about the medical conditions policy:

2.1.2 At the start of the school year when communication is sent out about healthcare plans

2.1.3 In the school newsletter at intervals in the school year

2.1.4 When their child is enrolled as a new pupil

2.1.5 Via the school's website, where it is available all year round

2.1.6 School staff are informed and reminded about the medical policy

2.1.7 Via online school medical register

2.1.8 At scheduled medical conditions training

### **3. First Aid trained staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school**

3.1.1 First Aid trained staff are aware of the most common serious medical conditions at this school.

3.1.2 Staff at Farringtons School understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.

3.1.3 First Aid trained staff who work with groups of pupils at this school know what to do in an emergency for the pupils in their care with medical conditions, PE staff for example.

3.1.4 Training is available for first aiders to refresh their knowledge at least once a year and is usually valid for a three year period from the date of training.

3.1.5 Action for staff to take in an emergency for asthma / epilepsy / anaphylaxis and diabetes is displayed in the staff room, PE department and food preparation rooms.

**See appendix 1 – form 1**

**See appendix 1 – form 2**

**See appendix 1 – form 3**

**See appendix 1 – form 4**

#### **4. All staff understand the school's general emergency procedures**

4.1.1 All staff know what action to take in the event of a medical emergency. This includes:

4.1.2 How to contact emergency services and what information to give

4.1.3 To contact a first aid member of staff or school nurse within the Main Reception

4.1.4 Training is refreshed for all staff at least once a year.

4.1.5 Action to take in a general medical emergency is displayed in prominent locations for staff, the staff room, PE department and food preparation rooms.

4.1.6 If a pupil needs to be taken to hospital, a member of staff will accompany them if parents are unavailable or school will ask parent to meet ambulance at casualty.

4.1.7 Staff should not take pupils to hospital in their own car.

#### **5. The school has clear guidance on the Administration of Medication at School Administration- Emergency Medication (See Administration of 'Own' Medication Policy)**

5.1.1 All pupils at this school with medical conditions have easy access to their emergency medication.

5.1.2 All pupils of an appropriate age are encouraged to carry and administer their own emergency medication i.e inhalers. Some senior pupils will carry Epipens or insulin with a spare being kept in the school kitchen and school office. Junior Epipens will be stored in the school office or kitchen only. Epipens will always be administered by trained first aiders.

5.1.3 Pupils who do not carry and administer their own emergency medication know where their medication is stored and how to access it.

## **6. Administration – general**

6.1.1 All use of medication defined as a controlled drug, even if the pupil can administer the medication themselves, is done under the supervision of the school nurse. Controlled medication is stored securely in lockable box or cupboard.

6.1.2 Farringtons School understands the importance of medication being taken as prescribed.

6.1.3 All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so.

6.1.4 The school nurse is able to administer medication.

6.1.5 For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils under the age of 16, but only with the written consent of the pupil's parent.

6.1.6 Training is given to all staff members who agree to administer medication to pupils, where specific training is needed. The local authority provides full indemnity.

6.1.7 Parents at Farringtons School understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.

6.1.8 All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

## **7. Farringtons School has clear guidance on the storage of medication at school**

### **Safe storage – emergency medication (Epipens)**

7.1.1 Emergency medication is readily available to pupils who require it at all times in Main Reception during the school day. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available in the key box in Main Reception and with the school nurse.

7.1.2 Some senior students carry their own Epipens at all times and a spare kept in the Senior School Office or kitchen. Junior Epipens are always stored in the office and kitchen.

7.1.3 Students are reminded to carry their emergency medication with them.

### **8. Safe storage – non emergency medication**

8.1.1 All non-emergency medication is kept in a lockable cupboard in the school nurse's office. Pupils with medical conditions know where their medication is stored and how to access it.

8.1.2 Staff ensure that medication is only accessible to those for whom it is prescribed.

### **9. Safe storage – general**

9.1.1 The school nurse ensures the correct storage of medication at school

9.1.2 Three times a year the school nurse checks the expiry dates for all medication stored at school

9.1.3 The school nurse along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought into school is clearly labelled with the pupils name, the name and dose of medication and the frequency of dose. This includes all medication that pupils carry themselves

9.1.4 Some medication at Farringtons School may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled in Main Reception. This is in a secure area, inaccessible to unsupervised pupils.

9.1.5 It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year or term.

## **10. Safe disposal**

10.1.1 Parents are asked to collect out of date medication.

10.1.2 If parents do not collect out of date medication, medication is taken to a local pharmacy for safe disposal.

10.1.3 The school nurse is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least three times a year.

## **11. Farringtons School has clear guidance about record keeping**

### **11.1.1 Enrolment forms**

11.1.2 Parents at Farringtons School are asked if their child has any health conditions on the enrolment form, which is filled out at the start of each school year. Parents of new pupils starting at other times during the year are also asked to provide this information on enrolment forms.

### **11.2.1 Healthcare plans**

11.2.2 Farringtons School uses a healthcare plan to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. These healthcare plans are held in the school nurse office.

11.2.3 A healthcare plan, accompanied by an explanation of why and how it is used, is sent to all parents of pupils with a long term medical condition. This is sent:

11.2.4 At the start of the school year

11.2.5 At enrolment

11.2.6 When a diagnosis is first communicated to the school

11.2.7 If a pupil has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent home for completion.

11.2.8 Parents are regularly reminded to inform the school nurse if their child has a medical emergency or if there have been changes to their symptoms, or their medication and treatments change. This is to ensure the healthcare plans can be updated accordingly.

## **12. School medical register**

12.1.1 Healthcare plans are used to create a centralised register of pupils with medical needs. The school nurse has responsibility for the register at Farringtons School

**13. Farringtons School ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities**

**13.1.1 Physical environment**

13.1.2 This school is committed to providing a physical environment that is accessible to pupils with medical conditions.

**13.2.1 Exercise and physical activity**

13.2.2 This school understands the importance of all pupils taking part in sports, games and activities.

13.2.3 Farringtons School ensures classroom teachers and PE staff make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.

13.2.4 Teachers and PE staff are aware of pupils in their care who have been advised to avoid or take special precautions with particular activities.

13.2.5 Farringtons School ensure PE staff are aware of the potential triggers for pupils' medical conditions when exercising and how to minimise these triggers.

**13.3.1 Education and learning**

13.3.2 Farringtons School ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures appropriate adjustments and extra support are provided.

13.3.3 Staff are aware of the potential for pupils with medical conditions to have special educational needs (SEN). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator. The school's SEN coordinator consults the pupil, parents and pupil's healthcare professional to ensure the effect of the pupil's condition on their schoolwork is properly considered.

**14. Each member of the school and health community knows their roles and responsibilities in maintaining an effective medical conditions policy**

14.1.1 The school works in partnership with all interested and relevant parties including all school staff, parents and community healthcare professionals to ensure the policy is planned, implemented and maintained successfully.

14.1.2 The following roles and responsibilities are used for the medical policy at this school. These roles are understood and communicated regularly.

**14.2.1 Employer**

14.2.2 Farringtons School as an employer has a responsibility to:

14.2.3 Ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips.

14.2.4 Make sure the medical policy is effectively monitored and evaluated and regularly updated.

14.2.5 Provide indemnity to staff who volunteer to administer medication to pupils with medical conditions.

### **14.3.1 Head Teacher**

14.3.1 Farringtons School's Head Teacher has a responsibility to:

14.3.2 Ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks.

14.3.3 Liaise between interested parties including pupils, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, school nurses, parents and governors.

14.3.4 Ensure the policy is put into action, with good communication of the policy to all.

14.3.5 Ensure every aspect of the policy is maintained.

14.3.6 Ensure information held by the school is accurate and up to date and that there are good information sharing systems in place using pupil's healthcare plans.

14.3.7 Ensure pupil confidentiality.

14.3.8 Assess the training and development needs of staff and arrange for them to be met.

14.3.9 Ensure all supply staff and new teachers know the medical conditions policy.

14.3.10 Update the medical policy at least once a year according to review recommendations and recent local and national guidance and legislation.

### **14.4.1 All school staff**

14.4.2 All staff at Farringtons School have a responsibility to :

14.4.3 Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.

14.4.4 Understand the medical policy.

14.4.5 Know which students in their care have a medical condition.

14.4.6 Allow all students to have immediate access to their emergency medication.

14.4.7 Maintain effective communication with parents including informing them if their child has been unwell at school.

14.4.8 Ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom.

14.4.9 Be aware of pupils with medical conditions who may be experiencing bullying or need extra social support.

14.4.10 Ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.

14.4.11 Ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

### **14.5.1 Teaching staff**

14.5.2 Teachers at this school have a responsibility to:

14.5.3 Ensure students who have been unwell catch up on missed school work.

14.5.4 Be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it.

14.5.5 Liaise with parents, the pupil's healthcare professional and special educational needs coordinator if a student is falling behind with their work because of their condition.

#### **14.6.1 School nurse**

14.6.2 The school nurse at Farringtons has a responsibility to:

14.6.3 Update the schools medical conditions policy.

14.6.4 Provide regular training for school staff in managing the most common medical conditions in school.

14.6.5 Provide information about where the school can access other specialist training.

14.6.6 Ensure healthcare plans are completed and reviewed annually.

14.6.7 Check medication held in school annually for expiry dates and dispose of accordingly

14.6.8 Administer medication to students as prescribed.

#### **14.7.1 First aiders**

14.7.2 First aiders at this school have a responsibility to:

14.7.3 Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the school.

14.7.4 When necessary ensure that an ambulance or other professional medical help is called.

#### **14.8.1 Head of Learning Development**

14.8.2 The Head of Learning Development at Farringtons has responsibility to:

14.8.3 Help update the school's medical condition policy.

14.8.4 Know which pupils have a medical condition and which have special educational needs because of their condition.

14.8.5 Ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or coursework.

#### **14.9.1 Local doctors and specialist healthcare professionals**

14.9.2 Individual doctors and specialist healthcare professionals caring for students who attend this school, have a responsibility to:

14.9.3 Where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours.

14.9.4 Ensure the child or young person knows how to take their medication effectively.

14.9.5 Ensure children and young people have regular reviews of their condition and their medication.

14.9.6 Provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parents).

#### **14.10.1 Pupils**

14.10.2 The pupils at this school have a responsibility to:

14.10.3 Treat other students with and without a medical condition equally.

14.10.4 Tell their parents, teacher or nearest staff member when they are not feeling well.

14.10.5 Let a member of staff know if another pupil is feeling unwell.

14.10.6 Treat all medication with respect.

14.10.7 Know how to gain access to their medication in an emergency.

14.10.8 Ensure a member of staff is called in an emergency situation.

#### **14.11.1 Parents\***

14.11.2 The parents of a student at this school have a responsibility to:

14.11.3 Tell the school if their child has a medical condition.

14.11.4 Ensure the school has a complete and up-to-date Healthcare plan for their child.

14.11.5 Inform the school about the medication their child requires while taking part in visits, outings or field trips and other out-of-school activities.

14.11.6 Tell the school about any changes to their child's medication, what they take, when and how much.

14.11.7 Inform the school of any changes to their child's condition.

14.11.8 Ensure their child's medication and medical devices are labelled with their child's full name.

14.11.9 Provide the school with appropriate spare medication labelled with their child's name.

14.11.10 Ensure medication is within expiry dates.

14.11.11 Keep child at home if they are not well enough to attend school.

14.11.12 Ensure their child catches up on any school work they have missed.

14.11.13 Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional.

14.11.14 \*The term 'parent' implies any person or body with parental responsibility such as foster parent or carer

## **Appendix 1 - Form 1**

### **ALERT!**

Asthma awareness for school staff

#### **What to do in an asthma attack**

- Keep calm.
- Encourage the child or young person to sit up and slightly forward.
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately, preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the child.
- Ring Main Reception and ask for a first aider to come to the student.

#### **If there is no immediate improvement**

- Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

#### **Call 999 if:**

- The child or young person's symptoms do not improve in 5–10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue.
- You are in doubt.

Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.

#### **Common signs of an asthma attack are:**

- coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling
- tight in the chest as a tummy ache.

### **After a minor asthma attack**

- Minor attacks should not interrupt the involvement of a pupil with asthma in school.
- When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.

### **Important things to remember in an asthma attack**

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send another pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.

## **Appendix 1 – Form 2**

Epilepsy awareness for school staff

### **Complex partial seizures**

#### **Common symptoms**

- The person is not aware of their surroundings or of what they are doing
- Plucking at their clothes
- Smacking their lips
- Swallowing repeatedly
- Wandering around

**Ring Main Reception and ask for a first aider to come to the student**

#### **Call 999 for an ambulance if...**

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- The person is injured during the seizure
- You believe the person needs urgent medical attention

#### **Do...**

- Guide the person from danger
- Stay with the person until recovery is complete
- Be calmly reassuring

#### **Don't...**

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round
- Explain anything that they may have missed

## **Tonic-clonic seizures**

Common symptoms:

- the person goes stiff,
- loss of consciousness
- falls to the floor

### **Do...**

- Protect the person from injury (remove harmful objects from nearby)
- Cushion their head
- Aid breathing by gently placing the person in the recovery position when the seizure has finished
- Stay with them until recovery is complete
- Be calmly reassuring

### **Don't...**

- Restrain the person's movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

### **Call 999 for an ambulance if...**

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- One seizure follows another without the person regaining consciousness between seizures
- The person is injured
- You believe the person needs urgent medical treatment

## **Appendix 1 – Form 3**

### **Anaphylaxis awareness for staff**

#### **ANAPHYLAXIS**

##### **Symptoms of allergic reactions:**

##### **Ear/Nose/Throat - Symptoms:**

Runny or blocked nose, itchy nose, sneezing, painful sinuses, headaches, post nasal drip, loss of sense of smell/taste, sore throat/swollen larynx (voice box), itchy mouth and/or throat and blocked ears.

##### **Eye - Symptoms:**

Watery, itchy, prickly, red, swollen eyes. Allergic 'shiners' (dark areas under the eyes due to blocked sinuses).

##### **Airway - Symptoms:**

Wheezy breathing, difficulty in breathing and or coughing (especially at night time).

##### **Digestion:**

Swollen lips, tongue, itchy tongue, stomach ache, feeling sick, vomiting, constipation and or diarrhoea.

##### **Skin:**

Urticaria - wheals or hives-bumpy, itchy raised areas and or rashes.

Eczema -cracked, dry, weepy or broken skin. Red cheeks.

Angiodema - painful swelling of the deep layers of the skin.

##### **Symptoms of Severe Reaction/ Anaphylaxis:**

These could include any of the above together with:

- Difficulty in swallowing or speaking.
- Difficulty in breathing -severe asthma
- Swelling of the throat and mouth
- Hives anywhere on the body or generalized flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness (drop in blood pressure)
- Alterations in heart rate (fast Pulse)
- Sense of Impending doom (anxiety/panic)
- Collapse and unconsciousness

## **TREATMENT**

Ring Main Reception and ask for first aider to come to student

Send a student or member of staff to Main Reception to collect 2nd Epipen and to ask them to ring for an ambulance and parents.

If student conscious keep them in an upright position to aid breathing. If unconscious then place in recovery position.

If student is conscious and alert ask them to self administer their Epipen. If student unconscious, trained member of staff to administer Epipen as per training. Record time of giving.

If no improvement within 5 minutes then 2nd Epipen to be administered.

Keep used Epipens and give to paramedics when they arrive.

## **Appendix 1 – Form 4**

### **Diabetes awareness and treatment for staff**

#### **What is it?**

Abnormal fluctuations in blood sugar can lead to someone with diabetes becoming unwell and, if untreated, losing consciousness.

There are two conditions associated with diabetes - hyperglycaemia (high blood sugar) and hypoglycaemia (low blood sugar).

Hypoglycaemia is the more common emergency which affects brain function and can lead to unconsciousness if untreated.

#### **Signs and symptoms:**

##### **Hypoglycaemia:**

- Hunger
- Feeling 'weak' and confused
- Sweating
- Dry, pale skin
- Shallow breathing

##### **Hyperglycaemia:**

- Thirst
- Vomiting
- Fruity/sweet breath
- Rapid, weak pulse

#### **First aid aims**

##### **Hypoglycaemia:**

- Raise blood sugar level as quickly as possible
- Get casualty to hospital, if necessary

##### **Hyperglycaemia:**

- Get casualty to hospital as soon as possible

#### **Treatment**

##### **Hypoglycaemia:**

- Sit casualty down
- If conscious, give them a sugary drink, chocolate or other sugary food

- If there's an improvement, offer more to eat or drink. Help the casualty to find their glucose testing kit to check their level. Advise them to rest and see their doctor as soon as possible.
- If consciousness is impaired, do not give them anything to eat or drink. Dial 999 for an ambulance

**Hyperglycaemia:**

**Call 999 immediately**

**Further actions**

If the casualty loses consciousness

- Open airway and check breathing
- Place them in recovery position
- Prepare to give resuscitation