



Ulverston Victoria High School

Supporting Children with Medical Conditions

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Statement of Intent

Ulverston Victoria High School wishes to ensure that students with medical conditions receive appropriate care and support at school. This policy has been developed in line with the DfE Statutory Guidance December 2015 "Supporting pupils at school with medical conditions". Section 100 of the Children and Families Act 2014 places a duty on governing bodies to make arrangements for supporting these children. Our aim therefore is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

1. Key roles and responsibilities

The Local Authority (LA) is responsible for:

- Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
- Providing support, advice and guidance to schools and their staff.
- Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition.
- Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.

The Governing Body is responsible for:

- The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of Ulverston Victoria High School.
- Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- Ensuring that relevant training provided by the LA is delivered to staff members who take on responsibility to support children with medical conditions.
- Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- Keeping written records of any and all medicines administered to individual pupils and across the school population.
- Ensuring the level of insurance in place reflects the level of risk.

The Headteacher is responsible for:

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of Ulverston Victoria High School.
- Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of this policy.
- Liaising with healthcare professionals regarding the training required for staff.
- Making staff who need to know aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHCPs).
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Contacting the school nursing service in the case of any child who has a medical condition.

Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- UVHS plan for each child's needs individually, taking in the medical professionals' advice, the circumstances and the suitability of the request. Should a child/young person require an injection there will be a full assessment of the type of support and provision needed. Consideration will be given to how a child's needs can be met when needing an injection, by joint working with parents, health and schools. **UVHS do not have an active volunteer scheme in place at this time.**

School nurses (NHS or UVHS) are responsible for:

- Notifying the school when a child has been identified with requiring support in school due to a medical condition.
- Liaising locally with lead clinicians on appropriate support.

Parents and carers are responsible for:

- Keeping the school informed about any changes to their child/children's health.
- Completing a parental agreement for school to administer medicine form before bringing medication into school including paracetamol.
- Providing the school with the medication their child requires and keeping it up to date.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- Where necessary, developing an Individual Healthcare Plan (IHCP) for their child in collaboration with the Headteacher, other staff members and healthcare professionals and the School Nurse.

Students are responsible for:

It is recognised that the student with the medical condition will often be best placed to provide information about how their condition affects them. This school will seek to involve them fully in discussions about their medical support needs at a level appropriate to their age and maturity and, where necessary, with a view to the development of their long-term capability to manage their own condition well. They should contribute as much as possible to the development of, and comply with, their IHCP.

It is also recognised that the sensitive involvement of other students in the school may be required not only to support the student with the medical condition, but also to break down societal myths and barriers and to develop inclusivity, particularly in diabetic and anaphylaxis support.

2. Definitions

- **"Medication"** is defined as any prescribed **or** over the counter medicine.
- **"Prescription medication"** is defined as any drug or device prescribed by a doctor.
- **"Staff member"** is defined as any member of staff employed at Ulverston Victoria High School, including teachers.

3. Training of staff

- Teachers and support staff will receive training on the Supporting Pupils with Medical Conditions Policy as part of their new starter induction.
- Teachers and support staff will receive regular and ongoing training as part of their development.
- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering.
- No staff member may administer drugs by injection unless they have received training in this responsibility.

4. The role of the child

- Children who are deemed competent by their parent and/or medical practitioner will be encouraged to take responsibility for managing their own medicines and procedures.
- Where possible, pupils will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location.
- If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
- Where appropriate, pupils will be encouraged to take their own medication under the supervision of an appropriate adult.

5. Individual Healthcare Plans (IHCPs)

- Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the pupil, parents/carers, the School Nurse, Special Educational Needs Coordinator (SENCO) and medical professionals.
- IHCPs will be easily accessible whilst preserving confidentiality.
- IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- Where a pupil has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

Day Trips, Residential Visits and Sporting Activities

Through development of the IHCP staff will be made aware of how a child's medical condition might impact on their participation in educational visits or sporting activities. Every effort will be made to ensure there is enough flexibility in arrangements so that all children can participate according to their abilities and with any reasonable adjustments.

A risk assessment for an educational visit may need to especially consider planning arrangements and controls required in order to support a pupil with a medical condition. The IHCP will be used alongside usual school risk assessments to ensure arrangements are adequate. This may also require consultation with parents and pupils and advice from a relevant healthcare professional.

6. Medicines

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for a school to administer medicine form.
- No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional or emergency circumstances.
- Where a pupil is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- A maximum of four weeks supply of the medication may be provided to the school at one time.
- Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug Policy.
- Medications will be stored in Townlands and the medical room. Emergency salbutamol is stored site wide, and these locations indicated on the first aid posters. Emergency auto injectors are stored at reception, dining room, DT block and Sixth Form office and is also indicated on the first aid posters.
- Any medications left over at the end of the course will be returned to the child's parent or disposed of at a local pharmacy.
- Written records will be kept of any medication administered to children.
- Pupils will not be prevented from accessing their medication unless there are over-riding safeguarding concerns.

Emergency Salbutamol Inhalers

Asthma is the most common chronic condition in the UK, affecting one in eleven children. There are on average, two children with asthma in every classroom and over 25,000 emergency hospital admissions every year for asthma amongst children. An Asthma UK survey found that 86% of children with asthma have at some time been without an inhaler at school having forgotten, lost or broken it, or the inhaler having run out. Before 1 October 2014, it was illegal for schools to hold emergency salbutamol inhalers for the use of pupils whose own inhaler was not available.

From 1 October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 allows (but does not require) schools to keep a salbutamol inhaler for use in an asthma emergency.

We feel that keeping an inhaler for emergency use will benefit children at this school and have decided to purchase and manage at least 2 so that one will be available for off and on-site use at the same time. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school. Having procedures that set out how and when the inhaler should be used will also protect our staff by ensuring they know what to do in the event of a child having an asthma attack. **This decision does not in any way release a parent from their absolute duty to ensure that their child attends school with a fully functional inhaler containing sufficient medicine for their needs.**

All students should have a spacer to have their asthma inhaler through. These can be provided by an asthma nurse, practice nurse or GP. A spacer is to be used, as then the medication is inhaled into the lungs and is more effective. If a spacer is not used, then the medication hits the back of the throat.

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need. Therefore, the emergency salbutamol inhaler will only be used by children:

- who have been diagnosed with asthma, and prescribed a reliever inhaler; **or**
- who have been prescribed a reliever inhaler; **and**
- for whom written parental consent for use of the emergency inhaler has been given (**see Appendix C: Parental Consent to Administer Medicine**).

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

Supplies of Salbutamol

This school will buy inhalers and suitable spacer equipment (as advised by a person no less qualified than a pharmacist) from a pharmaceutical supplier in writing confirming the following:

- the name of the school
- the purpose for which the product is required and
- the total quantity required.

Ulverston Victoria High School cannot be held responsible for side effects that occur when medication is taken correctly.

7. Management of anaphylaxis

Anaphylaxis is the name given to a severe allergic reaction. Allergies to peanuts and tree nuts are the most common trigger for such reactions, but a number of other allergens can cause anaphylaxis, including egg, milk, fish, sesame, soya, penicillin, latex, kiwi fruit and insect stings. It can be life-threatening if it is not treated quickly with adrenaline. However, experts agree that it is very definitely manageable with precautionary procedures and support from school staff.

The number of children at risk of anaphylaxis is on the increase. One in 70 children in the UK is allergic to peanuts, and the number of those affected by other anaphylaxis-related allergens appears to be rising. Such children are not ill in the usual sense of the word, but otherwise healthy children who may become very unwell if they come into contact with a certain food or substance.

The symptoms can vary considerably. The milder reactions can involve itchiness or swelling in the mouth, an uncomfortable skin rash, sickness or nausea. Serious symptoms include a severe drop in blood pressure, in which the person affected becomes weak and debilitated, severe asthma, or swelling which causes the throat to close.

Other symptoms which may be present during anaphylaxis are:

- flushing of the skin.
- hives.
- mounting fearfulness.
- difficulty in swallowing or speaking.
- changes in heart rate.
- stomach pain.
- collapse and unconsciousness.

Anaphylaxis is treated with adrenaline – also known as epinephrine. This is available on prescription in the form of pre-loaded injection ‘pens’, the most common being the ‘Epipen or Jext pen. In the event of a severe allergic reaction, the adrenaline should be injected into the muscle of the upper outer thigh, and an ambulance should be called. Milder reactions are sometimes treated with an antihistamine such as Piriton. In any case, careful vigilance should be maintained, as mild symptoms are often the sign that a serious reaction is imminent.

It is recognised that the risks for allergic children are reduced where an individual health care plan is in place. The plan should be drawn up and agreed between the child’s parents, the school and the consulting doctor. The plan should identify individual symptoms and triggers, day to day management, arrangements for medical emergencies, including support from school staff, type of prescribed medicine and its location(s), food management and precautionary measures. Contact details for family and GP/clinic should also be included. All care plans should be reviewed on a regular basis to ensure that they are still relevant to the needs of the child. UVHS review plans on a minimum yearly.

It should be remembered that teachers’ conditions of service do not include any legal or contractual obligation to administer medicine or to supervise a pupil taking medicine. Teachers who do volunteer to administer medicines should not agree to do so without first receiving appropriate information and training. UVHS have annual training for all members of staff. In cases of accident and emergency, teachers must, of course, always be prepared to help as they and other school staff in charge of pupils have their general legal duty of care to act as any reasonably prudent parent would.

Qualified medical treatment will be secured in emergencies at the earliest opportunity.

Adrenaline pens are straightforward to use and very safe – it is not possible to give too large a dose, and the needle is not seen until after it has been withdrawn following the injection. **In cases of doubt it is better to give the injection than to hold back.**

UVHS follow the Anaphylaxis council’s recommendations and the UK’s Medicines and Healthcare Products Regulatory Agency (MHRA) who advised in June 2014 that anyone who is at risk of suffering anaphylaxis should always have at least two adrenaline injector devices immediately available for use. “It is acknowledged that in some cases, a single injection is not sufficient to achieve a response for a number of reasons, including severity of attack as well as the possibility that a dose has not been effectively administered; a second injection may therefore be needed.” The Anaphylaxis Campaign supports this view.

UVHS ask that a spare auto injector is provided by parents and this will be stored along with spare antihistamines provided by parents at the main reception, the main reception have an emergency statement to read when calling an ambulance all children with auto injectors have a photographic alert in place.

(UVHS are aware of the proposed plans in October 2017 for all schools to hold tan auto injector and this policy will change to reflect this at that time).

If a student requires an auto injector, then an allergy action plan is required (see appendix 7). The allergy actions plans are provided by allergy nurses, specialists or GPs. There is also a parental signature required on these plans. Please ensure your child’s Auto Injector that is kept in their school bag is in date.

8. Emergencies

- Medical emergencies will be dealt with under the school's emergency procedures.
- Where an Individual Healthcare Plan (IHCP) is in place, it should detail:
 - What constitutes an emergency.
 - What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency such as telling a teacher. If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

9. Avoiding unacceptable practice

Ulverston Victoria High School understands that the following behaviour is unacceptable:

- Preventing children from easily accessing their inhalers and medication.
- Assuming that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents.
- Ignoring medical evidence or opinion.
- Sending pupils home frequently or preventing them from taking part in activities at school.
- Sending the pupil to the medical room or school office alone if they become ill.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Requiring parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

10. Insurance

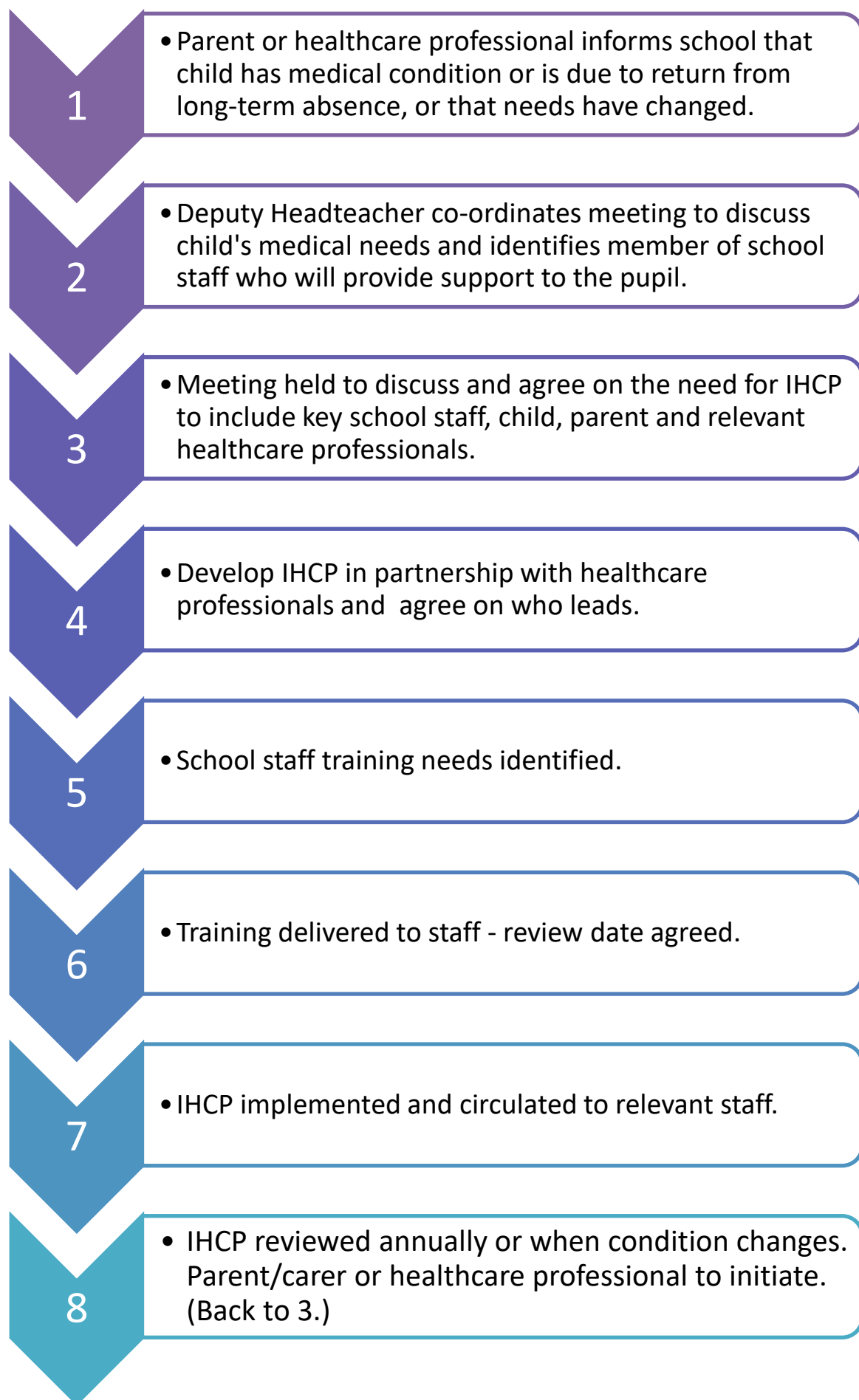
Teachers who undertake responsibilities within this policy are covered by the school's insurance. The school has Public and Product Liability up to £50 million for any one event and Employers Liability for £50 million through Cumbria. County Council. Policy held with Zurich Municipal.

Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Business Manager.

11. Complaints

The details of how to make a complaint can be found in the Complaints Policy.

Appendix 1 - Individual healthcare plan implementation procedure



Appendix 4 - Record of medicine administered to an individual child template

Ulverston Victoria High School record of medicine administered to an individual child

Name of child

Date medicine provided by parent

Tutor group

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature _____

Signature of parent _____

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

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Staff initials

Appendix 5 - Record of medicine administered to all children

Ulverston Victoria High School

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Appendix 7 - Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

- Your telephone number – **01229 483900**
- Your name.
- Your location as follows: **Ulverston Victoria High School, Springfield Road, Ulverston, Cumbria, LA12 0EB.**
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and state that the crew will be met and taken to the patient.

UVHS also have a protocol in place for requesting an ambulance in the case of Anaphylaxis. Staff are trained to inform the ambulance service by using the words **'this is anaphylaxis'** within the call.