TEMPLE MOOR
HIGH SCHOOL
AND SIXTH FORM

SUPPORTING STUDENTS WITH MEDICAL NEEDS POLICY v1.1

Policy Adopted May 2023
Policy updated October 2023
SLT Lead: A Beecroft
Review - annually

SUPPORTING STUDENTS WITH MEDICAL NEEDS

CONTENTS **Page(s)**

1. Introduction

1.1 Most students may at some time have a medical condition which could affect their participation in school activities. This may be a short-term situation or a long-term medical condition.

1.2 The Governors and staff of Temple Moor High School will endeavour to ensure that students with medical needs receive proper care and support at school. A process for the management of medicines has been developed and implemented in school **(see appendix 1 of this policy).**

1.3 School staff have no legal duty to administer first aid or medicines (as per pre-completed Health Care Plans) to students. This is carried out on a voluntary basis. The Principal will accept responsibility for members of school staff giving or supervising students taking prescribed medication during the school day, where those members of staff have volunteered to do so.

2. Staff and administration of medication

The staff at Temple Moor who have volunteered to administer or supervise medication are:

John Jamieson support staff:	Louise Reid
Temple Moor First Aiders – general medication	Jason Campey, Sally Thackray, Wayne Aylesbury, Lyndsey Campey, Bernie Lightfoot, David Hollingworth
Temple Moor Pastoral Administrators – general medication	Natalie Pickering, Helen Cosgrove, Nikki Lawton (Receive medication)

SENCo – Sarah McAndrew and **SEN Administrator** - Liz Cartright – Overview of the Medical needs for students

In addition, first-aid trained staff have also been trained in specific epi-pen administration.

3. Administration of medication

3.1 To ensure the safe administration of medication in school, the following guidelines have been produced. If these are not followed then, unfortunately, the medication cannot be given.

3.2 Parents/carers are responsible for providing the SENCo/SEND Administrator with adequate information regarding their child's condition and medication. It is the parents/carers responsibility to inform the school in writing when the medication is discontinued or the dosage changed. Regular reviews of medical conditions will be conducted regularly

3.3 Medication will only be accepted in school if it has been prescribed by a doctor or is an integral component in meeting the specific medical needs of a student.

3.4 Medication will not be accepted in school without complete written and signed instructions from the parent/carer. **Forms available from school Student Services and or the SEN Administrator – (see Appendix 2)**.

3.5 Where the student travels on school transport with an escort, parents/carers should ensure the escort is informed of any medication sent with the student, including medication for administration during respite care.

3.6 Only reasonable quantities of medication should be supplied to school, eg a maximum of 4 weeks' supply at any one time.

3.7 Each item of medication must be delivered in the original container and handed directly to the Authorised Person in school, (as named in section 2).

3.8 All medicinal containers must be complete with the original dispensing sticker and should be clearly labelled with the following:

- Student's name
- Name of medication
- Dosage
- Frequency of dosage
- Date of dispensing
- Storage requirements (if important)
- Expiry date

3.9 Unless otherwise indicated, all medication to be administered in school, will be kept in a locked medicine cabinet. These cabinets are in the High Care Partnership (HCP) medical room for students with long term medical needs, and, Student Services for short term or emergency medical needs.

3.10 The school will provide parents/carers with details of when medication has been administered to their child.

3.11 Where it is appropriate to do so, students will be encouraged to administer their own medication under staff supervision. Parents/carers will be asked to confirm in writing if they wish their child to carry their medication with them in school.

3.12 It is the responsibility of parents/carers to notify the school if there is a change in prescribed medication, a change in dosage requirements, or the discontinuation of the student's need for the medication.

3.13 Staff who volunteer to assist in the administration of medication will only undertake this activity after they have completed the appropriate training /guidance through arrangements made with the School Health Service.

3.14 The school will make every effort to continue the administration of medication to a student, whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be exceptional occasions when it may not be possible to include a student on a school trip if appropriate supervision cannot be guaranteed.

4. Supporting students who have long-term medical needs

4.1 Some students attending school will have long-term medical needs and may require care or medication on a regular long-term basis, eg because of anaphylaxis, epilepsy, diabetes, haemophilia or any complex medical condition. More details on managing certain conditions in school are given in **Appendix 4** 'Managing Anaphylaxis', **Appendix 5** 'Managing Diabetes', **Appendix 6** 'Managing Epilepsy' and **Appendix 7** 'Managing Haemophilia Advice' (from the Haemophilia Society UK).

4.2 The school will annually send out a request for medical information on students, but we request that you do report any changes to us in relation to a medical condition as soon as possible.

4.3 In order to ensure that all relevant information about the child's condition is available, the school will complete an Individual Health Care Plan (**See appendix 3)** for students who may require support and/or medication, on a regular long-term basis.

4.3.1 A Health Care Plan will be completed on the student's admission to school or at a time when it becomes apparent that the long-term medical needs of the student make the completion of a Health Care Plan desirable. The SEN Administrator is responsible for ensuring these are completed.

4.3.2 Whilst the Principal is ultimately accountable for ensuring Health Care Plans are completed, responsibility for the actual completion of the Health Care Plans has been delegated to the Deputy Principal who will ensure these are completed in consultation with health professionals, parents and carers and that they are reviewed at least annually.

4.3.3 All members of staff who come into contact with the student will receive a copy of the Health Care Plan digitally and a copy will be retained in the student's main school file. Health Care Plans transfer with the student if there is a change of school. The SEN Administrator will ensure plans are approved and are available for all relevant staff to access through the Arbor 'medical' section.

4.3.4 The Health Care Plan will contain details of any medical procedures which are required by the student's condition, eg Epipen, and details of training undertaken by staff.

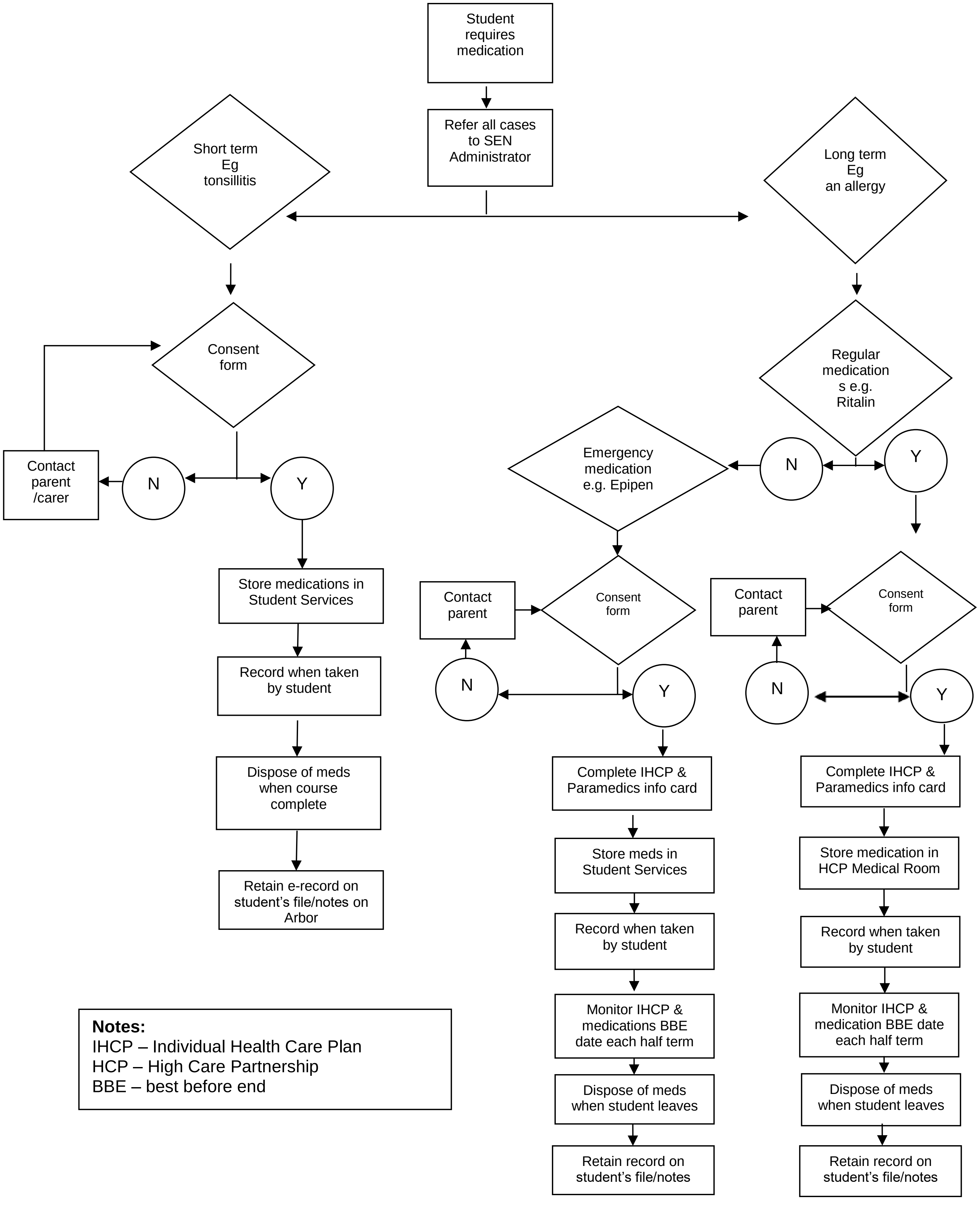
1. The Health Care plan will be annually reviewed, and we may request up to date medical information each year from a registered medical professional, this would be the GP or the Health professional who is currently supporting the students.
2. To renew ongoing medical conditions and continuity of care we may ask for revised medical evidence to ensure students have the correct support while they are in school.

4.3.5 More detailed policies for the management of cases of anaphylaxis, diabetes and epilepsy in school are attached in Appendices 4, 5 and 6 of this policy.

This policy will be reviewed annually.

Appendix 1

TEMPLE MOOR HIGH SCHOOL
PROCESS FOR SUPPORTING STUDENTS WITH MEDICAL NEEDS



Notes:
IHCP – Individual Health Care Plan
HCP – High Care Partnership
BBE – best before end

Appendix 2

Parental agreement for Temple Moor High School to administer medicine.

Temple Moor High School will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	Temple Moor High School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) ________________________ Date ____________________________________

Appendix 3

If your child has a medical condition please complete this form. Individual Healthcare Plan

Name of school/setting	Temple Moor High School
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date (school to complete)	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school (School to complete)	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with (School to complete)

Staff training needed/undertaken – who, what, when (School to complete)

Form copied to (School to complete)

Appendix 4

MANAGING ANAPHYLAXIS IN SCHOOL

1. What is anaphylaxis?

1.1 Anaphylaxis is an acute, severe, allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but, on rare occasions may happen after a few hours.

1.2 Common triggers include peanuts, tree nuts, sesame, eggs, cows' milk, fish, certain fruits such as kiwifruit and also, penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

2. Symptoms

2.1 The most severe form of allergic reaction is anaphylactic shock when blood pressure falls dramatically and the patient loses consciousness. Fortunately, this is rare among children below teenage years. More commonly among children, there may be swelling of the throat which restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.

2.2 Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present the child should be watched carefully as they may be heralding the start of a more serious reaction. Individual symptoms are outlined in each child's individual Health Care Plan.

3. Medicine and Control

3.1 The treatment for a severe allergic reaction is an injection of adrenaline The brand, Epipen, is a commonly used injection device and contains one measured dose of adrenaline, which is available on prescription. These are available in two strengths – adult and junior.

3.2 Certain staff at Temple Moor High School have volunteered to administer medicine (in the form of the injection device) to any allergic children or staff in an emergency. They have received training from the local health services and practiced with a trainer injection device.

3.3 Should a severe allergic reaction occur:

  3.3.1 an adrenaline injection will be administered by a trained member of staff into the muscle of the upper outer thigh;

  3.3.2 an ambulance will always be called;

  3.3.3 parents will be contacted

  3.3.4 When appropriate some children may be able to self-administer their own adrenaline injection

3.4 Parents of children with complex needs, are invited to training sessions and must grant written permission, before any medication to be administered by staff. This forms part of the process when drawing up the Individual Health Care Plan.

3.5 For any off-site education, for example, school visits, medication is carried by a member of staff, and all adults attending the experience, are made aware of all the child's /children's medical needs. In specific cases parents can attend school visits to administer medication for their child.

4. Food and triggers in school

We minimise the risk of children and staff with anaphylaxis, consuming or coming into contact with ANY of their triggers, by ensuring all staff are informed of specific triggers and procedures through Individual Health Care Plans.

5. Medication

5.1 Any medication e.g. antihistamine or adrenaline injections, are kept in a named box with a photo of the child on the lid, in the medical drawer in Student Services. The dosage is outlined on the label. Staff with adrenaline injections keep these in their handbags/or on their person.

5.2 A reminder is set on the Outlook school calendar to inform the SEN Administrator of expiry dates on long term medication. Parents are then informed to renew medication. The SEN Administrator is responsible for ensuring this happens.

Appendix 5

MANAGING DIABETES IN SCHOOL

1. What is diabetes?

1.1 Diabetes is a condition where the level of glucose in the blood rises. 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).

1.2 About one in 550 school age children have diabetes; the majority have Type 1. These children normally need to have daily insulin injections, monitor their blood glucose level and need to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone.

1.3 Each child may experience different symptoms and these are outlined in each child's Individual Health Care Plan. There is a greater than usual need to go to the toilet or to drink, and tiredness and weight loss may indicate poor diabetic control, and these should be reported to parents.

2. Control

2.1 Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and use a small monitor at regular intervals. They may need to do this during break, lunchtime, before and after PE, or more regularly, if their insulin needs adjusting.

2.2 At Temple Moor High School, older children generally administer their own 'finger prick test' and record the result in their log book, whilst younger children have supervision with the finger test. An adult records the result in the child's log book. Children's individual finger prick times and procedures are contained in their Individual Health Care Plan which is maintained by the SEN Administrator. Electric monitoring can be undertaken by children who choose to use an insulin pump.

3. Symptoms

3.1 Children with diabetes need to be allowed to eat regularly during the day. If a snack or meal is missed they may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low (below 4mmols). This is also prone to occur during times of high physical exercise so children need to have their diabetic control bag with them.

3.2 The individual or combined symptoms of a hypoglycaemic reaction (hypo) are:

- 3.2.1 hunger;
- 3.2.2. sweating;
- 3.2.3 drowsiness;
- 3.2.4 pallor;
- 3.2.5 glazed eyes;
- 3.2.6 shaking or trembling;
- 3.2.7 lack of concentration;
- 3.2.8 irritability;
- 3.2.9 headache;
- 3.2.10 mood changes, especially angry or aggressive behaviour.

Individual symptoms are outlined in each child's individual Health Care Plan.

3.3 Hierarchy of need:

3.3.1 If a child has a hypo (below 4mmols) it is important that the child is not left alone. Give the child 50ml of Lucozade, a glucose tablet or sugary drink then wait 10 – 15 minutes before giving a starchy snack such as 2 biscuits. These are kept in the child's individual diabetic equipment bags in the classroom or the school office. Glucose levels need to be checked again with another finger prick blood test after 30 minutes.

3.3.2 If a child becomes sleepy and / or is unable to take Lucoxade orally, massage Hypostop gel onto the inside cheek wall. Use all of one tube. These gels are kept in the children's individual diabetic bags in the Medicines cabinet at Student Services.

3.3.3 Glucose injections are kept in the Student Services medical fridge. These can be administered as an alternative to Hypostop gel.

3.3.4 If a child becomes unconscious put them in the recovery position and call 999. Liaise with paramedics as to any medicine administered prior to ambulance's arrival.

3.4 Some children may experience hyperglycaemia (high glucose level of more than 15mmols) and have a greater need to go to the toilet or to drink. Parents are informed when this occurs.

3.5 Other symptoms to note and inform parents of are, tiredness and weight loss, as these indicate poor diabetic control. If a child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

3.6 Individual procedures are outlined in each child's Individual Health Care Plan.

4. Food in school

4.1 The school will liaise closely with parents about any food consumed at school e.g:

4.1.1 tasting activities
4.1.2 snacks
4.1.3 parties
4.1.4 cooking activities etc

4.2 Children eating a school meal can have the school dinner menus, if requested by parents, to take home so that parents can highlight meal choices with their children and the catering staff can then ensure the child gets their choice for the day. Parents have responsibility to provide an appropriate packed lunch.

4.3 **Any snacks or treats given out in class are to be taken home rather than eaten in class.**

5. Medication

5.1 Diabetes of the majority of children is controlled by injections of insulin each day. Younger children will be on a twice a day insulin regime of a longer acting insulin. Older children may be on multiple injections and others may be on a controlled insulin pump.

5.2 At Temple Moor High School younger children have their injections administered by a trained adult. This is discussed and agreed upon by the child, parents/carers, staff and diabetes nurses, and a contract is drawn up between all parties before administration of injections begins. All injections take place in a private room and are recorded in an individual child's log book. The dosage is checked by another member of staff and any changes in dosage can only be administrated with written permission from parents.

5.3 When children, parents/carers and staff feel the child is confident to administer their own injection, they are supervised too by trained staff, in a private room. The dosage is recorded in the individual child's log book and dosage can only be changed with written permission from parents/carers.

5.4 Parents of children needing long-term or emergency medication are invited to training sessions held with a diabetic nurse and then written permission has to be granted before any medication be administered by staff. This forms part of the process when drawing up the Individual Health Care Plan.

5.5 For any off-site education e.g. school visits, medication is carried by a member of staff and, all adults attending the experience, are made aware of all children's medical needs. In specific cases parents do attend school visits to administer medication for their child.

Appendix 6

MANAGING EPILEPSY IN SCHOOL

1. What is epilepsy?

1.1 Epilepsy is defined as having a tendency to have seizures. A seizure happens when the nerve cells in the brain stop working in harmony. When this happens the brain's messages become temporarily halted or mixed up. A child with epilepsy has recurrent seizures unless the seizures are controlled by medicine.

1.2 Some children have epilepsy as a result of damage to the brain. This may have been due to injury before, during, or after birth and is known as symptomatic epilepsy. For other children, there is no known or identifiable cause; they have an inherited tendency to have epilepsy which is known as idiopathic epilepsy and is thought to be related to a low seizure threshold. Everyone has a seizure threshold; having a low seizure threshold means that a child is more likely to have seizures than children in general.

2. Seizures

2.1 A seizure can either affect part of the brain or the whole brain. There are around forty different types of seizure some of which are more common in children depending on whether a seizure affects the whole or part of the brain and it is called either generalised or partial.

2.2 Generalised seizures affect the whole, or, a large part of the brain and result in a loss of consciousness, which may be very brief, or may last several minutes. Partial seizures only affect part of the brain and only partly affect consciousness.

3. Epilepsy

3.1 This policy has been written in line with information provided by Epilepsy Action, the Department for Education, the local authority, the schools health services and the governing board.

3.2 Temple Moor recognises that epilepsy is a common condition affecting children and welcomes all children with epilepsy to the school. Temple Moor High School supports children with epilepsy in all aspects of school life and encourages them to achieve their full potential. This will be done by having a policy in place that is developed in conjunction with the local authority and understood by all school staff. This policy ensures all relevant staff receive training about epilepsy and administering emergency medicines. All new staff and supply staff will also receive appropriate training and advice on how to support a student having an epileptic seizure.

4. What to do when a child with epilepsy joins Temple Moor High School

4.1 When a child with epilepsy joins school or a current student is diagnosed with the condition, the Principal or nominated responsible person, arranges a meeting with the student and the parents, to establish how the student's epilepsy may affect their school life. This should include the implications for learning, playing and social development and, out of school activities. They will also discuss any special arrangements the student may require, for example, extra time in exams. With the student's and parent/carer's permission, epilepsy will be addressed as a whole-school issue through assemblies and in the teaching of Personal, Social and Health Education (PSHE). Where appropriate, children in the same class or a small group of students that are likely to be in closest contact, will be introduced to epilepsy in a way that they will understand; this will ensure the child's classmates are not frightened if the child has a seizure in class.

4.2 The school nurse or an epilepsy specialist nurse, may also attend the meeting to talk through any concerns the family or Principal (or nominated person) may have such as, whether the student requires emergency medicine.

4.3 The following points in particular will be addressed:

4.3.1 Record keeping
During the meeting the Principal, or nominated person, will agree and complete a record of the student's epilepsy and learning and health needs. This document may include issues such as: agreeing to administer medicines and any staff training needs. This record will be agreed by the parents/carers, and the health professional (if present), and signed by the parents/carers and Principal/nominated person. This form will be maintained by the SEN Administrator on Arbor and updated when necessary. Staff will be notified of any changes in the student's condition through regular staff briefings. This will make staff aware of any special requirements such as: seating the student facing the class teacher to help monitor if the student is having absence seizures and missing part of the lesson.

4.3.2 Medicines
Following the meeting, an Individual Health Care Plan will be drawn up. It will state whether the student requires emergency medicine, and whether this medicine is rectal diazepam or buccal midazolam. It will also contain the names of staff trained to administer the medicine and how to contact these members of staff. If the student requires emergency medicine then the school's policy will also contain details of the correct storage procedures in line with the DfE guidance found in *Managing Medicines in Schools and Early Year Settings.*

4.3.3 First aid
First aid for the student's seizure type will be included on their Health Care Plan, and staff who have volunteered will receive basic training on administering first aid. The following procedure giving basic first aid for tonic-clonic seizures will be communicated to relevant staff.

4.3.3i stay calm;

4.3.3ii if the child is convulsing then put something soft under their head;

4.3.3iii protect the child from injury (remove harmful objects from nearby);

4.3.3iv <u>NEVER</u> try and put anything in their mouth or between their teeth;

4.3.3v try and time how long the seizure lasts – if it lasts longer than usual for that child or continues for more than five minutes then call medical assistance;

4.3.3vi when the child finishes their seizure stay with them and reassure them;

4.3.3vii do not try and move the child unless they are in danger.

4.3.3viii do not try and restrain the child;

4.3.3ix do not give them food or drink until they have fully recovered from the seizure and

4.3.3x aid breathing by gently placing the child in the recovery position once the seizure has finished.

4.3.4 Sometimes a child may become incontinent during their seizure. If this happens, try and put a blanket around them when their seizure is finished to avoid potential embarrassment. First aid procedure for different seizure types can be obtained from the school nurse, the student's epilepsy specialist nurse or Epilepsy Action.

4.3.5 Learning and behaviour
Temple Moor High School recognises that children with epilepsy can have special educational needs because of their condition. Following the initial meeting, staff will be asked to ensure the student is not falling behind in lessons. If this starts to happen the Principal or delegated person will initially discuss the situation with the parents. If there is no improvement, then discussions should be held with the school's Special Educational Needs Co-ordinator (SENCO). If necessary, an Individual Educational Plan will be created and if the SENCO thinks it appropriate, the child may undergo an assessment by an educational psychologist or neuropsychologist to decide what further action may be necessary.

4.3.6 School environment

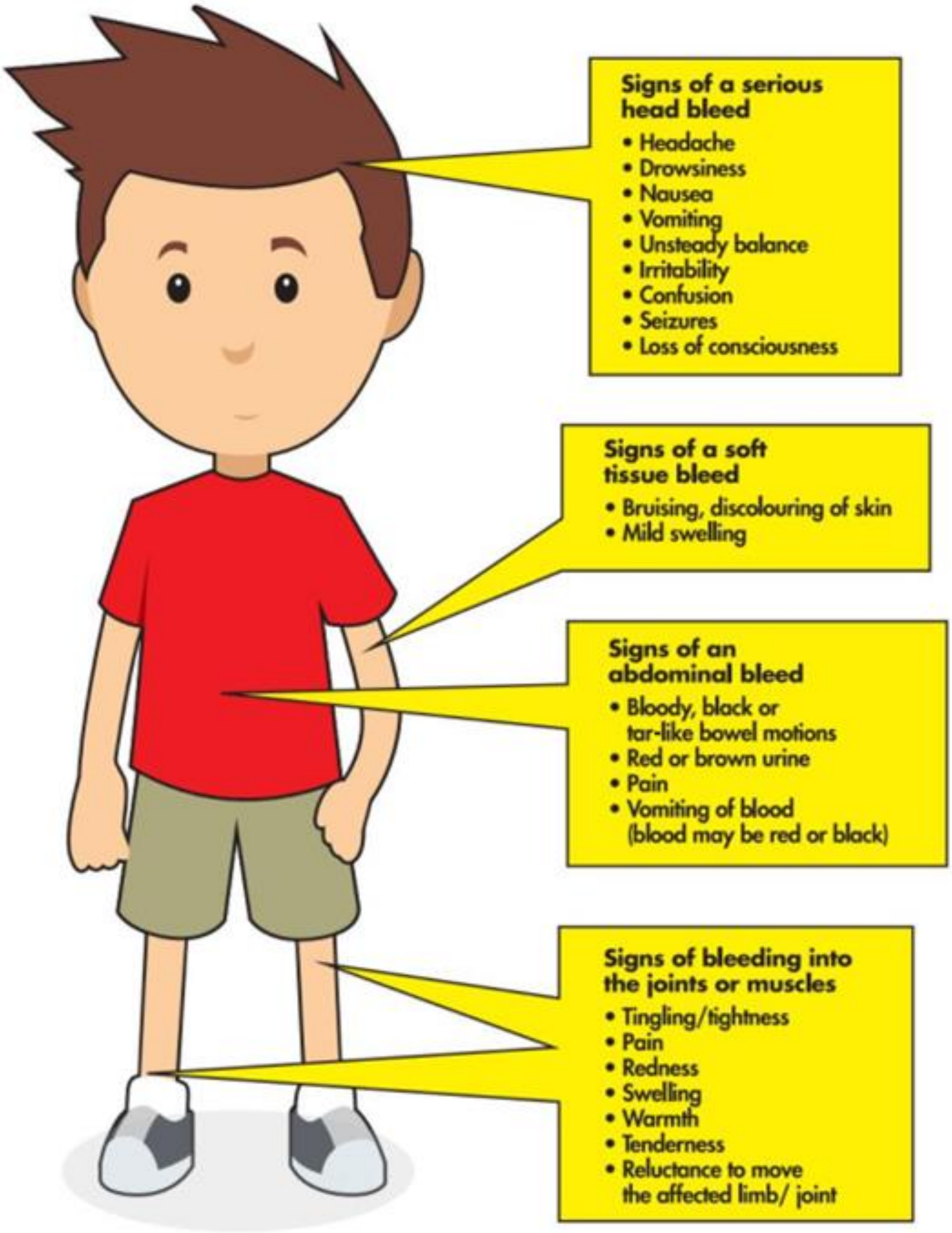
4.3.5i Temple Moor High School recognises the importance of having a school environment that supports the needs of children with epilepsy. A medical room is kept available and equipped with a bed in case a student needs supervised rest following a seizure.

4.3.5ii The above epilepsy policy applies equally within the school and at any outdoor activities organised by the school. This includes activities taking place on the school premises, and residential stays. Any concerns held by the student, parent or member of staff will be addressed at a meeting prior to the activity or stay taking place.

Appendix 7

BLEEDS AND BRUISES IN CHILDREN WITH HAEMOPHILIA

Muscle and/or joint bleeds call the parent/guardian



Signs of a serious head bleed

- Headache
- Drowsiness
- Nausea
- Vomiting
- Unsteady balance
- Irritability
- Confusion
- Seizures
- Loss of consciousness

Signs of a soft tissue bleed

- Bruising, discolouring of skin
- Mild swelling

Signs of an abdominal bleed

- Bloody, black or tar-like bowel motions
- Red or brown urine
- Pain
- Vomiting of blood (blood may be red or black)

Signs of bleeding into the joints or muscles

- Tingling/tightness
- Pain
- Redness
- Swelling
- Warmth
- Tenderness
- Reluctance to move the affected limb/ joint

P.R.I.C.E

P: Protection

- Lower limb: take weight off the joint or muscle
- Upper limb: no carrying using affected arm

R: Rest

- Rest means rest!
- Try not to allow use of the joint or muscle where possible

I: Ice

- Regular ice packs can help with pain and reduce swelling
- Put an ice pack over the affected area for 20 minutes. Repeat every two hours

DO NOT leave the ice pack on for more than 20 minutes

DO NOT place ice pack directly onto skin (use a tea towel/cold pack cover)

C: Compression

- Use an elasticated bandage to compress the affected area to reduce swelling

E: Elevation

- Elevate the affected limb to help reduce swelling
- Keep the affected joint or muscle above the level of the heart

First Aid

Mouth and Gum Bleeds

These can be hard to control because clots that form are washed away by saliva or knocked off by the tongue or food. Try giving the child an ice cube or ice pop to suck. These bleeds many need treatment by parents or the Treatment Centre.

Nosebleeds

Tilt head forward and pinch the bridge of the nose below the bone for 10-20 minutes and/or put an ice pack on the bridge of the nose for not more than 5 minutes.

Cuts and Grazes

Cover with a plaster and bandage. Apply pressure for a few minutes. Deep cuts may need stitching, if so, contact parents and/or Haemophilia Treatment Centre.

Bruises

Children with haemophilia bruise more easily than children without and their bruises will be bigger. Bruises only need treatment if they are very painful.

Bleeds in the following areas are especially serious and require immediate attention:
HEAD * EYE * NECK * ABDOMEN * GROIN * HIP
Call parents and Haemophilia Treatment Care Centre immediately