

# The Burgate School & Sixth Form Medicines and Supporting Students with Medical Conditions Policy

(Statutory)

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This procedure/policy and its guidance will always reflect the present and future needs of all stakeholders and to support this we are always open to suggestions for changes and alterations of and to any specific individual provision/requirement to ensure full access to all. This policy will be reviewed as part of the Academy's policy review cycle.

## CONTENTS

1. GENERAL STATEMENT .....	3
2. DEFINITION OF MEDICAL NEEDS .....	3
3. DEFINITION OF MEDICATION.....	3
4. KEY ROLES AND RESPONSIBILITIES .....	3
5. STAFF SUPPORT AND TRAINING .....	5
6. SPECIFIC ARRANGEMENTS FOR STUDENTS WITH MEDICAL NEEDS.....	6
7. INDIVIDUAL HEALTHCARE PLANS (IHCPs).....	7
8. ADMINISTRATION OF MEDICINES.....	8
9. INFORMATION SHARING .....	10
10. EMERGENCIES.....	10
11. AVOIDING UNACCEPTABLE PRACTICE .....	11
12. INSURANCE.....	11
13. COMPLAINTS .....	11

APPENDIX 1 - INDIVIDUAL HEALTHCARE PLAN IMPLEMENTATION PROCEDURE .....	13
APPENDIX 2 – INDIVIDUAL HEALTHCARE PLAN TEMPLATE.....	14
APPENDIX 3 – PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE .....	16
APPENDIX 4 – RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL STUDENT TEMPLATE .....	17
APPENDIX 5 – STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES .....	18
APPENDIX 6 - MODEL LETTER INVITING PARENTS TO CONTRIBUTE TO IHCP DEVELOPMENT.....	18
APPENDIX 7 - COMMUNICABLE DISEASES .....	19
APPENDIX 8 - SUPPORTING STUDENTS WITH ANAPHYLAXIS .....	20
APPENDIX 9 - SUPPORTING STUDENTS WITH DIABETES.....	22
APPENDIX 10 - SUPPORTING STUDENTS WITH ASTHMA .....	24
APPENDIX 11 - SUPPORTING STUDENTS WITH EPILEPSY .....	26
APPENDIX 12 - SUPPORTING STUDENTS WITH CHRONIC FATIGUE SYNDROME .....	27
APPENDIX 13 - GUIDELINES FOR CARE AND USAGE OF PERCUTANEOUS ENDOSCOPIC GASTROSTOMY TUBES (P.E.G).....	29

## **1. GENERAL STATEMENT**

Section 100 of the Students and Families Act 2014 places a duty on the Board of Trustees and Senior Leadership Team for supporting students at the Academy with medical conditions.

The aim is to ensure that all students with medical conditions, in terms of both their physical and mental health, are supported in school so they can play a full and active role in school life, remain healthy and achieve their academic potential. Students with special medical needs have the same right of admission to school as other students and cannot be refused admission or excluded from school on medical grounds alone. Teachers and other school staff in charge of students have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

Students with medical conditions need to be supported so they have full access to education (including school trips and physical education) and may also need to be supported with any social and emotional implications associated with their condition. They may additionally require support to ensure they are able to reintegrate with their class if they have been off because of their condition and do not fall behind when they are unable to attend.

Some students with medical conditions may have a physical disability. Where this is the case the Board of Trustees and Senior Leadership must also comply with their duties under the Equality Act 2010. Some may have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational need provision. For students with SEN, this policy should also be read in conjunction with the SEN policy and the SEND Code of Practice updated in January 2015 relating to students who have medical conditions that require EHC plans.

This policy has been developed in line with the Department for Education's guidance released in April 2014 – updated in August 2017 "Supporting pupils at school with medical conditions" and will be regularly reviewed and readily accessible to parent/carers on the Academy website and to Academy staff.

## **2. DEFINITION OF MEDICAL NEEDS**

Medical needs may be broadly recognised as being of two types:

- (a) Short-term affecting their participation in school activities while they are on a course of medication.
- (b) Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

## **3. DEFINITION OF MEDICATION**

- "Medication" is defined as any prescribed or over the counter medicine.
- "Prescription medication" is defined as any drug or device prescribed by a doctor.

## **4. KEY ROLES AND RESPONSIBILITIES**

**The Local Authority (LA) is responsible for:**

- Promoting cooperation between relevant partners and stakeholders regarding supporting students with medical conditions.
- Providing support, advice and guidance to schools and their staff.
- Making alternative arrangements for the education of students who need to be out of school for fifteen days or more due to a medical condition (whether consecutive or cumulative across the school year).

- Providing suitable training to school staff in supporting students with medical conditions to ensure that Individual Healthcare Plans can be delivered effectively.

**The Board of Trustees is responsible for:**

- Reviewing this Supporting Students with Medical Conditions Policy.
- Monitoring this policy's effectiveness and holding the Headteacher to account for its implementation.
- Ensuring that the Supporting Students 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 students with medical conditions can participate fully in all aspects of school life.
- Ensuring the arrangements show an understanding of how medical conditions impact on a student's ability to learn as well as promote self-confidence and self-care.
- Ensuring that relevant training is provided and delivered to staff members who take on responsibility to support students with medical conditions.
- Ensuring that information and teaching support materials regarding supporting students with medical conditions are available to members of staff with responsibilities under this policy.
- Ensuring written records of all medicines administered to individual students are available if required.
- 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 Students with Medical Conditions Policy and Procedures of the Academy.
- 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.
- Ensuring staff who need to know are aware of a student's medical condition.
- Developing Individual Healthcare Plans (IHCPs).
- Ensuring enough 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 students in line with this policy.
- Ensuring appropriate liaison with the school nursing service in the case of any student who has a medical condition.

**Staff members are responsible for:**

- Taking appropriate steps to support students with medical conditions.
- Where necessary, making reasonable adjustments to include students with medical conditions into lessons.
- Administering medication, if they have agreed to undertake that responsibility and **only** if they have received appropriate training. The member of staff administering medication to individual students must ensure that they record the medication administered. For a controlled medication, another member of staff must witness this.
- Undertaking training to achieve the necessary competency for supporting students 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 student with a medical condition needs help.

- Ensuring any medicines brought into school by the staff (e.g., headache tablets, inhalers for personal use) are stored in an appropriate place and kept out of the reach of the students. Any staff medicine is the responsibility of the individual concerned and not the school.

#### **School Nurses are responsible for:**

- Notifying the school when a student has been identified with requiring support in school due to a medical condition.
- Providing the school with background information on the condition.
- Liaising locally with lead clinicians on appropriate support.
- Working with the school, parents and student and the development of the Individual Healthcare Plan (IHCP) and a Care Plan if required.

#### **Parents and Carers are responsible for:**

- Keeping the school informed about any changes to the student/student's health.
- Completing a parental agreement for school to administer medicine form before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up to date.
- Asking the pharmacist to supply any medication in a separate container, containing only the quantity required for school use, with the prescription and dosage typed or printed clearly on the outside.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child prior to requesting that a staff member administers the medication and explaining the importance of compliance to their child.
- Notifying the school if the student's medication changes or is discontinued, or the dose or administration method changes.
- Where necessary, developing an Individual Healthcare Plan (IHCP) for the student in collaboration with the Headteacher, or other staff members and healthcare professionals.
- If a student requires emergency medication as part of their care plan this must be provided to the school by parents – this includes medication carried by the students e.g., Auto-Injectors and asthma inhalers. All items must be in date and in working condition. If it is found that the medication is not available, the student cannot remain in school and parents will be contacted to resolve the situation.
- Ensuring they or another nominated adult are always contactable in case of medical emergencies.

#### **Students**

- Students with medical conditions should be fully involved in discussions about their medical support and needs, contributing as much as is possible or appropriate to the development of their individual healthcare plan to which they should comply.
- Where possible and considered appropriate, students will be given responsibility for administering their own medicines under the supervision of school staff.

#### **Teachers**

- Teachers should ensure they understand how medical conditions impact on students' ability to learn as well as the possible impact on their confidence and self-care.
- Teachers should liaise with all parties to ensure they reduce barriers to learning and independence wherever possible.

### **5. STAFF SUPPORT AND TRAINING**

The Academy is responsible for ensuring that staff have appropriate training to support students with medical needs, and for ensuring that:

- All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted and trained to do so.
- Only staff who have received appropriate training can administer prescribed and non-prescribed medication to students under the age of 16, having first ensured that the parental agreement form for the medication has been completed. The record of medication administered must be completed by the member of staff administering it and, for a controlled medication, another member of staff must witness this.
- No staff member may administer drugs by injection unless they have received training in this responsibility.
- All staff attending off-site trips and visits must familiarise themselves with details of any students with medical conditions on the trip/visit. The medical IHCP/alert sheets are available on the staff shared area detailing medical conditions, medication, planning and emergency procedures.
- Staff from each department will receive training in Asthma, Anaphylaxis and Medication Administration.
- Specific training and staff awareness sessions will be held for students with highly individual needs prior to the student joining the school or transitioning to a new class and arrangements made with the appropriate agencies or NHS professionals to update staff training when required.
- Records will be kept of training.

## **6. SPECIFIC ARRANGEMENTS FOR STUDENTS WITH MEDICAL NEEDS**

### **On Entry to the School**

We will aim to identify children with medical conditions on entry to the school through collaborative working arrangements with parents/carers and feeder schools. In addition, we will identify students with medical conditions through liaison with the School Nursing Service and local doctor's surgeries.

### **Students visiting for Induction and Taster Days**

Students with medical conditions attending Year 6 Induction days and Year 5 Taster days are identified during liaison with feeder schools and parents. Arrangements for medication to be held in the school office and awareness of emergency procedures are shared with relevant staff.

Individual students attending school for taster sessions are identified by the Admissions Officer and through liaison with parents by the welfare team ensuring any medical conditions are identified and supported appropriately.

### **Educational Trips and Visits**

Every effort is made to encourage students with medical needs to participate in safely managed trips and visits. Consideration is always given to the adjustments which need to be made to enable students with medical needs to participate fully and safely on trips and visits. Staff supervising excursions must always be aware of any medical needs, and relevant emergency procedures. A copy of individual health care plans should be taken on trips and visits in the event of the information being needed in an emergency. Arrangements for taking any necessary medicines will need to be made and if necessary additional first aid trained staff will receive specific training allowing them to give medical aid to students with a particular medical need e.g. administering an Auto-injector. In certain cases, a member of the support staff, a parent or another volunteer might be needed to accompany a particular student.

If there is any concern about whether the school is able to provide for a student's safety, or the safety of other students on a trip or visit, then parents will be consulted, and medical advice sought from the school health service or the student's GP.

If a student requires emergency medication as part of their care plan this must be provided to the school by parents – this includes medication carried by the students e.g. Auto-Injectors/Epipens and asthma inhalers.

All items must be in date and in working condition. If the medication is not available, the student cannot leave the school site or remain in school and parents will be contacted to resolve the situation.

### **Residential Trips**

Parents of students participating in residential trips will need to complete a consent form giving details of all medical/dietary needs. All medication which needs to be administered during the trip/visit should be handed directly to the trip leader or specifically trained member of staff before leaving the school at the start of the trip. For students with a specific medical condition (e.g. diabetes, epilepsy) specific training will be provided to staff from suitably qualified medical personnel, for instance, diabetes care nurses. A risk assessment will be completed and the IHCP reviewed.

### **Sporting Activities**

All students with medical conditions will be encouraged to participate as fully as possible in physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental and physical health and well-being. Staff will be sensitive to their individual needs and sufficient flexibility will be incorporated into the lesson planning for all students to be included in ways appropriate to their own abilities.

Any restrictions on a student's ability to participate in PE will be recorded in their individual health care plan. This will include a reference to any issues of privacy and dignity for students with particular needs.

Some students may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers. If a student requires emergency medication this must be provided to the school by parents – this includes medication carried by the students e.g., Auto-Injectors/Epipens and asthma inhalers. All items must be in date and in working condition. If the medication is not available, the student cannot leave the school site or remain in school and parents will be contacted to resolve the situation.

### **Reintegration after Absence**

Where a student has been absent for a significant period, the school will work with parents and health care professionals, where required, to support the smooth integration back into class. This will be done on an individual basis.

## **7. INDIVIDUAL HEALTHCARE PLANS (IHCP)**

Where a student has a medical condition which will impact on their participation in school activities, their access to education or requires the school to administer emergency or lifesaving medication, parents/carers need to alert the school immediately.

Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the student, parents/carers, Pastoral team, 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 student's medical circumstances change, whichever is sooner.
- Where a student has an Education, Health and Care plan or Special Needs Statement, the IHCP will be linked to or become part of it.
- Where a student is returning from a period of hospital education, alternative provision or home tuition, the Academy will work with the LA and education provider to ensure that the IHCP identifies the support the student needs to reintegrate.
- Where there will be a requirement for intimate care\*\* to be part of the IHCP, Burgate School will follow the Hampshire Safeguarding Children Board guidance when planning a bespoke plan for individual students.

\*Copies of the Health Care Plan will be kept in the Main School Office, a copy on the students file and on the shared area linked to SEND therefore they will be available for teaching and non-teaching staff in the event of an emergency. In addition, if the medical condition has the potential to be immediately life-threatening, a copy of the care plan with the emergency procedures to be taken may also be displayed in the staff room so it is clearly visible for all staff.

\*\*We define intimate care as any activity required to meet the personal care needs of each individual child. Intimate care can include:

- Feeding
- Oral care
- Washing
- Dressing/undressing
- Toileting
- Menstrual care
- Treatments such as enemas, suppositories, enteral feeds
- Catheter and stoma care
- Supervision of a child involved in intimate self-care

Parents have a responsibility to advise staff of the intimate care needs of their child, and staff prepared to take on this role have a responsibility to work in partnership with children and parents. Our school has a responsibility to the child and its staff to fulfil the requisite intimate care up to and not beyond the training level of staff. No member of staff will be asked to fulfil duties they feel uncomfortable with or without appropriate training. Where there is a requirement for intimate care to be part of the IHCP, Burgate School will follow the Hampshire Safeguarding Children Board guidance when planning a bespoke plan for individual students.

## **8. ADMINISTRATION OF MEDICINES**

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the student to take them outside of school hours (i.e. 1, 2 or 3 times per day so it can be given before/after school). If this is not possible, prior to staff members administering any medication, the parents/carers of the student must complete and sign a parental agreement form for each medicine provided.
- Paracetamol can only be given to students when parents/carers have provided an appropriately labelled container with a signed consent form and for a maximum of three days.
- No student will ever be given medicine containing aspirin unless prescribed by a doctor.
- No student will be given any prescription or non-prescription medicines without written parental consent except in very exceptional circumstances.
- 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.
- Students should not bring in their own medicine. This should be brought into school by the parent.
- Where it has been agreed that medicines can be given, a member of staff will administer these according to the instructions and complete a Record of Medicine Administration form.
- 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 to school premises by the parent or carer of the individual to whom they have been prescribed. They will be stored and administered following the protocol for storing and administering medication in school.
- Medications will be stored in the medical cabinets in the Main School Office or Sixth Form Office, or in the fridge if this is necessary.
- All emergency medication will be clearly labelled and stored in an unlocked cabinet in the main school office for easy access in the case of a medical emergency. This will be agreed during the development of the IHCP. This will include – Auto-injectors – Inhalers for asthmatics – Injections of Glucagon for diabetic hypoglycaemia.



- Other emergency medication i.e., Rectal Diazepam Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures.
- Any medications left over at the end of the course, or the end of the academic year will be returned to the student's parents/carers wherever possible or disposed of safely. Contact with parents regarding this will be recorded.
- Written records will be kept of any medication administered to students.
- If required, parents can be informed when medication has been administered via a 'stamp' in the student's diary.
- Students will never be prevented from accessing their medication.
- Burgate School cannot be held responsible for side effects that occur when medication is taken correctly.
- Staff are not authorised to administer medication by injection unless for the purpose of saving life in an emergency. Invasive procedures will only be undertaken if included in the Individual Health Care Plan and suitable training has been given to the agreed members of staff.
- We do not accept any non-prescribed medicines into school but we will keep a small stock of Liquid paracetamol (Calpol) and antihistamine (Piriton). These will only be administered when it would be detrimental to the child not to do so and only with parental permission.

### **Emergency Asthma Inhalers**

Since 2015 schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information. As a school we have agreed to purchase and keep emergency inhalers. These will only be used for those children who are already prescribed asthma inhalers. They will only be used in an emergency and at all times the school will seek to use the child's prescribed inhaler if possible.

### **METHOD FOR ADMINISTRATION OF MEDICINE**

When administering the medicine, the member of staff should:

- Confirm the identity of the student
- Check the parental consent to administer medicine form
- Check the name and details of the student and the name of the medicine matches the medicine record
- Check the dosage and strength of the medication
- Check administration times
- Check the route of administration
- Check the duration of course (if known)
- The dosage should be measured without handling the medicine.
- If the medicine is in liquid form, the bottle needs to be shaken and the contents poured away from the label so that the medicine does not render the instructions illegible.
- Students will be watched taking the medicine and water provided to wash the medicine into the stomach.
- The time and date will be recorded and signed by the member of staff administering the medicine

### **Controlled drugs**

- Controlled drugs such as methylphenidate are controlled by the Misuse of Drugs Act. Therefore it is imperative that controlled drugs are strictly managed between the school and parents/carers.
- Ideally controlled drugs are only brought in on a daily basis by parents/carers, but certainly no more than a week's supply and the amount of medication handed over to the school should always be recorded.
- Controlled drugs should be stored in a locked non portable container, such as a safe, and only specific named staff allowed access to it.
- Each time the drug is administered it must be recorded, including if the child refused to take it.
- If a student refuses to take medication, school staff should not force them to do so.
- The school should inform the child's parents/carers as a matter of urgency. If necessary, the school should call the emergency services.
- The person administering the controlled drug should monitor that the drug has been taken.

- Passing a controlled drug to another child is an offence under the Misuse of Drugs Act

## **DISPOSAL**

Medicines should not be allowed to accumulate. They should be returned to the parent/carer for disposal or taken to the local pharmacy. No medicine should be used after its expiry date. Some medicines (e.g. insulin, eye drops and eye ointments) have to be discarded 4 weeks after opening. The date of opening must always be recorded on the container for these preparations.

Sharps boxes will be in place for the disposal of needles. Parents are responsible for supply, collection and disposal of sharps boxes.

## **REFUSAL TO TAKE MEDICINE**

If a student refuses to take medicine, staff will not force them to do so, but will note this in the records and inform the parents of the refusal on the same day. If a refusal to take medicines results in an emergency, then the usual emergency procedures should be followed.

## **9. INFORMATION SHARING**

### **Class Teachers**

It is vital that class teachers are informed at the start of the academic year of any medical conditions and food allergies (dietary requirements) of the students in their class via the staff shared area and email. This will be updated as new information comes to light or new students with special requirements join the school. The students' IHCP will be available to view and copy in the main school office and on the shared area. Individual risk assessments will also need to be undertaken where special evacuation procedures may be required in the event of an emergency or special care arrangements are required for the students moving around the building.

### **Other Teachers/Coaches**

Anyone who will be teaching also needs to be provided with information about students with medical conditions. This includes PE teachers, sports coaches, drama teachers, after school club coordinators etc. Members of staff who are taking the class should also take responsibility for requesting this information if it has not been provided. Staff will be informed via email and at staff briefings of any students with serious conditions that they need to watch out for, and a copy of the Care Plan put up in the staff room as a reminder. The alert sheets and IHCP for each child will be in the shared area under Health and Safety for all staff to access.

### **Catering Team**

It is vital that the catering team is informed of any students with food allergies. A copy of all IHCPs and information regarding allergies will be provided to the Catering Manager and updated regularly. This information will be available to all catering staff.

### **Supply Staff**

Supply staff must be fully informed of any students in their class with medical conditions – this can be accessed via SIMS. IHCP/alert sheets are also displayed in the staff room near to the cover board and supply staff will receive a hard copy of the staff handbook – the logistics manager will bring the relevant IHCP pages to the attention of supply staff.

### **Work Experience Students**

It is the responsibility of the work placement to ensure the placement is suitable for a student with medical conditions and/or the placement will not endanger any school students with medical conditions.

## **10. EMERGENCIES**

Medical emergencies will be dealt with under the school's First Aid Policy. Where an Individual Healthcare

Plan (IHCP) or Care Plan is in place, it should detail: -

- What constitutes an emergency.
- What to do in an emergency.

Students will be informed in general terms of what to do in an emergency – such as telling a teacher.

If a student needs to be taken to hospital, a member of staff will remain with the student until their parents/carers arrive.

## **11. AVOIDING UNACCEPTABLE PRACTICE**

The Burgate School understands that the following behaviour is unacceptable: -

- Assuming that students with the same condition require the same treatment.
- Ignoring the views of the student and/or their parents.
- Ignoring medical evidence or opinion.
- Sending students home frequently or preventing them from taking part in activities at school unless this is specified in their IHCP.
- Sending the student to the school office alone if they become ill.
- Penalising students with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to students participating in school life, including school trips or sporting activities.
- Refusing to allow students to eat, drink or use the toilet when they need to in order to manage their condition.

## **12. INSURANCE**

Staff who undertake responsibilities within this policy are covered by the school's insurance. Full written insurance policy documents are available to be viewed by members of staff who are providing support to students with medical conditions. Those who wish to see the documents should contact the Headteacher.

## **13. COMPLAINTS**

The full details of how to make a complaint can be found in the Complaints Policy which is available on the website or from the school office.

### **Appendices to this policy:**

- Appendix 1: Individual Healthcare Plan Implementation Procedure
- Appendix 2: Individual Healthcare Plan Template
- Appendix 3: Parental Agreement for School to Administer Medicine
- Appendix 4: Record of Medicine Administered to an Individual Student Template
- Appendix 5: Staff Training Record – Administration of Medicines
- Appendix 6: Model Letter Inviting Parents to Contribute to Individual Healthcare Plan Development
- Appendix 7: Communicable Diseases
- Appendix 8: Supporting Students with Anaphylaxis
- Appendix 9: Supporting Students with Diabetes
- Appendix 10: Supporting Students with Asthma
- Appendix 11: Supporting Students with Epilepsy
- Appendix 12: Supporting Students with Chronic Fatigue
- Appendix 13: Guidelines for Care and Usage of Percutaneous Endoscopic Gastrostomy Tubes (P.E.G)

Further Information:

Guidance on infection control in schools and other childcare settings – Public Health England

## APPENDIX 1 – INDIVIDUAL HEALTHCARE PLAN IMPLEMENTATION PROCEDURE

- 1 Parent or healthcare professional informs school that student has medical condition or is due to return from long-term absence, or that needs have changed
- 2 Head of Student Welfare, Pastoral Team co-ordinate meeting to discuss student's medical needs and identifies member(s) of school staff who will provide support to the pupil.
- 3 Meeting to discuss and agree on the need for IHCP to include key school staff, student, parent and relevant healthcare professionals
- 4 Develop IHCP in partnership with healthcare professionals, agree deadline dates and who will take the lead.
- 5 School staff training needs identified.
- 6 Training delivered to staff & review date agreed
- 7 IHCP implemented and circulated to relevant staff
- 8 IHCP reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate. (Back to 3.)

## APPENDIX 2 – INDIVIDUAL HEALTHCARE PLAN TEMPLATE

### BURGATE SCHOOL INDIVIDUAL HEALTH CARE PLAN

Student's name	
Class	
Date of Birth	
Medical diagnosis or condition	
Date	
Review date	

#### Family Contact Information

Name	
Relationship to student	
Phone no. (work)	
Phone no. (home)	
Mobile	
Name	
Relationship to student	
Phone no. (work)	
Phone no. (home)	
Mobile	

#### Clinic / Hospital Contact

Name	
Position	
Phone no.	

#### GP

Name	
Phone no.	

Who is responsible for providing support in school

--

Describe medical needs and give details of student'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 required for the student's education, social and emotional needs

Arrangements for school trips / visits

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

### APPENDIX 3 – PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

Burgate School will not give your student medicine unless you complete and sign this form, and the school has staff who are trained to administer such medicine.

#### BURGATE SCHOOL MEDICINE ADMINISTERING FORM

Date of request	/ /
Name of student	
Date of birth	
Class	
Medical condition or illness	

#### Medicine

Name / type of medicine (as described on the container)	
Expiry date	/ /
Dosage and method of administration	
Timing / when to be given	
Special precautions / other instructions	
Are there any side effects the school needs to know about?	
Self administration	Yes / No (please indicate)
Procedures to take in an emergency	

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

#### Contact Details

Name	
Relationship to student	
Daytime phone no.	
Name and phone no. of GP	
I understand that I must deliver the medicine personally to	School Reception

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.

Parent's signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Print name \_\_\_\_\_

PLEASE NOTE: If more than one medicine is to be given a separate form should be completed for each one. Medicines will be returned at the end of the course of treatment or the end of the academic year.



**APPENDIX 4 – RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL STUDENT TEMPLATE**

**BURGATE SCHOOL RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL STUDENT**

Name of student	
Date medicine provided by parent	
Class	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

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			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

**APPENDIX 5 – STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES**

**BURGATE SCHOOL STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES**

Name

Type of training received

Date training completed

Training provided by

Profession and title


I confirm that \_\_\_\_\_ (insert name of member of staff) has received the training detailed above and is competent to carry out any necessary treatment. I recommend that training is updated \_\_\_\_\_ (please state how often)

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

I confirm that I received the training detailed above

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

## **APPENDIX 6 – MODEL LETTER INVITING PARENTS TO CONTRIBUTE TO INDIVIDUAL HEALTHCARE PLAN DEVELOPMENT**

Dear Parent,

RE: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR STUDENT

Thank you for informing us of your student's medical condition. I enclose a copy of the school's policy for supporting students at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each student needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, students, and the relevant healthcare professional who can advise on your student's case. The aim is to ensure that we know how to support your student effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all students will require one. We will need to make judgements about how your student's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your student's individual health care plan has been scheduled for (insert date) at (insert time). I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will include (add details of team). Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I (or add name of other staff lead) would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

Name of Headteacher

## APPENDIX 7 – COMMUNICABLE DISEASES

We work within the recommendations of the CCDC (Consultant in Communicable Disease Control). All the following conditions are reported to the CCDC in order to control further spread of a disease:-

DISEASE	EXCLUSION	NOTIFY
Chicken Pox	5 days from onset of rash	Pregnant staff
COVID-19	Follow the current PHSE and GOV.UK	
Food Poisoning	Until free of symptoms (48 hours for students under 5)	CCDC
Hepatitis A	For 5 days from onset of jaundice for students under 5, not justified in older students with good hygiene.	CCDC
Impetigo	Until lesions are crusted or healed	CCDC
Measles	For 5 days from onset of rash	Class parents and pregnant staff
Mumps	For 5 days from onset of swollen glands	CCDC
Ringworm	Do not exclude but ensure treatment by a GP	CCDC
Rubella	For 5 days from onset of rash	Pregnant staff
Scabies	Until day after treatment has commenced	CCDC
Scarlet Fever	For 5 days from commencing antibiotics	CCDC
Tuberculosis	For two weeks after treatment has started, CCDC will advise on action.	CCDC
Whooping Cough	For 5 days from commencing antibiotic treatment- Longer if antibiotics not started early.	CCDC

Immediate reporting of the following conditions is required by telephone to the CCDC:-

Diarrhoea and/or vomiting	Tuberculosis
Meningitis	Typhoid or Paratyphoid
Whooping cough	

A report form will be sent to the CCDC of the following conditions:-

Chicken Pox	Mumps
Conjunctivitis (sticky eye)	Ringworm (scalp)
Parvovirus ( Slapped cheek syndrome)	Rubella
Ringworm (body)	Measles
Hand, foot and mouth disease	Scabies
Hepatitis/ Jaundice	Scarlet Fever
Impetigo	

### Protecting Staff, Other Students, Parents & Carers and Visitors

Special consideration needs to be given to anyone who is immune suppressed i.e. suffering from HIV or undergoing chemotherapy. If the school are aware of anyone who falls into these categories, advice should be taken from the CCDC on whether these people need to be alerted to any incidents of the above medical conditions.

## APPENDIX 8 – Supporting Students with Anaphylaxis

This is specific to students with Anaphylaxis and supplements the Burgate School's Medicines and Supporting Students with Medical Conditions Policy and the Burgate School's First Aid Policy.

1. Students with Anaphylaxis are encouraged to take a full part in all the activities of the school.
2. The school admission forms require parents to inform us if their children have Anaphylaxis and take a full part in preparing medical alert sheets, providing medication and ensuring medication is in date.
3. A core of staff will receive accredited training to support students with anaphylaxis – this will ensure suitably trained staff are available in school and on trips and visits. Burgate School will consult the relevant health professional where students have high level medical needs due to Anaphylaxis.
4. Since 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allows all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency administration in children who are at risk of anaphylaxis where their own device is not available or not working (e.g. because it is broken, or out-of-date).
5. Both medical authorisation (via Health Care Plan) and written parental consent for use of the spare AAI must be provided. The school's spare AAI can be administered to a student whose own prescribed AAI cannot be administered correctly without delay.
6. Any AAI(s) held by a school should be considered a spare/back-up device and not a replacement for a student's own AAI(s). Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times. This change applies to all primary and secondary schools (including independent schools) in the UK. Schools are not required to hold AAI(s) – this is a discretionary change enabling schools to do this if they wish.

### ANAPHYLAXIS

#### What is it?

- This is a severe and life threatening allergic reaction.
- Allergies among students are increasing.
- It happens when the immune system reacts inappropriately to a trigger allergen which it sees as a threat.
- It can be accompanied by shock which is the most extreme form.
- **It is life threatening if not treated promptly with adrenaline.**

#### Common Triggers:

- Peanuts (legumes) and tree nuts
- Foods (e.g. dairy, egg, shellfish, fish, soya)
- Insect stings
- Latex
- Drugs

#### Treatments

- Anti-Histamines
- Injectable adrenaline (Auto-injector )

#### Health Care Plans and Risk assessments

A formal risk assessment is carried out and measures taken to reduce the risks. These include:

- Informing all staff and creating an alert sheet for the student
- School catering/kitchens are a 'nut free' environment
- Students are prevented from eating in their tutor bases
- Trips and Visits are risk assessed and follow the Evolve process

Health Care Plans created with the parents and health care professionals need to include the following information.

**What does a student with an emergency look like? (Signs can include the following):**

- Flushed skin (generalised anywhere on the body)
- Nettle rash (hives)
- Difficulty swallowing or speaking
- Swelling of throat and mouth
- Severe asthma symptoms
- Abdominal pain
- Weakness (sudden drop in blood pressure)
- Collapse/unconsciousness

**A list of actions to be carried out by the nearest member of staff trained to assist**

1. Assess the situation – call for assistance
2. Follow the emergency procedure given by the paediatrician or the protocol given by the student's doctor or parents - Call 999 (if the Auto-injector was given). In an acute situation, medication should be applied immediately. With asthma and anaphylaxis timing is critical. Inhalers or auto-injectors need to be administered before airways close-up, medication should be applied at the first sign of difficulty.
3. Give the medication in line with procedures and training (note the time in case a second dose is needed)

**Giving the Auto-injector \* this is the standard advice - new injectors on the market may vary**

- The pen should be administered in the outer, upper thigh through clothing as per instructions from training.
- Remove the cap.
- Hold it 5-10cms away at right angles to the thigh and jab firmly.
- Hold for 10 seconds (count).
- Remove device and massage the area for 10 seconds.
- Put the device in a rigid container.
- Note the time.

**THEN 999 CALL**

- State the name of the child
- State that you believe they have anaphylaxis
- State the trigger (if known)
- State the name, address and number of the school.

**Then call the parents**

Position a member of staff to direct the crew to where the students is  
Give the ambulance crew the used injector/s.

The student should be lying down and treated for shock unless there are breathing difficulties.

**Useful references**

The Anaphylaxis Campaign – <http://www.anaphylaxis.org.uk/home.aspx>

Allergy In Schools – <http://www.anaphylaxis.org.uk/information/Schools/information-for-schools.aspx>

## **APPENDIX 9 – Supporting Students with Diabetes**

This is specific to students with Diabetes and supplements the Burgate School's Medicines and Supporting Students with Medical Conditions Policy and the Burgate School's First Aid Policy. It is intended to ensure that the Burgate School and Sixth Form fully meets the needs of students who have diabetes and that all students who have diabetes achieve to their full potential.

1. Students with Diabetes are encouraged to take a full part in all the activities of the school.
2. The school admission forms require parents inform us if their children have diabetes and take a full part in preparing medical alert sheets, providing medication and ensuring medication is in date.

All children in school with a severe medical need will have an IHCP detailing individual medical needs, their triggers, signs and symptoms, medications and other treatments, as well as contact details and emergency numbers. This is linked to SIMS therefore available to all staff. When a student has a medical condition that does not require an IHCP this will be noted on their SIMS record so staff are aware and it can be taken in to consideration.

Parents are responsible for providing schools with up to date information about their child's health.

Additional training will be arranged if this is suggested by the diabetic specialist nurse and two members of staff are identified to liaise closely with the specialist nurse.

The tutor and class teachers will be informed and an alert sheet created from the IHCP will be shared with all staff.

### **WHAT IS DIABETES?**

Type 1 Diabetes is a long term medical condition where the amount of glucose (sugar) in the blood is too high.

### **TREATING/MANAGING DIABETES**

Students with Type 1 diabetes manage their condition by monitoring their blood glucose levels and injecting insulin to keep the blood glucose levels within normal limits (4-8mm). At school this may need to be done before a meal, anytime the child feels unwell and possibly before or after physical activity.

A suitable location is available to carry out these procedures within school – the student should carry their own equipment, however this can be stored in the school office.

Parents are responsible for supplying and maintaining a clearly marked Kit Box for their child. This is stored in the main school office for use in an emergency.

Arrangements for early lunch or break will be accommodated and catering staff will be alerted to students' medical needs. Students will be allowed to leave lesson to monitor their levels and take necessary action.

Students who have an insulin pump must be given time to check their levels and their carbohydrate count in line with their health care plan.

PE staff to be made aware of students with an insulin pump in case of injury and allow time for student to prepare for PE lessons if needed.

## **TRIPS AND VISITS**

Staff going on field trips must ensure they are aware of medical needs for their students – carry medication and ensure diabetic students have time to monitor their condition and eat or drink at regular intervals to suit their needs. Bespoke training is provided by the diabetes specialist nursing service on a case by case basis. Good planning is essential for residential trips. Parents should be informed at least 7 days prior to the event and there should be a review of the risk assessment/IHCP and extra training organised if needed. Planning for monitoring their condition and opportunities to follow a regular eating routine must be put in place.

## **EXERCISE AND PHYSICAL ACTIVITY**

**PE staff will be aware of children with diabetes in their care and the effects of exercise on their blood glucose levels.**

It is essential that children with diabetes are included in exercise at school. Having diabetes should not stop them from taking part in PE. Exercise uses up muscle carbohydrate and can lower blood glucose levels, hence there is an increased risk of a hypoglycemic episode; with proper planning however, this can usually be avoided. PE staff will ensure students have their equipment available and are prepared for physical exercise.

Further information and advice is available from the following:

### **Diabetes UK**

Phone – 0345 123 2399

[www.diabetes.org.uk](http://www.diabetes.org.uk)

Email – [info@diabetes.org.uk](mailto:info@diabetes.org.uk)



## **APPENDIX 10 – Supporting Students with Asthma**

This is specific to students with Asthma and supplements the Burgate School's Medicines and Supporting Students with Medical Conditions Policy and the Burgate School's First Aid Policy.

1. Students with asthma are encouraged to take a full part in all the activities of the school.
2. The school admission forms require parents inform us if their children have asthma. Parents are responsible for providing and checking medication.
3. A school asthma card is then sent to and completed by parents; this then informs the record of students with asthma that is recorded on SIMS which is therefore available to all staff.
4. Selected staff receive accredited training to ensure there is adequate provision in school and on school trips and visits.

### **Inhalers**

Students with asthma are asked to keep a reliever inhaler with them at all times in school.

Spacers and emergency inhalers are also kept where they are easily accessible in the school office.

The school will endeavour to ensure that every student with asthma carries their reliever inhaler and other necessary medication. When they go out on school trips and residential visits staff are aware of correct treatments and procedures.

Since 2015 schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information. As a school we have agreed to purchase and keep emergency inhalers. These will only be used for those children who are already prescribed asthma inhalers. They will only be used in an emergency and at all times the school will seek to use the child's prescribed inhaler if possible.

### **Sports**

Normal activity will be the goal for all but the most severely affected students with asthma. However the school is aware that nearly all young people with asthma can become wheezy during exercise and will act accordingly if and when this happens. Students will be encouraged to take their reliever inhalers before exercise to prevent exercise-induced asthma. Before PE lessons the teachers will ensure that students have their reliever medication with them.

### **Science Lessons**

The school will recognise that inhaling the fumes from certain chemicals can trigger attacks of asthma and will take necessary precautions to prevent this.

### **Technology Lessons**

The school will recognise that inhaling dust or fumes can trigger attacks of asthma and will take necessary precautions to prevent this.

### **Emergency Treatment**

In case of emergency staff will follow the guidelines set out in their training on asthma and first aid/medical treatment will be provided by trained first aid staff.

### **HOW TO RECOGNISE AN ASTHMA ATTACK**

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)

- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

**CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD**

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

Guidance on the use of emergency salbutamol inhalers in schools

**WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK**

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

## **APPENDIX 11 – Supporting Students with Epilepsy**

This is specific to students with epilepsy and supplements the Burgate School's Medicines and Supporting Students with Medical Conditions Policy and the Burgate School's First Aid Policy. It is intended to ensure that The Burgate School and Sixth Form fully meets the needs of students who have epilepsy and that all students who have epilepsy achieve their full potential in all areas of school life.

The Burgate School will ensure at least one member of staff has training in epilepsy and supporting children who have epilepsy in school medically, socially and academically.

The Burgate School will ensure that all students who have epilepsy achieve their full potential by:

- Keeping careful and appropriate records of students who have epilepsy
- Working closely with parents and where appropriate medical professionals to create an IHCP/alert sheet for each student giving clear guidelines on what should happen during and following a seizure
- Sharing relevant information with school staff
- Maintaining guidance on procedures for first aid and full contact details of parents/carers
- Monitoring any changes in behaviour or levels / rates of achievement
- Informing parents and health professionals (with the parent's permission) of changes to the student's achievement, concentration, behaviour and seizure patterns.
- Tackling any problems early
- Supporting students to take a full part in all activities, trips and visits
- Making necessary adjustments e.g. exam timings, coursework deadlines, timetables
- Asking for information about a student's healthcare, so that we can fully meet their medical needs

We will ensure that staff are epilepsy aware and know what to do if a student has a seizure.

A risk assessment will be carried out for trips and visits and specific medical training obtained if this is appropriate.

## **APPENDIX 12 – Supporting Students with Chronic Fatigue Syndrome**

This is specific to students with Chronic Fatigue Syndrome and supplements the Burgate School's Medicines and Supporting Students with Medical Conditions Policy and the Burgate School's First Aid Policy.

The Burgate School recognizes the challenges Chronic Fatigue Syndrome may present to a student.

Symptoms can include:

- debilitating fatigue
- muscular pain, joint pain and severe headaches
- painful lymph nodes
- stomach pain, nausea and other problems similar to irritable bowel syndrome
- sore throat
- sleeping problems, such as insomnia and feeling that sleep is not refreshing
- sensitivity or intolerance to light, loud noise, and certain foods
- psychological difficulties, such as depression, irritability and panic attacks – these often occur as a result of dealing with the illness
- less common symptoms, such as dizziness, excess sweating, balance problems and difficulty controlling body temperature
- Memory loss, 'fuzzy thinking' and lack of concentration are key factors of CFS/ME
- Teachers may find that the pupil "loses the thread easily"
- Poor short-term memory and concentration, and difficulty organising thoughts and finding the right words ('brain fog')

### **Steps to aid management of Chronic Fatigue Syndrome in school and support students when they are unable to attend school**

Children/young people and their parents/carers should be actively involved in the planning and reviewing of any arrangements and in the development of an Individual Learning Plan that will be shared with the students' teachers

- Energy management routine and graded exercise should be followed as advised by health professionals
- Peer support should be encouraged
- Access to a quiet area in school for rest and recovery – a designated space in the school library
- Part time timetable – this may be around essential subjects or at a time when energy levels enable attendance
- On-line learning and packages of work to be done at home may be appropriate
- The students age and imminence of exams will influence the course of action

### **For children/young people who are so severely affected that they are temporarily unable to access education:**

- To avoid students becoming isolated it is important to ensure ongoing home/school links and communication with a named person being the conduit for these. Sending home cards/letters from friends, newsletters and other student information can help the student as part of the school community
- Where students are temporarily receiving home teaching it is vital to have strong links and regular communication between a named person in school and the home tutor to ensure the provision and return of appropriate programmes of study, course work and resources
- It is especially important to make sure the deadline dates for coursework are known to a student being taught at home
- An application for special access arrangements can be made to the exams board by the examinations officer with medical backing – each case is assessed individually

This might include:

- Delayed start of exams
- Extra time
- Rest breaks
- Scribe
- Use of laptop
- Alternative accommodation for exams (for example, in a smaller group within school or at an alternative venue)
- As the condition improves, careful consideration needs to be given to re-integration into school. Prolonged absence from school can lead to other problems such as raised levels of anxiety which may need the involvement of other agencies, for example, Child and Adolescent Mental Health Services (CAMHS). The Pastoral Team within school will offer support to the student and when necessary liaise with the Access Team.

Additional information to enable support of students with Chronic Fatigue Syndrome is available to staff on the staff shared area.

## **APPENDIX 13 – Guidelines for Care and Usage of Percutaneous Endoscopic Gastrostomy Tubes (P.E.G)**

This is specific to students with individualised feeding needs, e.g. Percutaneous Endoscopic Gastrostomy Tubes (PEG) or Nasogastric (NGT) and supplements the Burgate School's Medicines and Supporting Students with Medical Conditions Policy and the Burgate School's First Aid Policy.

When the administration, care and usage of PEG Tubes is required to facilitate a fully inclusive environment, every effort will be made to accommodate the needs of the students.

The specific procedure involved when supporting a child with individualised feeding needs, e.g. PEG or NGT has been formulated following generalised training with Nutria and Salisbury or Southampton Hospital Nurses who sign off on the competency training.

When a child who requires a PEG feed starts at the school, specific training, individualised to the needs of the child, should be delivered by the appropriate health professional to the appropriate staff members.

Where a care need has a specialist nature, e.g. peg-feeding or naso gastric, training should be provided to the appropriate staff members.

The purpose of these guidelines is to outline the procedures involved in supporting students who require PEG or NGT feeding in school.

A small number of students require this support, and it is the responsibility of the referral agency and parents to ensure that staff members are made aware of the particular needs of the child.

### **Definitions**

- Bolus feeding – refers to a volume of feed given over a limited time at regular intervals through the PEG tube.
- Continuous feeding-continuous feeding refers to administering an enteral feed continuously using a feeding pump.
- Enteral feed- enteral feeds are commercially prepared, pre-packaged and sterile to reduce the risk of microbial contamination. Feeds are administered on either a continuous or bolus basis depending on the nutritional requirements of the child.
- Flush – a quantity of water fed through the tube before and after the administration of food or medication.
- Stoma- A Stoma is surgically created it is a small opening on the surface of the abdomen.

### **Responsibilities and roles**

- It is the responsibility of parents to inform school staff of the need for specialist feeding arrangements for their child. A full explanation of the procedure as it applies to the child should be provided in writing from a health professional.
- It is also the responsibility of the parents to provide all equipment, food, water and medication to the school for this procedure.
- It is the responsibility of the staff working with the child to adhere to these guidelines and to report any difficulties or issues arising to the Deputy Headteacher i/c of Student Welfare.
- Tube Feeding is known as a CLEAN procedure and is not a STERILE procedure and therefore it is possible to support PEG feeding both at home and in school.

## **Routine Care**

- Ensure that parents have supplied all the equipment and feeds to the school.
- Store the Enteral supplies safely and appropriately.
- Maintain the necessary equipment within an appropriate area and notify parents in advance when stocks run low.
- A suitable discreet place should be sought to administer the feed and give an element of privacy to the child.
- At all times, staff should engage in appropriate infection control measures, e.g. hand washing, use of disposable gloves etc. to minimise the risk of cross infection.
- Observe the stoma site (PEG) and immediately report any signs of infection, soreness or leakage to the parents.
- Individualised guidelines regarding feeds and flushes that are specific to the needs of the child will be supplied by the parents in conjunction with the appropriate healthcare professionals.

## **Administering of feed**

- SNA staff should carry appropriate infection control measures, e.g. hand washing before and after each feed.
- Dispose of syringes in an appropriate manner, purple syringes may be included in general waste and clear syringes to be put in sharps bin or returned to parents for disposal.
- Follow manufacture guidelines for cleaning purple syringes.
- Any changes to the procedure – amounts, content of feed, timing, etc should be notified by parents to the school staff involved. Details should be provided in writing and filed within the school.
- Requests for medication to be administered through the tube should be made as with other forms of medication in school (See Administration of Medication Policy)
- A record of each feed should be kept within the designated area and filed at the end of year in the student's file. Staff should sign the daily feed chart after each feed.
- Arrangements should be made for discreet feeding outside of school when on school trips.

## **In the event of damage or emergency:**

- Report any signs of infection, soreness, leakage or infection to the parents.
- Report any damage to the tube to parents.
- If the tube is pulled out or otherwise seriously damaged and unusable for use, staff should refer to each child's individual plan and risk assessment.

**Date reviewed/approved by the Board of Trustees: 23 May 2023**