

## **Box CEVC Primary School Supporting Pupils with Medical Conditions Policy**

### **Introduction**

Box Primary School takes the well-being of staff, pupils and visitors seriously. This policy is written in regard to Section 100 of the Children and Families Act 2014 which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions. In order to achieve this it is necessary to take certain precautions and active measures, which in some cases will be tailored to individual circumstances.

### **Aims**

- To ensure pupils at school with medical conditions, in terms of both physical and mental health, are properly supported so that they can play a full and active role in school life, remaining healthy and achieve their academic potential.
- To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.

### **Procedure**

The Headteacher is responsible for ensuring that whenever the school is notified that a pupil has a medical condition:

- Sufficient staff are suitably trained
- All relevant staff are made aware of a child's condition
- Cover arrangements in case of staff absence/turnover is always available
- Supply staff are briefed
- Risk assessment for visits and activities out of the normal timetable are carried out
- Individual health care plans are monitored with the school nurse
- Transitional arrangements between schools are carried out where applicable
- If a child's needs change, the above measures are adjusted accordingly

Where children are joining Box Primary School at the start of a new academic year, these arrangements should be in place for the start of term. Where a child starts mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.

### **Individual Healthcare Plans**

The following should be considered when writing an Individual Healthcare Plan:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues
- Specific support for the pupil's educational, social and emotional needs
- The level of support needed including in emergencies Supporting Pupils with Medical Conditions 2016 November 2015
- Who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements
- Who in school needs to be aware of the child's condition and the support required

- Arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff or self-administered (where appropriate)
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate
- Confidentiality
- What to do if a child refuses to take medicine or carry out a necessary procedure
- What to do in an emergency, who to contact and contingency arrangements

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

### **The Governing Board**

- Must ensure that arrangements to support pupils with medical conditions and ensure this policy is developed and implemented
- Must ensure sufficient staff receive suitable training and are competent to support children with medical conditions
- Must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk

### **The Headteacher**

- Should ensure all staff are aware of this policy and understand their role in its implementation
- Should ensure all staff who need to know are informed of a child's condition
- Should ensure sufficient numbers of staff are trained to implement the policy and deliver IHPs, including in emergency and contingency situations, and they are appropriately insured
- Is responsible for the development of IHPs
- Should contact the school nursing service in the case of any child with a medical condition who has not been brought to the attention of the school nurse

### **School Staff**

- Any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so
- Should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions
- Any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help

## **School Nurses**

- Are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school
- May support staff on implementing a child's IHP and provide advice and liaison

## **Other healthcare professionals**

- Should notify the school nurse when a child has been identified as having a medical condition that will require support at school
- May provide advice on developing healthcare plans
- Specialist local teams may be able to provide support for particular conditions e.g. Asthma and diabetes
- Pupils should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP
- Parents must provide the school with sufficient and up-to-date information about their child's medical needs and should be involved in the development and review of their child's IHP

**NB** The school does not have to accept a child identified as having a medical condition at times when it would be detrimental to the health of that child or others to do so.

## **The following practice is considered not acceptable:**

- Preventing children from easily accessing their medication and administering it when and where necessary
- Assuming children with the same condition require the same treatment
- Ignoring the views of the child, their parents; ignoring medical advice or opinion
- Sending children with medical conditions home frequently or prevent them from staying for normal school activities (unless specified in IHP)
- Penalising children for their attendance record if their absences are related to their medical condition that is recognised under this policy
- Preventing children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively
- Preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips (such as requiring parents to accompany the child)

If parents or pupils are dissatisfied with the support provided they should discuss their concerns directly with the school. If this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

With respect to treatment of specific medical emergencies please refer to the following:

- i) Asthma policy (Appendix 1)
- ii) Epilepsy policy (Appendix 2)
- iii) Diabetes policy (Appendix 3)
- iv) ADHD policy (Appendix 4)
- v) Severe Allergy policy (Appendix 5)

## **Medicines in school**

There are two main sets of circumstances under which the school may be asked to deal with the administration of medically prescribed medicines to pupils at school.

These are:

- Children with chronic illnesses or long-term conditions such as asthma, diabetes, epilepsy and ADHD.
- Children recovering from short-term illnesses but who are receiving a course of antibiotics etc.

The school is prepared to arrange for the administration of medication to pupils where necessary providing parents adopt the following procedure:

- i) The school is only permitted to administer medicines which have been obtained on prescription or following the advice of a doctor, nurse or pharmacist.
- ii) Medicines should be brought to school by the parent/carer and delivered personally to the Office. Long term medication needs will have been detailed in an Individual Health Care Plan. For short term situations, a parental consent form should be completed at the time of the request. Information given will be confidential on a need to know basis. The medicine should be in date and clearly labelled with its contents, pupils name and dosage. A member of staff will record that medicine has been administered to a pupil on the 'Daily record of medicine administered' form.
- iii) The school will ensure that all medication for pupils is safely stored in the locked medicine cabinet, or in the staff room fridge where necessary.

Training in the administration of medicines will be made available to relevant staff members but all staff will have access to information on the underlying medical condition and the need for treatment. There is no requirement or expectation on any member of staff to administer medication.

In some circumstances it may be that a parent is able and willing, or prefers, to visit school and administer medicines to the child in the sorts of circumstances outlined in (1) and (2) above.

### **Infectious diseases**

A booklet giving comprehensive LA guidelines on the control of communicable diseases in schools is available for advice. This is kept in the filing cabinet in the office.

### **Allergy**

All significant and life threatening allergies, but in particular nut allergy, should be recorded on the health care plan completed by parents/carers. It is their responsibility to inform the school of the nature and severity of pupils' allergies. The list of these allergies will be made available to class teachers. The school will make all reasonable efforts to avoid the pupil coming into contact with the respective allergen.

### **Head lice**

It is the parents'/carers' responsibility to check their children for head lice on a regular basis. Parents may obtain further information on treatment via the school office.

### **First aid procedures**

Relevant staff members are trained in first aid and paediatric first aid, lists of staff members with first aid training are displayed around the school. There is a First Aid kit in each classroom and with the MDSAs, and a cabinet in the changing room. Protective gloves are available for staff and in the first aid kits/cabinet.

After administering first aid an accident form is completed. The original is given to the child to take home and a copy is stored in the office. A phone call is made to inform parents if the injury is more than a slight bump or graze.

No creams or lotions are to be administered unless pre-arranged according to a pupils existing medical condition and indicated in the relevant risk assessment. Fibre-free materials should be used on cuts or wounds.

### **Accident reporting**

In the event of a serious (or potentially serious) accident, it is particularly important that information is gathered at the time of the accident and recorded. These accidents will be reported to the LA Health and Safety Advisor by a senior member of staff, usually the head or deputy headteacher. For further information on school policy in relation to large scale events please refer to the Critical Incident Policy. Accidents to staff or other adults in school must be entered in the accident book and reported to the LA Health and Safety Advisor.

Staff present at any major accident should make and retain copies of a detailed report (Accident Follow-up Report) of everything that occurred just before, during and after the accident.

### **Contact information**

In the event of an emergency, get help quickly; reassure, calm and move the other children. Make sure that a responsible adult stays with the casualty whilst someone else summons assistance, and that training and protocols are followed closely.

If a child needs emergency medical assistance or is ill and needs to go home, the individual contact numbers can be found in a file in the office. A form requesting emergency contact numbers together with details of any health problems is sent to parents/carers on an annual basis (September).

## **Appendix 1 - School Asthma Policy**

This policy has been written with advice from Asthma UK and the Department for Children, Schools and Families in addition to advice from healthcare and education professionals. This school recognises that asthma and recurrent wheezing are important conditions affecting increasing numbers of school age children. We welcome pupils with asthma and encourage all children to achieve their full potential in all aspects of life by having a clear policy and procedures that are understood by school staff, parents/carers and by pupils. All staff who have contact with these children are given the opportunity to receive training from respiratory specialist nurses. Updates for training are offered at regular intervals and this school will ensure attendance by staff. This will take place at least every two years and more often if there are pupils within the school who have significant asthma symptoms, there are significant staff changes or there are significant changes to the management of asthma in children.

School staff are not required to administer asthma medication to pupils except in an emergency. However, staff should be willing to assist with administering the inhaler at a set time when it has been recommended by an appropriate healthcare professional. School staff who agree to administer asthma medication are insured by relevant authorities when acting in agreement with this policy. All school staff will allow pupils immediate access to their own asthma medication when they need it.

### **What is Asthma?**

Asthma is a common condition which affects the airways in the lungs. Symptoms occur in response to exposure to a trigger e.g. pollen, dust, smoke, exercise etc. These symptoms include cough, wheeze, chest tightness and breathlessness. Symptoms are usually easily reversible by use of a reliever inhaler but all staff must be aware that sufferers may experience an acute episode which will require rapid medical or hospital treatment. Medication Only reliever inhalers should be kept in school. Usually these are blue in colour. Immediate access to reliever inhaler is vital. Inhalers and spacers will be kept by the teacher in the classroom in a designated place, of which pupils will be made aware. However, if the child or class moves to another area within the school, the inhaler will be taken too. Good practice indicates that a spare inhaler is kept in school for staff to use if the original runs out or is lost.

### **Record Keeping**

When a child with asthma joins this school, parents/carers will be asked to complete a form, giving details of the condition and the treatment required. Information from this form will be used to compile an Asthma Register which is available for all school staff. This register will be updated at least annually or more frequently if required using the information supplied by the parent/carer. When a child uses their inhaler in school the parents will be informed.

### **Physical Education**

Taking part in sports is an essential part of school life and important for health and wellbeing and children with asthma are encouraged to participate fully. Symptoms of asthma are often brought on by exercise and therefore, each child's labelled inhaler will be available at the site of the lesson. Certain types of exercise are potent triggers for asthma e.g. cross country running and field activities. Any child who knows that an activity will induce symptoms will be encouraged to use their reliever inhaler prior to exercise, will carry it with them and will be encouraged to warm up prior to participating and cool down after. The inhaler must be readily available to the pupil throughout the P.E lesson/sports activity.

### **School Trips/Residential Visits**

No child will be denied the opportunity to take part in school trips/residential visits because of asthma, unless so advised by their GP or consultant. The child's reliever inhaler will be readily available to them throughout the trip, being carried either by the child themselves or by the supervising adult in the case of Key Stage 1 children. For residential visits, staff will be trained in the use of regular controller treatments, as well as emergency management. It is the responsibility of the parent/carer to provide written information about all asthma medication required by their child for the duration of the trip. Parents must be responsible for ensuring an adequate supply of medication is provided. Group leaders will have appropriate contact numbers with them.

It is recommended that all pupils should be educated about asthma. This could be through PSHE, drugs education, assemblies etc. Support for this is also available from your school nurse or the paediatric respiratory specialist nurse team. If a member of staff has concerns about the progress of a child with asthma, which they feel may be related to poor symptom control, they will be encouraged to discuss this with the parent/carer and/or school nurse.

### **Colds/Viruses**

When a child has a cold it is sometimes necessary for him/her to use their regular reliever inhaler for a few days. Therefore a parent/carer may ask you to administer the blue inhaler every lunchtime for approximately 1 week. The number of puffs will be advised by the parent/carer but may be anything between 4 and 8 puffs. This does not replace using the inhaler as and when needed - it is in addition to this. Children should not be taking their reliever inhaler every break/lunch time 'just in case' of symptoms. This is not a recommended practice. However, if a parent requests this, the school should administer the dose as requested and ask the parent to seek written clarification from their GP/Practice Nurse regarding this.

### **Emergency Procedures**

A flow chart is issued with this policy outlining the action to be taken in an emergency. Good practice suggests that copies are printed and displayed in the school office, staff room and relevant locations including classrooms where a pupil is known to have severe asthma.

### **Emergency Inhalers**

In the unlikely event of another pupil using someone else's blue inhaler there is little chance of harm. The drug in reliever inhalers is very safe and overdose is very unlikely.

In an emergency, where a child, who is a known asthmatic and on the school asthma register is experiencing significant symptoms and has not got their own blue inhaler with them or it is found to be empty, broken or out of date, it is acceptable to use the school's emergency inhaler and spacer (if one is available within the school). If the school has not subscribed to having an emergency inhaler, then, in a situation where a child who is on the asthma register, is having severe symptoms, it is acceptable to borrow a reliever inhaler and spacer from another child.

### **Cleaning of the emergency inhaler and spacer**

Following use, the spacer should be cleaned by either:

a) Putting it into a dishwasher if available and leaving it to dry thoroughly before putting it away

or

b) Washing it thoroughly in hot soapy water and leaving it to air dry thoroughly before putting away. The casing of the inhaler can also be cleaned by removing

the aerosol from the casing, wash and dry the casing and lid thoroughly before replacing the aerosol. Spray to check the inhaler is working effectively and replace the lid

## **1. Responsibilities**

Parents/Carers have a responsibility to:

- Tell the school that their child has asthma.
- Ensure the school has complete and up to date information regarding their child's condition.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any medicines their child requires while taking part in visits, outings or field trips and other out of school activities.
- Inform the school of any changes to their child's medication.
- Inform the school if their child is or has been unwell which may affect the symptoms e.g. symptoms worsening or sleep disturbances due to symptoms.
- Ensure their child's inhaler (and spacer where relevant) is labelled with their child's name.
- Provide the school with a spare inhaler labelled with their child's name.
- Regularly check the inhalers kept in school to ensure there is an adequate amount of medicine available and that it is in date.
- Provide appropriate clothing for cold weather, in particular a scarf

All school staff (teaching and non-teaching) have a responsibility to:

- Understand the school asthma policy.
- Know which pupils they come into contact with have asthma.
- Know what to do in an asthma attack.
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parents/carers if a child has had an asthma attack.
- Inform parents if they become aware of a child using more reliever inhaler than usual.
- Ensure inhalers are taken on external trips/outings.
- Be aware that a child may be more tired due to night time symptoms.
- Liaise with parents/carers, school nurse, SENCO, etc. if a child is falling behind with their work because of asthma



# How To Deal With An Asthma Attack

## Step 1

Help the casualty to take their usual dose of reliever (usually blue) inhaler immediately, preferably through a spacer.



## Step 2

Sit the casualty upright  
Get them to take slow steady breaths  
Keep calm and try to keep them calm  
Do not leave them unattended

Have the symptoms improved immediately?

**No**

## Step 3

Continue to give two puffs of reliever inhaler every two minutes, up to 10 puffs.

## Step 4

If the casualty does not start to feel better after taking the reliever inhaler as above or if you are worried at any time call 999.



## Step 5

If an ambulance does not arrive within 10 minutes repeat step 3 while you wait.

**If the casualty is a child, parents/carers should be informed**

**Yes**

Continue to sit with the casualty until they are feeling completely well and can go back to previous activity.

**If the casualty is a child, parents/carers should be informed**

**Signs of an asthma attack can include any of these**

- Coughing
- Being short of breath
- Wheezy breathing
- Being unusually quiet
- Tightness in their chest some children express this as tummy ache



## Appendix 2 - Epilepsy policy

The school recognises that pupils with epilepsy should take a full part in the life school. It is important that they should be able to participate in sporting activities but supervisors/teachers should be aware of the pupils who have epilepsy, particularly for swimming lessons.

In the event of a pupil with a diagnosis having a seizure, the supervising staff will employ suitable first aid as identified on the risk assessment. If the pupil is not on the epilepsy register or the seizure occurs with a fever, staff will arrange for urgent medical treatment by calling 999. If the pupil has a known history of epilepsy and makes a rapid recovery, he/she may in some circumstances be able to continue in school, this will be indicated in the risk assessment. However, in every case, the teacher will inform the parents of a seizure at the earliest opportunity.

## Appendix 3 - Diabetes policy

The school recognises diabetes as a common medical condition likely to affect some of its pupils. It seeks to enable such pupils to reach their potential in all areas of school life. It is recognised that children with diabetes require regular food intake and that this is particularly the case in relation to exercise when additional food may need to be taken.

The most common emergency treatment of a diabetic pupil will be when the pupil's blood sugars are low ie hypoglycaemia. The early signs of this will vary according to the pupil, and its severity. The early warning symptoms individual to the pupil will be indicated in the risk assessment. In the early stages, treatment with a sugary snack or drink is required. If not recognised early enough, 'rescue' medication such as hypostop or glucogel may be required. The risk assessment will identify where rescue medication will be stored. It should be taken on all outside visits, along with the relevant snack or drink.

#### **Appendix 4 – Attention Deficit Hyperactivity Disorder (ADHD)**

ADHD is one of the most common psychiatric conditions of childhood. Impulsivity, distractibility, overactivity and hyperkinesia (unusual, possibly uncontrollable, muscular movements) are features of the condition. Management should be multi-disciplinary involving work with community paediatricians, parents/carers and staff members.

Medication (e.g. Ritalin) can improve attention and reduce physical restlessness. It is thought the medication does not improve behaviour per se but may allow behaviour techniques to work through increased attention span.

Ritalin is often a three times daily medication thus necessitating the need for the schools involvement in its administration. The tablets should be placed in a child safe medicine pot and clearly labelled with the child's name, dosage and instructions. It must be stored in a locked cupboard/container.

Medication should be given as close to its prescribed time as possible. A written record of its administration should be completed by a designated member of staff and in a way that ensures the pupils confidentiality. For further information on recording please refer to the relevant information sheet provided by the school nurse service. In all cases a risk assessment should be completed.

#### **Appendix 5 – Severe allergy**

The school understands that severe allergy is a significant issue in some people's lives, and undertakes preventative measures (avoiding the allergen), administration of medication and follow up measures as indicated in each individual's risk assessment. Training in administration will be given as necessary, under the direction of the School Nurse.

The school undertakes to promote inclusion by making suitable and reasonable adjustments.

Regarding food allergies:

- The catering manager is vigilant and supportive, and will liaise directly with parents/carers concerning their children's needs.
- Ingredients used during class cookery sessions will be checked and adjusted for all, according to the class profile. Utensils will be of appropriate material and thoroughly cleaned
- Special arrangements will be put in place for cake sales, in consultation with parents/carers.

Regarding insect stings/contact allergies:

- High risk situations/substances will be avoided for the whole cohort, to promote inclusion and equality of opportunity



**Box CEVC Primary School  
Request Form For Short-Term Medication**



**ADMINISTRATION OF MEDICINES**

**FORM OF PARENTAL/GUARDIAN CONSENT (Form 1) - STRICTLY CONFIDENTIAL**

Child's Name:		Year/Class:
Address:		
Date of Birth:		
Home Tel No:		Work Tel No:
GP Surgery		GP's Tel No:
Condition/Illness:		

**Statement:**

I hereby request that members of staff administer the following medicines as directed below. I understand that I must deliver the medicine personally to the school in the original container as dispensed by the pharmacy and accept that this is a service which the school is not obliged to undertake. I will inform the school/setting immediately, in writing, if there is any change required to the dosage or frequency of the medication required or if the medication is to cease.

Name (print): \_\_\_\_\_

Relationship: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Medicine	Dose	Prescribed by Medical Practitioner (Yes or No)	Frequency & Times for Administration	Date of Completion of Course (if known)
A				
B				
C				
D				
E				
Special Instructions/Precautions/Side Effects:				
Emergency Action:				
Other prescribed medicines child takes at home:				

**RECORD OF PRESCRIBED/ NON-PRESCRIBED MEDICINES GIVEN TO CHILD IN SCHOOL (Form 2)**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Year/Class: \_\_\_\_\_

**STRICTLY CONFIDENTIAL**

Date	Time	Name of Medicine Given	Dose	Any Reactions	Name and Signature	Signature of staff witnessing invasive treatment

**Notes:**

- Only medicines prescribed by a Doctor, nurse or pharmacist may be administered in School
- Medicines should be stored in the locked medicine cupboard in the office
- Medicine should be in the original packaging and clearly labelled with its name, the child's name and the dosage.
- It is the responsibility of the school representative to whom the medication is handed to make the class teacher aware and to ensure that arrangements for administration are made.
- It is the responsibility of the person making the request to collect any unused medication/collect and return liquid medication required at home overnight
- This form should be kept in the medicine folder in office filing cabinet for the duration of treatment.