



WILBURTON C of E PRIMARY SCHOOL

Supporting Pupils with Medical Conditions

Adopted Spring 2020

To be renewed Spring 2022

Definition

Pupils' medical needs may be broadly summarised as being of two types:

- (a) Short-term affecting their participation in school activities which 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**).

Rationale

LAs and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. **Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.** However, teachers and other school staff in charge of pupils 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.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. Contact details for our School Nurse can be obtained through school.

Aims

The school aims to:

- assist parents in providing medical care for their children;
- educate staff and children in respect of special medical needs;
- adopt and implement the LA policy of Medication in Schools;
- arrange training for volunteer staff to support individual pupils;
- liaise as necessary with medical services in support of the individual pupil;
- ensure access to full education wherever possible;
- monitor and keep appropriate records.

Entitlement

The school accepts that pupils with medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils.

The school believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support.

The school accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- choose whether or not they are prepared to be involved;
- receive appropriate training;
- work to clear guidelines;
- have concerns about legal liability;
- bring to the attention of management any concern or matter relating to supporting pupils with medical needs.

Expectations

It is expected that:

- parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative;
- where parents have asked the school to administer the medication for their child, they must ask the pharmacist to supply any such medication to be dispensed in its original container. The prescription and dosage regime should be typed or printed clearly on the outside. The school will only administer medicines where it is absolutely necessary due to the timings of the doses. Any medications not presented properly will not be accepted by school staff. Pupils should not bring in their own medicine; it should be brought into school by the parent. Parents will be required to fill in and sign the medical administration form.
- that employees will consider carefully their response to requests to assist with the giving of medication or supervision of self-medication and that they will consider each request separately.
- the school will liaise with the School Health Service for advice about a pupil's special medical needs, and will seek support from the relevant practitioners where necessary and in the interests of the pupil.
- Any medicines brought into school by the staff e.g. headache tablets, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the school.

Wilburton CE Primary School follows the guidance laid out in 'Supporting Pupils at School with Medical Conditions' 2015.

Procedure for managing prescription medicines which need to be taken during the school day (See Medicines Act 1968)

- Medication should be administered at home if at all possible
- Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.
- Prior consent should be arranged
- Parents should provide full information
- A medication form must be completed
- Medicines must be prescribed by a Doctor, be in their original container and labelled with clear instructions of dosage
- All medicines will be kept in the first aid cupboard unless they have to be refrigerated, in which case they will be kept in the staff room fridge where there is no access by children
- Children should know where their medicine is stored and the named person for administering their medication
- A witness is present to ensure correct dosage is given

Controlled Drugs

- Staff may administer a controlled drug to a child to whom it is prescribed
- All controlled drugs must be administered with the prescriber's instructions
- All controlled drugs will be stored in a locked container and only accessed by named staff
- A record will be kept for audit and safety purposes
- A controlled drug will be returned to the parent when it is no-longer required

Non-prescription medicines

- In general, non-prescribed medicines will not be administered by school staff

Where parents feel that medicines are needed:

- Staff will consider whether the pupil should be in school in consultation with parents;
- If the child is well enough to be in school, we will ask parents to come in to administer the medication;
- If a child would be prevented from coming to school due to the need for non-prescription medication, the school will consider whether it is possible for school staff to administer the medication. This must be decided by a member of the senior leadership team or the lead first aider (Aileen Seabrook) and a signed, dated note from the parent must be acquired, clearly stating the dosage and when to provide the medication;
- Children must not have any medication in school in their possession.

Administering medicines

The 2 members of staff giving medicines to a child should check:

- Child's name
- Name of medicine
- Prescribed dose
- Written instructions provided by the prescriber on the label or container for administration
- Expiry date
- Each given dosage will be recorded and both people will sign

Refusing medication

- If a child refuses to take medicine, staff should encourage them but never force him/her to do so. Parents should be informed of the refusal on the same day
- If a refusal to take medicine results in an emergency, the school will call an ambulance and then phone parents

Record keeping

- Staff should ensure that details provided by parents regarding dosage is the same as that provided by the prescriber
- All dosage should be recorded and witnessed by two members of staff

Procedures for managing medicines on educational visits

- Staff should be aware of any medical needs of children and relevant emergency procedures on the educational visit
- Inhalers must be taken for all children who have them
- A copy of all health care plans should be taken on visits in the event of information being needed in an emergency
- If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental advice and medical advice from the school health service or the child's GP

Sporting activities

- Any restrictions on a child's ability to participate in P.E. activities should be recorded on a his/her individual health care plan
- Staff supervising sporting activities should be aware of relevant medical conditions and any preventative medicines which may need to be taken as well as emergency procedures.

Staff training:

- At least 4 members of staff will have First Aid training
- Staff training is updated as recommended by the course trainers

Appendix 1 – Asthma

Children with asthma need to have immediate access to their reliever inhaler when needed.

The signs of asthma attack include

- Being short of breath
- Wheezing and coughing
- Feeling of tight chest
- Being unusually quiet

An ambulance should be called if

- The symptoms do not improve sufficiently (see below)

- The child is too breathless to speak
- The child is becoming exhausted
- The child looks blue

When a child has an attack the following guidance is issued by 'Guidance on the use of emergency salbutamol inhalers in schools'

- Responding to signs of an asthma attack:
- Keep calm and reassure the child
- Clear the area - ensure the child does not have to move
- Encourage the child to sit upright and slightly forward (sat facing the back of a chair can help). Do not put an arm round them.
- Remain with the child while inhaler and spacer are brought to them if they are not with them
- Use the child's own inhaler if available
- Immediately help the child to take two **separate** puffs of the salbutamol via the spacer – **shaking the inhaler** before use each time
- If there is no immediate improvement, continue to give 1 puff every minute up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs and each puff taken separately
- 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
- The child's parents or carers should be contacted after the ambulance has been called (see below for communication with parents in situations where an ambulance is not needed)
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

School Emergency Inhalers

From 1st October 2014, the Human Medicines Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

Wilburton CE Primary have 2 such inhalers. These are located as follows:

- Staffroom
- Main first aid box – Key Stage 1 intervention area, which is also taken outside at break and lunch times
- During Educational Visits, one emergency inhaler (from the staff room) should be taken as well as children's own inhalers.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given. The inhaler can only be used if the pupil's inhaler is not available. They would normally have either been diagnosed with asthma and prescribed an inhaler, or prescribed an inhaler as reliever medication. In the instance of what appeared to be a first attack, the school would try to gain medical advice before administering but this will depend on the severity of the attack. School staff will always act in what they consider to be the best interests of the child given the situation presented to them.

TO AVOID POSSIBLE RISK OF CROSS INFECTION THE PLASTIC SPACER IS NOT TO BE RE-USED.

Staff Responsibilities

Each child will have two key adults

The key adults will ensure that:

- Any child for whom we are unsure if they could use their inhaler correctly if it was needed will be spoken to at least once a year to explain to the key adult what they are meant to do. If they appear unsure or any information they state is different to the guidance above or their own plan, parents will be informed so that a doctor or nurse can support them with using the inhaler or clarifying the plan
- Check the inhalers half termly and inform parents if they will go out of date within the next half term
- Check their asthma plan and inform staff if there is anything out of the ordinary on it

Staff Responsibilities

- The First Aid lead (Aileen Seabrook) will ensure a list of children with inhalers is in the staff room with their key triggers and notes for any who have specific needs relating to their asthma
- The First Aid lead will ensure emergency inhalers and replacement spacers are re-ordered and replaced after use

All Staff responsibilities:

- Support a child who is having an asthma attack. Training will be given annually to ensure this is possible. Acting quickly is important so do not seek another member of staff if you are able to act
- Staff must inform the First Aid Lead if a school emergency inhaler has been used so that a new spacer can be ordered
- *Staff must record usage*
- Staff must ensure parents are informed if a child needs to use their inhaler during the day:
 - By a first aid slip if this was once for an insignificant event (child was not distressed, symptoms were not severe)
 - By phone or in person if the episode was significant or if the inhaler had to be used more than once in the day
 - Immediately after phoning the emergency services in the case of a severe attack.

In all cases a child's plan from medical professionals will override any of the above if it is conflicting.

Appendix 2 – anaphylaxis

An acute, severe allergic reaction requiring immediate medical attention:

- Blood pressure falls dramatically
- Patient loses consciousness
- Swelling in throat
- Severe asthma
- Any symptoms affecting breathing are serious
- Tingling, itching in mouth
- Hives anywhere on body
- Flushing of skin
- Abdominal cramps
- Nausea, vomiting

Injection of adrenaline

An ambulance should always be called

Appendix 3 – Individual Healthcare Plan template



Wilburton C of E Primary School

Individual Healthcare Plan

Date:	
Name of child:	
Class:	
Medical diagnosis or condition:	
Who is responsible for providing support in school:	
Describe medical needs and give details of child's symptoms, triggers, signs:	
Is medication in school required? If yes, provide details.	
Adjustments and day-to-day care requirements (classroom, playtimes, lunch, PE etc.):	
Arrangements for school visits/trips:	
Describe what constitutes an emergency, and the action to take if this occurs:	

Staff who need to know this information:	
Name, signature and date on behalf of school:	
Name, signature and date by parent/carer:	
Review date:	