

# Policy on Supporting Children with Medical Needs

## 1. Introduction

Syresham St James Primary School seeks to create an environment that reflects our Christian ethos, providing safe, happy and challenging working conditions for all members of the school. This environment is exemplified by our school values to promote respect, generosity, courage, love, fairness and forgiveness.

The Governors, Head Teacher and staff of Syresham St James CE Primary School are committed to ensuring that students with medical needs receive the relevant and appropriate level of care and support in the school.

Pupils should not be denied access to a broad curriculum simply because they are on medication or need medical support, nor should they be denied access to school trips, outings or activities.

Every effort will be made to work with parents and pupils to ensure that those with medical needs experience the best possible care whilst at school.

## 2. Guidelines for pupils with short & long term medical needs

Pupils with medical conditions entering the school from other schools will usually be identified through the transition process and discussions with parents. These meetings will be conducted by the Headteacher.

Parents/carers are also requested to approach the school with information needed to ensure accurate and appropriate care for the child. Parents are also asked to complete a data form on entry, which is updated annually and includes any medical needs. If a medical need arises following entry, parents/carers are asked to contact the school immediately. Parents may be asked to meet with either the Headteacher who is also the SENCo, the Class Teacher or the School Bursar, who is also the First Aid Co-ordinator to agree an individual care plan if deemed appropriate.

Not all pupils with medical needs will require an individual care plan. A short written agreement with parents may be all that is necessary. This should also include a risk assessment if appropriate to the medical need identified.

Where required, each plan will contain different levels of detail according to individual needs. The plan should clarify the help that can be provided. It should include details of symptoms, daily care requirements, detailed emergency procedures and family/medical contact details.

The parents should confirm all the medical information, in writing, and in cases of complex or serious conditions this should be verified by the GP and/or consultant, also in writing. The care plan should be developed in consultation with the parents, the GP and school health service and others as appropriate; for example it may be necessary to involve the catering provider in determining suitable meal arrangements for a food allergy sufferer.

For the most severe conditions it is important to establish this, in consultation with the parents and the school health service. In some situations, it may be necessary to involve specialist nursing support or the community nursing team.

All care plans are reviewed on an annual basis, as a minimum by the Headteacher / SENCo or the Bursar / First Aid – Co-ordinator.

This can take place during Annual Reviews for vulnerable learners that have an identified medical need. Interim reviews can be undertaken at any time when deemed necessary at the instigation of the

parents/carers and/or health professionals such as diabetic nurse, community nurse, dietician, physiotherapist, etc.

When identified as a need by medical professionals, Medic alert necklaces or bracelets are worn to alert others of a specific medical condition in case of an emergency. As these items can be a source of potential injury in games or practical activities, staff should consider whether, in certain circumstances, it would be appropriate to remove them temporarily and have them kept safe by the person in charge of the activity. In such cases, staff need to be alert to the significance of these bracelets/necklaces and be clear to whom they belong when removing and taking charge of them.

### **3. Medicines**

Schools or other settings should not store large volumes of medicines. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions and in the original container in which dispensed unless only 1 tablet is required daily for a short time, which should be clearly labelled with name, dosage, frequency and any other instructions.

Any medication brought into the school should be handed straight away to the School Bursar or Headteacher, with a note from the parent/carer and information about how much and when the student needs to take the medication. The medication must include the child's name and prescription details as provided by their GP. (If the student is on Ritalin or similar, this medication should be handed to the relevant staff member for administration)

If a pupil refuses to take their medication the school staff should not force them to do so. The school will inform their parents immediately, and if necessary call the emergency services.

If a medical need involves any special form of administration, the parents must contact the school first so that arrangements can be made by the parents with the health authority or school for this to occur.

If a medicine is approaching its expiry date, or is close to running out, the First Aid Co-ordinator or class teacher is responsible for contacting parents to remind them. Medicines are kept centrally in the school office and so are EPI PENS so they are quickly available on need.

The exceptions to this are:

a) Medicines for asthma, anaphylaxis, diabetes and epilepsy. These medicines may be needed in emergency situations when immediate access would be essential. In some cases children would carry their own medication, e.g. inhalers for asthma, in line with their care plan.

b) Medicines needing refrigeration. These will be kept in a refrigerator which is in the staff room, in a labelled container. Pupils do not have unsupervised access to the staff room.

### **4. Roles and responsibilities**

Roles and responsibilities are set out below:

The designated person with responsibility for students with medical needs is the teacher in charge of the class. Responsibilities are outlined as follows:

#### Bursar / First Aid Co – Ordinator

- Ensuring all information on the medical needs of pupils is kept secure, and up to date, on the SIMS system

- Delegation of the administration of medicines to the First Aider, as agreed with parents/families, and the maintenance of necessary records;
- Ensuring safe storage of medicines;
- Communication with parents to ensure adequate supplies of medicines in the school;
- Communication with parents to ensure that parents have completed the necessary authorisation forms, and the record keeping;
- Coordinate with the Headteacher to arrange the necessary training of staff in all related matters and the maintenance of training records;
- Assist, as necessary with pupil self administration of medicines;
- Administration of medicines as agreed with parents/families, and the maintenance of necessary records.
- Ensuring that all relevant documentation is kept accurate and up-to-date, and entered on the SIMS system as soon as is possible.
- Ensuring all medicines stored in the school are in-date; informing parents if this is imminent and ensuring all out-of-date medicine is returned to parents.
- Liaison with lead members of staff to check the lists of pupils attending offsite activities and the liaison between home and the teacher in charge of the activity, to ensure that staff are prepared
- Deal with any necessary medical need or issues

## **5. Illness in the School**

If a pupil is taken ill in a lesson and it is felt necessary for medical treatment the child is taken to reception where the First Aider will assess if necessary.

- First Aider is sent for if a child is unfit to move and first aid is administered when necessary. Parents/carers may be contacted depending upon the nature of the problem. A message or sticker will be sent home with the child identifying what first aid has been administered/actions taken.
- If the child is deemed unfit for the rest of the school day a member of staff will contact the parent to collect the student.
- In more serious cases where hospital attention is deemed necessary, the school will attempt to contact parents/carers who will be expected to take their child to hospital unless this is an emergency.
- In an emergency, an ambulance will be called and the parent/carer contacted by the school. A member of staff may accompany the child to hospital.
- If parents cannot be contacted, the school will act in loco parentis and give permission for any emergency treatment. In this case, a member of staff will always accompany the child.
- Please note the school is not allowed to administer drugs of any kind unless the medication has been prescribed for, sent in with the child and permission given by the parent.

## **6. Food management – Intolerances and Allergies**

All students with a diagnosed severe food allergy must have an individual care plan.

Food/meal arrangements must be covered when the plan is drawn up. The care plan/risk assessment must be drawn up at a meeting involving parents, the Headteacher / SENCo, First Aid Co-ordinator / Bursar, class teacher and the external catering providers. Meal arrangements should be discussed at the same time.

We recommend that children with severe food allergies bring a home packed lunch. Where parents wish their children to be provided with school meals, a meeting takes place between the parents and the school's catering provider.

The school is responsible for arranging this meeting. At the meeting, the parents are made fully aware of the catering provider's food allergies/allergens policies and procedures. They can use this information to make an informed choice about whether or not they wish their child to receive meals.

If the decision is made to provide meals, then the care plan must clearly set out what the arrangements are, agreed by parents/carers.

A critical element of managing the risk from food allergens is ensuring that appropriate "emergency arrangements" are in place; these should be in place regardless of whether meals are provided by the school.

The school's catering providers will endeavour to take positive steps to reduce the likelihood that nuts will be found in any recipes/menus and that nuts are not used as ingredients. However, please note that, due to production methods of suppliers of raw ingredients, it is not possible for them to guarantee the child will not come into contact with allergens.

Catering staff and Lunchtime Supervisors must be made aware by the Headteacher or First Aid – Co-ordinator of the children affected by possible allergies that they provide for. The basic relevant information from the care plan is shared with the Catering staff and Lunchtime Supervisors.

All information about pupils that have EPI PENS will also be held in the kitchen pod and meal service room, as well as being shared with all lunchtime supervisors, including name and symptoms.

The school should be supplied with two EPI PENS for each affected pupil. These will be kept in available positions within school in a box labelled clearly with the student's name and photograph. EPI PENS are kept in the school office. The date of the EPI PENS will be checked at regular intervals by school staff or First Aid – Co-ordinator, and contact made with parents as outlined in section 4 of this policy.

For administration of EPIPENS, see Appendix for guidance.

## **7. School trips, visits and offsite activities**

Syresham St James CE Primary believes that all pupils are entitled to participate fully in activities associated with the school and will attempt at all times to accommodate pupils with medical needs, however, consideration must be given to the level of responsibility that staff can be expected to accept as indicated and agreed on the care plan, or in liaison with parents/carers for those without a care plan.

A risk assessment should be completed for all pupil trips. The school recognises that it has the primary duty of care to assess the suitability of all off site provision. (Equally, the school recognises and expects the provider to undertake a risk assessment to identify significant risks and necessary control measures when children/young people are on site).

## **8. Links with other policies – Health and Safety, Inclusion and Equality Policies**

## **9. Cross reference First Aid and EPI PEN Training Records & Children with known allergies & medical conditions document**

[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

This Policy was adopted by the Full Governing Body at a meeting held on 28 June 2016

Date for the next review – June 2019

## **APPENDIX A**

### **POLICY ON ASTHMA**

From 1st October 2014 the Human Medicines Regulations are allowing schools to have a salbutamol inhaler for use in emergencies

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler will only be used if the pupils prescribed inhaler is not available (for example, because it is broken, or empty)

Please see extended Department of health guidance doc Sep 2014

- Syresham welcomes pupils who have asthma and encourages them to participate fully in academy activities. The school will advise staff on the practical aspects of asthma management and will liaise where appropriate with the School Nursing Services.
- The school will keep a record of pupils with asthma as notified by parents on the medical register (SIMS)
- The school expects that parents will inform staff of up to date details relating to the asthma of their son/daughter, together with clear guidance on the usage of medication, inhalers etc.
- The school expects all students to take responsibility for the bringing and caring for their inhalers, whether preventative or relief inhalers and the latter may be kept centrally where appropriate, but must be labelled clearly with the child's name if this is the case.
- The school will take steps to ensure that curriculum activities e.g. Science experiments, are carried out with the needs of asthmatic students in mind.
- The school expects that all students with asthma bring any inhalers needed to PE lessons and carry them with them during the lessons wherever possible. Additional PE supporting staff will advise pupils to carry them with them outside for lessons and not to leave them in the classrooms to ensure they can be used promptly if needed during the lesson. We acknowledged that asthma can have an impact on certain elements of the PE curriculum but also that it should not provide a barrier to learning if dealt with in line with medical guidance.

### **ASTHMA ATTACKS - WHAT TO DO**

If an asthmatic child becomes breathless and wheezy or coughs continually:

Keep calm. It's treatable.

Let the child sit down in the position they find most comfortable, usually sitting down and leaning forward. Do not make them lie down.

Let the child take their usual reliever treatment - normally a blue inhaler. If the child has forgotten their inhaler, and you do not have prior permission to use another inhaler:

Call the parents

Call a First Aider

Failing that, call the family doctor

Check the attack is not severe - see below.

Wait 5 - 10 minutes.

If the symptoms disappear, the child can go back to what they were doing. If the symptoms have improved, but not completely disappeared, call the parents and ask the child to take another dose of inhaler while waiting for them. If the normal medication has had no effect, see severe asthma attack below.

### **WHAT IS A SEVERE ASTHMA ATTACK?**

Any of these signs mean severe:

Normal relief medication does not work at all.

The student is breathless enough to have difficulty in talking normally.

The pulse rate is 120 per minute or more.

Rapid breathing of 30 breaths a minute or more.

### **HOW TO DEAL WITH A SEVERE ATTACK**

- Call for an ambulance.
- Get someone to inform the parents.
- If the child has an emergency supply of oral steroids (prednisolone, prednesol) give them the stated dose now.
- Keep trying with the usual reliever inhaler every 5-10 minutes and don't worry about possible overdosing.
- Avoid giving the pupil a "reassuring hug" as s/he will need her arms, shoulders, rib muscles to help them to breath.
- Do not take the student outside for "fresh air" as cold air may increase the asthma attack.

### **TRIGGER FACTORS FOR SEVERE ASTHMA**

- Anxiety
- Small furry animals
- Chemicals
- Exercising
- Cold air

## **APPENDIX B**

### **POLICY ON DIABETES**

- Syresham welcomes students who have diabetes and encourages them to participate fully in activities.
- The school will advise staff on the practical aspects of diabetes management and will liaise where appropriate with the School Nursing Services.
- The school will keep a record of students with diabetes and will make central access available for emergency rations and medication.
- The school expects that the parents will inform staff of details relating to the diabetes of their son/daughter, together with clear guidance on the usage of medication etc. It may be deemed necessary to draw up an agreed care plan.
- It is essential to follow the Health and Safety Policy for the disposal of needles. The school has a sharps box for this purpose.

## **APPENDIX C**

### **POLICY ON EPILEPSY**

- Syresham welcomes children who have epilepsy and encourages them to participate fully in school activities.
- The school will advise staff on the practical aspects of epilepsy management and will liaise where appropriate with the School Nursing Services. Advice to staff on epilepsy attacks will be published in the care plan if one is in place.
- The school will keep a record of children with epilepsy as notified by parents on the medical register (SIMS)
- The school expects that parents will inform staff of details relating to the epilepsy of their son/daughter, together with clear guidance on the usage of medication etc. It may be deemed necessary for the parents(s) to meet with the Headteacher / First Aid Co-ordinator / SENCO to draw up a care plan.

## **APPENDIX D**

### **POLICY ON ADMINISTERING EPIPENS**

The purpose of this policy is to describe to parent, governors, and staff the measures taken by the school to protect those children who may need to receive the administration of an EPI PEN.

This policy only describes in outline the causes and symptoms of anaphylaxis. Staff will receive detailed training from the school nurse and a register of qualified EPI PEN administrators will be kept in the classroom, staff room and work rooms. Anaphylaxis can be triggered by foods (nuts, shellfish, dairy products) or non-foods (wasp and bee stings, certain medicines, even exercise).

The symptoms of anaphylaxis can be identified by effects on the respiratory system, cardiovascular system, gastrointestinal system, skin, nervous system, genitourinary system.

**In the event of an attack it is important to administer an EPI PEN as soon as possible and then call 999 for an ambulance.**

Identified and trained First Aiders have been trained about anaphylaxis and the administration of EPI PENS. First Aid training is regularly updated. Those children who require an EPI PEN are known to all staff, including First Aiders, class teachers, teaching assistants and lunchtime supervisors.

It is important to recognise that in a small primary school like Syresham, it is possible for all members of staff to know all children, although a leading responsibility for monitoring for anaphylaxis falls to those adults that have most frequent contact with individual children.

After receiving advice from the school health nurse, it may be agreed that the child should have an EPI PEN with them and one kept in the school. These will be in a box labelled clearly with the student's name and photograph. The date of the EPI PENS will be checked at regular intervals by the First Aid Coordinator.