



SUPPORTING PUPILS WITH MEDICAL CONDITIONS

(Including administering medicines)

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Northbourne CE Primary School

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Supporting Children with Medical Conditions Policy

1. Policy Statement

The Children and Families Act 2014 places a duty on schools to make arrangements for supporting pupils who have medical conditions. The key points for these arrangements are that:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions and disabilities are properly understood and effectively supported.

The overriding aim of the approach of Northbourne CE Primary School is to ensure that all children with physical, medical and mental health conditions are properly supported in our school so they can play a full and active role in school life, remain healthy and can achieve their academic potential.

2. Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies.

Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils is critical and will guide this aspect of the school's work.

The prime responsibility for a child's health lies with the parent/carer who is responsible for their child's medication. They must provide the school with all the relevant information in order for the school to provide their child with the necessary care.

3. Disseminating this policy

- All staff will be advised of this policy during their induction.
- All staff should be made aware of children with medical needs.
- This policy will be made readily accessible to all stakeholders including, but not limited to staff, healthcare professionals and parents/carers.
- It will be available on the school website or as a 'hard copy' on request.

4. Managing medicines in school

- Medicines will only be administered at school when it would be detrimental to a child's health or learning not to do so.
- Where clinically possible, medicines should be prescribed which enables them to be taken outside of school hours (*Medicines that need to be taken three times a day could be taken prior to school in the morning, after school hours and then prior to bedtime*).
- No child will be given prescription or non-prescription medicines without their parent's written consent¹.

¹ This includes medication that contains Aspirin. Aspirin should never be given unless prescribed by a doctor.

4.1 Non-prescription medicines

Non-prescribed medication, for example for pain relief, will only be administered in exceptional circumstances. This will only be administered with the written consent of the parent/carer who should have completed the *Name of form Rach?* form.

Medication will not be administered without first checking the maximum dosage, when the previous dose was taken and a record made of the administration. The school will always inform parents/carers that medication has been given.

4.2 Prescription medicines

- Prescription medicines or controlled drugs that have **not** been prescribed by a medical practitioner will **not** be administered in school.
- Where possible parents/carers should be encouraged to administer medication outside school hours.
- The school will only accept prescribed medicines which are in the child's name and that are:
 - in date;
 - labelled and intact;
 - provided in their original container as dispensed by a pharmacist; and
 - include instructions for administration, dosage and storage.
- The exception to this is insulin. Dosages of this must be in date and made available to the school inside an insulin pen or pump rather than in its original container.
- Medicines will only be administered according to the instructions on the pharmacy label and with written parental consent.
- Qualified school staff may administer a controlled drug to the child for whom it has been prescribed. Any pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but only in limited amounts or prescribed doses. The school will closely monitor this and will determine the approach taken to this on a case-by-case basis.

Records:

- In line with DfE 2014 guidance, a written record is kept of all medicines administered to any child, including to individual children with IHCPs. These records will include:
 - What was administered (including the dose);
 - When it was administered (date & time);
 - Who administered the medication.
 - Any side effects of the medication administered at school will also be noted.

4.3 Storage and disposal of medicines

- Parents/carers are responsible for ensuring that the correct, in date, medication is supplied to the school in a timely fashion.
- Medication is kept securely in a locked cupboard in the main school office and is only accessed by authorised staff. Where medicines require special storage considerations, the school will ensure these are adhered to, for example, refrigeration.
- When prescription medicines are no longer required or out of date, they should be returned to parents/carers. It is the parents/carer's responsibility to collect and dispose of such medication.
- The school should notify parents/carers if medication supplies are low. The school will endeavour to give notice when 10 days' supply remains to allow repeat prescriptions to be obtained.
- The school uses 'sharps' boxes for the disposal of needles and other sharps.

Epipens, Asthma equipment and other Emergency Medication:

- Sufficient staff will be given appropriate training in the administration of emergency and other medication where necessary. Their names are displayed in the staff room.
- Arrangements will be made to ensure that immediate access to emergency medication is available. At the point of training, staff will be informed where emergency medication is stored. This will typically be in a locked cabinet in the child's classroom.
- Emergency medication will always be taken if the student goes out on a trip and identified, trained staff will be designated to administer any medication if required.

4.4 Supporting children with medical needs

- Where a child has a need to take medication for a prolonged period or has a chronic ongoing condition, an Individual Health Care Plan (IHCP) will be put in place. The school and the parents/carers should jointly develop and agree the IHCP after taking into account the advice of health care professionals as relevant. The plans put in place will have due regard to the Equality Act 2010 and the SEN Code of Practice. This will ensure that children with medical conditions have access to the same opportunities as other children, as long as it is safe for them to do so.
- Parents/carers should provide the school with all the necessary information about their child's condition and must sign the appropriate forms for the administration of any medication.
- IHCPs will be compiled and recorded in line with the current DfE guidance (2014).
- All school staff will be made aware of children with IHCPs and their conditions.
- Administration of medication should only be by a qualified member of staff and will only take place if written permission has been obtained from the parents/carers and countersigned by the Headteacher.
- Should a child refuse medication, the school will not force them to take it but contact the parents/carers as a matter of urgency.
- The school will ensure that procedures are in place for an emergency situation and that contingency arrangements are in place. The IHCP must detail what symptoms constitute an emergency and what actions to take.

4.5 Record keeping

- Written records of all medication administered to children are kept.

5. Off-site Learning

All staff will be made aware of how a child's medical condition impacts on their ability to participate in any planned off-site learning – for example, school visits and trips - and school will always work as flexibly as possible to ensure all children can participate according to their abilities.

Off-site learning can bring about additional risks and the nominated member of staff leading the trip is responsible for ensuring that the necessary risk assessments have been carried out. The nominated Trip Leader must also ensure that arrangements are made in accordance with Section 2 of this Policy such that any required medication is made available.

- For **part-day** visits, children should, wherever possible, take their medication prior to and after the visit.
- For **full-day** visits the Trip Leader will check medical information records kept and ensure that any medication needed is available at the start of the day.

- For **residential visits**, the Trip Leader is responsible for checking medical needs of all children ahead of departure. The Trip Leader must check any IHCP requirements with parents and ensure that appropriate procedures and contingency plans are in place.

6. Emergency situations

In case of an emergency, IHCPs will outline procedures to follow where these are in place.

In general, staff will attempt to contact parents at the start of any emergency situation to seek their advice. Should this not be possible, or should concerns be more severe, an ambulance will be called. Attempts to contact parents will then continue.

7. Unacceptable practice

Staff at Northbourne understand that it is not acceptable practice to:

- Prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every pupil with the same condition requires the same treatment;
- Ignore the views of the pupil or their parents or ignore medical evidence or opinion (although this may be challenged);
- Send pupils with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- Should a pupil become ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- Prevent children from participating, or create unnecessary barriers to children participating, in any aspect of school life, including school trips, for example, by requiring parents to accompany the child.

Appendix 1: Asthma Policy

1. Signs of an asthma attack include:

- Persistent cough (when at rest);
- Wheezing sound coming from chest;
- Being unusually quiet;
- Complaining of a shortness of breath at rest, feeling tight in the chest (younger children may express this as a tummy ache);
- Difficulty in breathing (fast and deep respiration);
- Nasal flaring;
- Appearing exhausted;
- Blue/white tinge around the lips;
- Going blue.

2. Responding to signs of an asthma attack:

- Keep calm and reassure the child. It's treatable;
- Encourage the child to sit up and slightly forward;
- Let the pupil take their usual reliever treatment – normally 2 puffs every two minutes up to a maximum of 10 puffs or until their symptoms have improved. The inhaler should be shaken between puffs;
- If a pupil has not got their inhaler or it has broken and you have permission from the parent to use the emergency inhaler stay with the child and arrange for the inhaler and emergency kit to be brought to you;
- If you do not have permission to use the emergency inhaler then you should:
 - Call the child's parents/carers;
 - Failing that, call the family doctor;
 - Check the attack is not severe – see below.
- Wait 5-10 minutes;
- If the symptoms disappear, the pupil can go back to what they were doing;
- If the symptoms have improved, but not completely disappeared, call the child's parents/carers and give another dose of inhaler while waiting for them;
- If the normal medication has had no effect, see severe asthma attack below.

3. Severe Asthma Attacks

ANY of these signs means the asthma attack is severe:

- Normal relief medication does not work at all;
- White/Blue tinge around lips;
- The pupil 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;
- Is going blue;
- Has collapsed.

If this is the case, then:

- **CALL AN AMBULANCE IMMEDIATELY**
- Contact the pupil's parents/carers;
- 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;
- Follow any instructions given by the emergency services;
- A member of staff should accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

4. Emergency school inhaler (salbutamol)

The school's emergency inhaler should only be used by children who have been diagnosed with asthma AND prescribed a reliever inhaler, or who have been prescribed a reliever inhaler AND whose parents/carers have given written consent for an emergency inhaler to be used.

4.1 The Emergency Asthma Kit

The school emergency asthma kit is held centrally in the School First Aid Room. The kit consists of:

- A salbutamol metered dose inhaler;
- At least two single-use plastic spacers compatible with the inhaler;
- Instructions on using the inhaler and space/plastic chamber;
- Instructions on cleaning and storing the inhaler;
- Manufacturer's information;
- Checklist for inhaler.

4.2 Storage and care of the inhaler

The School Business Manager is responsible for ensuring that:

- On a monthly basis the inhaler and spacers are present and in working order;
- Replacement inhalers are obtained when expiry dates approach;
- Replacement spacers are available following use;
- The plastic inhaler housing has been cleaned dried and returned to storage following use, or that replacements are available if necessary.

4.3 Disposal of the inhaler

- To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use;
- The inhaler can be reused for future use, as long as it is cleaned. However, if there is a risk of contamination with blood (for example if the inhaler has been used without a spacer), it should not be reused and should be disposed of;
- To dispose of a spent inhaler, they should be returned to the pharmacy to be recycled;
- The school has registered as a lower-tier waste carrier.

4.4 Recording use of the inhaler and informing parents/carers

Use of the emergency inhaler should be recorded. Forms are available in the Asthma folder in the first aid room. This would include where and when the attack took place (for example, PE lesson, playground etc), how much medication was given and by whom. A copy of the form should be given to the parents/carer and the original should be logged with the School Business Manager.

5. Asthma Register

The asthma register is kept in the stationery cupboard in the School Office, in a red folder, and is clearly labelled. This provides a list of pupils diagnosed with asthma / prescribed an inhaler and if written permission from a parent / carer has been received for the use of the emergency inhaler. This should be checked before using the emergency inhaler. The School Business Manager is responsible for keeping this file up to date and parental permission is sought on an annual basis, usually at the beginning of the academic year.

All inhalers are kept centrally, in a basket on the top shelf of the classroom cupboard. Class teachers ensure that, should they have several cupboards, the School Business Manager knows which one the inhalers are kept in. This is then recorded in the Asthma File. These cupboards remain unlocked at all times.

6. School Trips

All pupils going on school trips and visits should take their named inhalers with them. Teachers leading this trip are responsible for checking the children have their inhaler with them before they leave school. The emergency inhaler is to be kept in school.

Appendix 2: Personal and Intimate Care Policy

1. Statement of Intent

At Northbourne CE (A) Primary School, we are committed to nurturing excellence in all of our pupils through providing a safe and inclusive environment where every individual is valued. We believe that children and their families cannot be excluded or treated less favourably because they have personal care needs – for example, the need to wear nappies, having occasional ‘accidents’ or needing support with personal care. We are committed to ensuring that every child can fully access learning experiences in our school, regardless of these needs.

We believe that:

Children are entitled to:

- Be consulted about their personal care needs;
- Have their needs met by people they know and trust.

Parents and carers are entitled to:

- Have a say in how their child’s needs are met and have their own culture respected;
- Support in managing toilet training.

Staff are entitled to:

- Guidance in managing a child’s personal care needs.

2. Safeguarding children

To ensure that children are protected and staff are free from potential allegations of abuse:

- Parents sign an agreement allowing staff to change their child;
- Staff inform a colleague when leaving the room to change a child;
- If using a separate toilet, (and taking into account the child’s age and right to privacy) the door may be left slightly ajar.

There is no requirement for two members of staff to be present when a child is changed, as this would contravene the child’s right to privacy and dignity.

3. Working with parents

- Parents are asked to provide information and updates about their child’s progress in the area of personal care and plans for further development are agreed when needed; however, school staff are not expected to toilet train children on behalf of parents. They will follow steps suggested by parents and professionals, but are not able to lead this process on behalf of parents;
- If a parent uses reusable nappies, we will aim to accommodate their wishes to ensure continuity for the child;

4. Health and safety

- A risk assessment for changing and disposing of nappies is followed by members of staff dealing with children’s personal care needs;
- Single-use disposable gloves and aprons are worn;
- Changing mats are cleaned with anti-bacterial spray after use;
- Secure hand-washing procedures are followed;

- Disposable nappies, gloves and aprons are put in a sealed plastic bag in the main dustbin bag. They are not classified as clinical waste;
- Soiled nappies should not be given to parents at the end of the session unless they are reusable.

5. Respecting a child's dignity

- When changing older children especially, dignity, privacy and liaison with parents are very important. There is considerable variation in their needs and wishes, and we are committed to listening sensitively to the child's views;
- We aim to ensure that, usually, a child is changed by someone they know well and who works with them regularly. This means they will be familiar to, and respected by, the child.