



SUPPORTING PUPILS WITH MEDICAL CONDITIONS

Reference NORTHBOURNE.SP.022

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Northbourne CE (A) Primary School
Cockcroft Road,
Didcot
OX11 8LJ

Supporting Pupils with Medical Conditions

The Oxford Diocesan School Trust	Northbourne CE (A) Primary School
	
Supporting Pupils with Medical Conditions (incorporating Administering Medicines Policy)	

Policy Reference:	NORTHBOURNE.SP.022
Description:	This document outlines Northbourne CE (A) Primary School's policy on supporting pupils with medical conditions.
Status:	Statutory Policy
Policy Audience:	Governing body and staff
School Contact:	Headteacher
Other related School policies and procedures:	Statutory and non-statutory policies
Governor Committee:	Local Governing Body
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Trust Policy Level:	Policy Level 3 – ODST Statutory Policy Guidance (ALL Schools require a policy on this topic/area. All local governing bodies will follow and have due regard to this guidance when drafting their local policy)

In reviewing this policy, the Governing Board has had regard to the Equality Act 2010 and carried out an equality impact assessment. It is satisfied that no group with a protected characteristic will be unfairly disadvantaged by this policy.

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1. Equal Opportunities Statement

The school values diversity in its community and is committed to providing equal opportunities for all, whether they are a job applicant, teacher, member of the non-teaching staff, pupil, parent or governor. The school will strive to provide for everyone equally, regardless of ethnic background, faith, gender, age, sexual orientation, Special Educational Needs or disability. All governing body policies will operate within and be implemented with regard to this framework.

2. Aims of Policy

This policy outlines how the school aims to assist pupils with medical needs to achieve their full potential, and to be included in all aspects of school life.

Most pupils will, at some time have a medical condition that may affect their participation in school activities; for many this will only be short term. Other pupils may have medical conditions, if not properly managed, which could limit their access to education. This means these pupils are regarded as having medical needs.

Most pupils with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. School staff may need to exercise extra care in supervising some activities, to ensure that these pupils with medical needs and others are not put at risk. In the event that a child needs to take prescribed medication, we will ensure that the child is supported by a member of staff and receives a high standard of care in order to cause as little distress as possible.

Staff are committed to including all children in all aspects of school life, regardless of medical need. Staff will endeavour to ensure that all children are involved in school activities, including residential visits.

3. Parent's Role

- It is the parent's responsibility to make sure that their child is well enough to attend school. If the child is unwell, parents should keep the child at home and inform the school by the start of each day (as outlined in the school Attendance Policy)
- Parents are responsible for the administration of medicines to their children. They will be informed that if their child requires medicine in the middle of the day, the child should return home for this or the parents should come to the school to administer the medicine.
- However, school will keep and administer essential prescribed medication, for example, that used to treat allergies, diabetes and asthma. In these cases, parents must provide sufficient information about their child's medical condition, treatment and/or special care needed at school (using the school's Medication Information Form), and let the school know of any changes to the prescription or the support needed.
- In these cases, parents must ensure that medication is clearly labelled; on the medication itself, this should include the name of the child, name of medication, dose and frequency;
- It is the responsibility of the parent/guardian to ensure that their child's medication is in date.
- Parents are asked if their child has any medical conditions on entry to school and at regular intervals during their time at school. Parents are also made aware of the importance in keeping the school up-to-date and aware of children's medical conditions.

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4. School Responsibility

The school's designated person for medical needs is the School Business Manager. They may delegate tasks to other appropriate members of staff as required; however, it is noted that employees working under the School Teachers' Terms and Conditions of Employment have no contractual obligation to administer medicines and any agreement to do so is therefore a voluntary act.

The School Business Manager is responsible for ensuring that willing staff have appropriate training to support pupils with medical needs which is updated annually (school nurses lead training for epi-pen, asthma, diabetes and epilepsy, or can liaise with other professionals for appropriate training). They are also responsible for the day-to-day decisions taken about administering medication to children who have medical needs

All staff are expected to use their best endeavours at all times, particularly in emergencies.

The school must make sure that correct procedures for administering medicines are followed, keeping accurate records for each child and each incident and liaising with parents accordingly.

The Headteacher will make sure that staff follow the school's documented procedure. If this is done, staff administering medication should be fully covered by their employer's public liability insurance should a parent make a complaint

Where appropriate, an individual health care plan will identify the necessary safety measures required to support pupils with medical needs. Where these are needed, the School Business Manager will liaise with the school nurse.

School Staff (Teaching and Non-teaching)

Teachers who have pupils with medical needs in their class will understand the nature of the condition and when and where the pupil may need extra attention.

Staff will be aware of the likelihood of an emergency arising and what action to take if one occurs.

At different times of the day other staff may be responsible for pupils. Where this is the case, any individual with responsibility for dealing with medical issues is provided with full training from the school health nurse.

If staff notice a deterioration in a pupil's health over time (or changes to regular routine), they should inform the School Business Manager, who will in turn arrange for the parents to be informed.

5. Administering Medication

Any member of staff who agrees to accept responsibility for administering prescribed medication to a pupil will be provided with proper training and guidance. In these cases, medical plans, as written by the school health nurse. The school's Medication Information Form includes:

- The pupil's name
- The name of the medication, dose and frequency;
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- Where the medication needs to be stored if room temperature is unsuitable (e.g. refrigerator);
- How the medication is administered;

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- Whether the child can administer the medication themselves; if not the parent needs to arrange an appointment with the School Business Manager to discuss this, and give written permission for a staff member to administer the medication;
- In the case of any difficulties, where and when the parent can be contacted;
- What to do in case of an emergency;
- Expiry date.

The member of staff will be aware of possible side effects of the medication and what to do if they occur;

School staff will generally not give any non-prescribed medication to pupils, for example, aspirins and paracetamol.

Pupils will not be given medication without their parent's written consent;

It is good practice to allow pupils with medical needs to manage their own medication from a relatively early age (parents should state this on health care plan). If doing so, staff should supervise them at all times

If a pupil refuses to take medication, staff will not force them to do so. The school should inform the parent as a matter of urgency, and if necessary call the emergency services

Medicines will be stored safely but accessible to those it is prescribed for;

Parents will collect medicines held at school from the office and are responsible for the disposal of date expired medication;

The smallest dose practical should be brought to school if this is to be kept on site.

6. Hygiene/Infection Control

All staff will be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures.

Staff will have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

7. Emergency Procedures

All staff will know the school procedures for calling the emergency services, and know to do this themselves at the earliest possible point if needed;

A pupil taken to hospital by ambulance will be accompanied by a member of staff who should remain until the pupil's parents arrives;

Generally, staff will not take pupils to hospital in their own cars. However, in an emergency it may be the best course of action. That member of staff will be accompanied by another adult wherever possible and will have appropriate car insurance i.e., for business use.

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A copy of any health care plans will accompany the child to A&E.

8. School Trips

It is good practice for schools to encourage all pupils to participate in school trips wherever safety permits.

Staff supervising excursions and overnight trips should always be aware of any (additional) medical needs and relevant emergency procedures.

It may be appropriate for an additional supervisor or parent to accompany a particular pupil with medical needs.

9. Sporting Activities

Most pupils with medical conditions can participate in extra-curricular sport or in the PE curriculum, which is sufficiently flexible for all pupils to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being

Some pupils may need to take precautionary measures before or during exercise and/or need to be allowed immediate access to their medication, if necessary. As such, staff supervising sporting activities will always be aware of any medical needs and relevant emergency procedures.

10. Managing Medicines

Inhalers

Inhalers will be kept in the individual child's classroom. Inhalers must have the child's name written on it. A copy of the Medication Information Form should be kept in the classroom, and centrally in the office. Where possible, children will administer their own inhalers. Where this is not possible, class teachers will agree a procedure with the parent. See also Appendix 2:Asthma Policy.

Epi-pens

Epi-pens will be stored in a non-locked, non-portable container. A copy of the Medication Information Form and Health Care Plan will be kept in the classroom, and centrally in the office. Details for children who have Epi-pens are kept on the information board in the staff room. Only trained staff members will administer the Epi-pen when needed. A trained member of staff will accompany a child who has an Epi-pen if they go out of school.

Other medication

Any other essential medication will be stored appropriately and administered according to agreement by staff members and parents.

Appendix 1: First Aid Policy

1. Statement of Intent

This school is conscious of its obligations under the Health and Safety (First Aid) Regulations (1981) and guidance from the Department for Education, the Education Service Advisory Committee and the Local Authority to provide adequate and appropriate first aid facilities and personnel for members of staff, pupils and visitors. As a result, this Statement has been drawn up to give details of the first aid arrangements which have been made in the school.

2. First Aid: principles, practice and arrangements

First Aid is the skilled application of accepted principles of treatment on the occurrence of any injury or sudden illness, using facilities or materials available at the time. It is the approved method of treating a casualty until placed, if necessary, in the care of a doctor or removed to hospital. First Aid treatment is given to a casualty to preserve life, to prevent the condition worsening and to promote recovery.

2.1 Trained and qualified first aiders

- Trained and qualified First-Aiders are those members of staff who have attended a course of training on first aid (ie First Aid at Work or Refresher Course) and have a valid current First Aid certificate issued by an organisation approved by the Health and Safety Executive under the Health and Safety (First Aid) regulations 1981. We have a minimum of one First Aid trained person for every 50 children and adults on site at all times;
- The First Aid certificate is valid for three years and has to be updated by means of a refresher course. The duties of the trained and qualified first aiders are:
 - i) to assess the situation where there is an injured or ill person.
 - ii) to give immediate, appropriate treatment, bearing in mind that a casualty may have more than one injury and that some casualties will require more urgent attention.
 - iii) to arrange, without delay, for the casualty to be transported to a doctor, hospital or home, according to the seriousness of the condition. The first aider's responsibility ends when the casualty is handed to the care of the doctor, a nurse or other appropriate person. The first aider should not leave the incident scene until they have reported to whoever takes charge and have ascertained whether they could be of any further help.
 - iv) ensuring that there is an adequate supply of all the prescribed materials in the first aid boxes and kits and that the contents of first aid boxes and kits are replenished after use and the items are not used after the expiry date which is shown on the packets.
 - v) completing the Accident Report Book (Form ACC4)
- The treatment of minor illnesses such as the administration of tablets and/or medicines falls outside the definition of first aid (see the Administering Medicines Policy, section 11);
- All class teachers are First Aid trained. Each class also has a TA who is trained in First Aid;
- There is always a trained First Aider in the school office;
- A number of staff who work with children in the Early Years / Foundation Stage have Paediatric First Aid qualifications.

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2.2 First Aid Boxes, Travelling First Aid Kits and other Supplementary Equipment

The location of first aid boxes, travelling first aid kits and other supplementary equipment are as follows:

- Small First Aid kits containing basic equipment are kept in all classrooms and more comprehensive equipment is kept in the medical room and staffroom;
- First Aid Kits for off-site visits are available from the medical room and staff room;
- These are dated to show they have been checked and replenished. This is carried out once a term.

2.3 School Visits

The first aid requirements and procedures for calling for help or skilled assistance in the event of an accident or other emergency will be laid down when school visits are being planned. Travelling first aid kits will be provided for all school visits and are available from the medical room. First Aid provision must be available at all times while people are on school premises and also off the premises whilst on school visits. Any trip involving a child who carries an Epi-pen must be accompanied by a member of staff trained in administering an Epi-pen.

2.4 Out of Hours use of School Premises

The level of first aid cover, first aid equipment and access to a telephone is in line with that required when the school is in use. External providers hiring the school site will be responsible for making their own First Aid arrangements; this is made clear in the Lettings and Hire Agreement.

2.5 Contact with the ambulance service

If an ambulance is required:

- Dial 999 or the emergency number shown on the number label
- Tell the operator that you want the Ambulance Service
- Give the telephone number shown on the phone
- Wait for the Ambulance Service to answer
- Give the address where help is needed
- Give any other necessary information.

The nearest doctor to the school is at the Didcot Health Centre, Britwell Road. The nearest hospital to the school is Didcot Community Hospital, Wantage Road. John Radcliffe in Headington is the nearest major hospital.

Appendix 2: 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;

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- 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/carers and the original should be logged with the School Business Manager.

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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 3: Personal 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;

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- 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.