



Bearwood Primary and Nursery School Supporting Children with Medical Needs Policy

This policy has been drawn up in accordance with the DfE guidance *Supporting Pupils at School with Medical Conditions*. Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions.

Principles

Most pupils will, at some time, have a medical condition which may affect their participation in school activities. For many this will be short-term: perhaps finishing a course of medication.

Other pupils have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having **medical needs**. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

This policy defines the ways in which Bearwood Primary and Nursery School supports the needs of pupils with medical conditions (temporary or long-term), whilst safeguarding staff by providing clear guidelines and parameters for the support they offer.

Aims

1. To ensure that children with medical needs receive proper care and support in school.
2. To provide guidance to staff, teaching and non-teaching, on the parameters within which they should operate when supporting pupils with medical needs.
3. To define the areas of responsibility of all parties involved: pupil, parents, staff, Headteacher, Governing Body, etc.

Responsibility

There are two main circumstances in which requests may be made to the Headteacher to deal with the administration of medicines to pupils at school:

- a) Cases of chronic illness or long-term complaints, such as asthma, diabetes or epilepsy;
- b) Cases where children are recovering from a short-term illness are well enough to return to school but are receiving a course of antibiotics or other medication and the dosage is four times a day.

Each request for medicine to be administered to a pupil in school should be considered on its own merits. The Head should give consideration to the best interests of the pupil and the implications for the school. Staff administering medication in accordance with appropriate training or the details supplied by the parent or carer may rest assured that they are covered by Poole Local Authorities insurance policy.

Practice

1. **Parents/carers** are responsible for ensuring that their child is well enough to attend school.
2. **Parents/carers** must provide the Headteacher/SENCO with sufficient information about their child's medical condition and support and care required at school. If administration of medication is needed then the parent/carers must be given a copy of this policy and complete the form 'Parental Request for Medication to be Administered to Pupils'. (Form 2)
3. **Parents/carers and the Headteacher/SENCO** must reach an agreement on the school's role and responsibility for support for the child.
4. In the event of legal action over an allegation of negligence, it is *the employer* rather than the employee who is likely to be held responsible. The need for accurate records in such cases is crucial. Therefore thorough and accurate record-keeping systems have been drawn up, to be maintained by staff involved in supporting pupils with medical needs.
5. **The Headteacher/SENCO** will ensure that staff who are willing or for whom care of pupils with medical needs falls within their job role should receive appropriate training to assist them with the role of supporting pupils with medical needs.

6. **The Headteacher/SENCO** ensures that all parents are informed of the school's policy and procedures for medical needs.

7. **The Governing Body** ensures that the school has clear systems in place, in relation to this area of school life.

8. **School staff** are naturally concerned about their ability to support pupils with a medical condition particularly if it is potentially life threatening. They need to understand:

- a. The nature of the condition
- b. When and where the pupils may need extra attention (This information is to be provided by the pupil's parents)
- d. The likelihood of an emergency
- e. The action to take in the event of an emergency

9. **There is no legal duty which requires school staff to administer medication. This is a voluntary role.**

Any member of staff who agrees to accept responsibility for administering prescribed medication to a pupil will receive proper training and guidance, and will also be informed of potential side effects and what to do if they occur.

10. **The Governing Body** of Bearwood Primary and Nursery School has determined that staff will not actively administer medication to a pupil except where a child is undergoing an emergency (e.g. anaphylactic shock, severe asthma attack) or where a child is physically unable to self-medicate under supervision.

11. **The Governing Body** of Bearwood Primary and Nursery School has determined that non-prescribed medication will *not* be given to pupils (exception: please see non prescribed medicines below), except where a pupil suffers regularly from acute pain (e.g. migraine). In this case, the parent must authorise and supply appropriate painkillers for their child's use with clear, written instructions. A member of staff will issue the medication, and notify the parents in writing on the day the painkillers are taken.

12. **The Governing Body** of Bearwood Primary and Nursery School has determined that school staff may, if willing, supervise pupils taking medication provided:

- a. There has been a written request from parents
- b. There have been written details from the parents or doctor including:
 - i. Name of medication
 - ii. Dose (Only if dosage is 4 times a day or more)

- iii. Method of administration
- iv. Time and frequency of administration
- v. Other treatments
- vi. Any side effects

Procedures

1. If medication cannot be given outside of school hours and has to be given four times daily then parents/carers should fill in a request form giving the dose, the method of administration, the time and frequency of administration, other treatment, any special precautions and signed consent. (Form 2)
2. All essential medication should be brought to school by the parent/carer and **not** the pupil. It should be delivered personally to the office. Only the smallest practicable amount should be kept in school.
3. All medication taken in school must be kept in a clearly labelled pharmacy bottle, preferably with a child safety top which must give the owners name, contents and dosage to be administered.
4. Whilst medication is in school it should be kept in a suitably locked cupboard or in the fridge away from the children, preferably in the staffroom or First Aid Office and should be readily accessible to the named volunteer when required. The **exception** to this is the use of an inhaler.
5. Medication to be taken orally should be supplied with an individual measuring spoon or syringe. Eye drops and ear drops should be supplied with a dropper. A dropper or spoon must only be used to administer medicine to the owner of that implement.
6. When medicine is given, the name, the dose, the mode of administration, time of the dose and date of expiry should be checked. A written record should be kept of the time it was given and by whom to avoid more than one person ever giving a dose.
7. Where any change of medication or dosage occurs, clear written instructions from the parent/carer should be provided. If a pupil brings to school any medication for which consent has not been given, the staff of the school can refuse to administer it. In such circumstances the school should contact the parent as soon as possible.

8. Renewal of medication which has passed its expiry date must be the responsibility of the parent or carer. However, if parents are unable to collect expired medication then staff should take it to the local pharmacy so that it can be disposed of safely. The medication must not be disposed of in any other way.

9. In all cases where, following the administration of medication, if there are concerns regarding the reaction of the pupil, medical advice should be sought immediately.

10. Where pupils refuse to take their medication under supervision, as requested by parent or doctor, the staff will not force them to do so by any means. The parents will be informed immediately (for this reason it is the parents' responsibility to ensure that accurate and reliable contact details are available at school). Parents will take responsibility for their child's medical needs at this point, by coming to collect their child/supervise medication personally, advising emergency action (e.g. ambulance) or deeming that the child may remain undedicated in school until the end of the school day. The school will, if in any doubt about a child's condition, contact the emergency services, with or without a parent's request/consent.

Non- Prescribed Medicines

As a rule non-prescribed medication should not be issued. However, at the discretion of the Headteacher, Paracetamol and other analgesics can be issued providing the practice is strictly controlled in the same way as prescribed medicine. Once again, the written permission of the parents/carers should be sought.

Calpol is kept in school and permission from parents has been gained to confirm they are happy for it to be administered to their child. When it is felt that a dose of calpol will help a child to stay in school the parent is phoned to confirm the permission. If this permission is not received then the calpol will not be administered. A log of administering the medicine and by whom is kept along with any reactions that the child may have.

The Headteacher should authorise specific members of staff to dispense tablets. In order to monitor and prevent the overdose by any individual they should keep a record of issues, giving the name of the pupil, time, dose and reason for administering tablets/medicine. Staff should always inquire of the child whether any side effects or allergic reaction has been experienced before administering the drugs.

On no account should aspirin or preparations that contain aspirin be given to pupils unless prescribed by a doctor.

School Trips

The school will make every effort to ensure that pupils with medical needs have the opportunity to participate in school trips, as long as the safety of the child concerned and that of other pupils is not compromised by their inclusion.

The party leader will take additional measures as necessary, and/or request additional accompanying adults, to accommodate the inclusion of the child concerned. Parents must ensure that the party leader has full information on medical needs and any relevant emergency procedures.

Further Guidance Relating to Children with Specific Medical Needs.

A very small number of children need medication to be given by injection, epi-pen or other routes. This is an unusual circumstance and the arrangements are best worked out between the school, parents, school doctor/nurse and the doctor who prescribes the medicine. Experience suggests that it is helpful to have a meeting of all interested parties in school as it is essential that the parents and the teaching staff are happy with the arrangements that are made.

Staff willing to administer medication should be made fully aware of the procedures and be properly trained. An individual healthcare plan for each pupil with a medical need should be completed. (Form 1)

Anaphylaxis

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. Appropriate local arrangements should include:

- The establishment of procedures on the use of epi-pens and injections
- The provision of appropriate instruction and training to nominated staff
- Awareness of all staff that the child has this particular medical condition
- The symptoms associated with anaphylactic shock
- The epi-pen type and content e.g adrenalin, anti-histamine
- The locations of the epi-pen, preferably in an easily accessible place which is known to staff, for example a medication box
- Labelling of epi-pens for the child concerned

- The names of those trained to administer it, such as first aiders
- Records of dates of issue
- Emergency contacts

This type of information should be suitably posted in the areas where the medication is to be kept and should accompany the medication on school trips etc. The arrangements for swimming and other sporting activities should also be considered. This information should include the name of the child and, ideally, a photograph.

Asthma

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment, usually in the form of an inhaler. It is good practice to allow pupils who can manage their own medication from a relatively early age to do so. If children have asthma and can take their medication themselves, they should be allowed to carry their inhaler around at all times. This is especially important if the inhaler or nebulizer is needed to relieve symptoms regularly or if attacks are sporadic and particularly severe. The inhaler should be marked with the child's name and class.

If pupils are not able to do so then inhalers should be stored safely away and issued by staff as and when needed by the child. This method may be more appropriate for younger pupils with asthma who may not be able to use the inhaler without help and guidance.

Even if the inhaler is needed as a preventative measure to be taken three times a day it is unlikely that it will need to be kept in school.

Children with asthma learn from their past experience of attacks: they usually know just what to do and will probably carry the correct emergency treatment. Because asthma varies from child to child, it is impossible to give rules that suit everyone. However the guidelines in Appendix 1 may be helpful.

Emergency Inhaler

Please see Policy for the use of Emergency Salbutamol Inhalers in School

Epilepsy

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Information regarding emergency management is given in appendix 2. This covers the procedures to be followed with regard to first aid for all seizures.

Status Epilepticus

Status epilepticus is a condition in which a seizure shows no sign of stopping or a series of seizures takes place without the individual properly regaining consciousness. A five minute seizure does not in itself constitute an episode of status and it may subsequently stop naturally without treatment. However, emergency precautions after the five minute mark have passed will ensure that prompt attention will be available if the seizure does continue. Such precautions are especially important if the child's medical history shows a previous episode of status epilepticus.

Any child not known to have had a previous seizure should receive medical assessment as soon as possible. Both medical staff and parents need to be informed of any events of this nature.

Other bodies which may be accessed or contacted in relation to the support of pupils with medical needs are:

The Local Authority

The Health Authority, through NHS Trusts

The School Health Service (usually through the School Nurse)

The child's General Practitioner

The Community Paediatrician

The Community Service Pharmacist

Date reviewed: September 2018

Review date: September 2019

Appendices

Form 1 Individual HealthCare Plan

Form 2 Record of Medication Administered in School

Form 3 Record of Medicine Administered to an Individual Child

Form 4 Record of Medicine Administered to all Children

Appendix 1 Asthma advice

Appendix 2 Epilepsy advice

Form 1

Individual Healthcare Plan

Child's name	
Class	
Date of Birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (Work)	
Home	
Mobile	
Name	
Relationship to child	
Phone no. (Work)	
Home	
Mobile	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in the school?	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (state if different for off-site activities)

Plan developed with

Staff training needed/undertaken - who, what, when

Form copied to:



Headteacher – Mrs Laura Bennett
Barons Road Bearwood Bournemouth BH11 9UN
Tel/Fax 01202 590703 email school@bearwood.poole.sch.uk

Parental Agreement for School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of child	
Date of Birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration - y/n	
Procedures to be taken in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

The Office

I understand that I must deliver the medicine personally to:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Signature(s)_____

Date_____

Form 3

Record of Medicine Administered to an Individual Child

Name of Child	
Date medicine provided by parent	
Class	
Quantity received	
Name and strength of medicine	
Expiry Date	
Quantity returned	
Dose and frequency of medicine	

Staff signature_____

Signature of parent_____

Date			
Time given			
Dose given			
Name of staff member			
Staff Initials			

Date			
Time given			
Dose given			
Name of staff member			
Staff Initials			

Date			
Time given			
Dose given			
Name of staff member			
Staff Initials			

Date			
Time given			
Dose given			
Name of staff member			
Staff Initials			

Appendix 1

MANAGEMENT OF AN ATTACK OF ASTHMA

(i) Ensure that the reliever medicine is taken promptly and properly:

A reliever inhaler (usually blue) should quickly open up narrowed air passages; try to make sure it is inhaled correctly. Preventative medicine is of no use during an attack; it should be used only if the child is due to take it

(ii) Stay calm and reassure the child:

- Attacks can be frightening and it is important to stay calm and do things quietly and efficiently: listen carefully to what the child is saying and what he or she wants (the child has probably been through it before)
- try tactfully to take the child's mind off the attack
- do not put arms around the child's shoulder as this is restrictive

(iii) Help the child to breathe:

- encourage the child to try and breathe slowly and breathe out for longer (in an attack people tend to take quick shallow breaths)
- allow the child to take his or her favoured position. Most people find it easier to sit fairly upright or lean forwards slightly. They may want to rest their hands on their knees to support their chest. They must not lie flat on their backs. Do not put an arm around the child or restrict his or her movement
- loosen clothing around the neck and offer the child a drink of warm water as the mouth becomes dry with rapid breathing

(iv) If any of the following apply call a doctor urgently:

- the reliever has no effect after five to ten minutes
- the child is distressed or **unable to talk**
- the child is getting exhausted
- there are any doubts at all about the child's condition

(v) If a doctor is not immediately available call an ambulance

(vi) Repeat doses of reliever as required (every few minutes if necessary until it takes effect)

(vii) Do not be afraid of causing a fuss. Doctors prefer to be called early so that they can alter the medication

(viii) After the attack:

- minor attacks should not interrupt a child's concentration and involvement in school activities
- normal activity should be encouraged as soon as the attack is over

EPILEPSY

First Aid for all Seizures

Ensure that the child is out of harm's way. Move the child only if there is danger from sharp or hot objects or electrical appliances. Observe these simple rules and **let the seizure run its course**.

Check the time the child starts to fit

Cushion the head with something soft (a folded jacket would do) but do not try to restrain convulsive movements

Do not try to put anything at all between the teeth

Do not give anything to drink

Loosen tight clothing around the neck, remembering that this could frighten a semi-conscious child and should be done with care

Arrange for other children to be escorted from the area, if possible

Call for an ambulance if:

(a) a seizure shows no sign of stopping after a few minutes

(b) a series of seizures take place without the individual properly regaining consciousness

As soon as possible, turn the child onto his/her side in the semi-prone (recovery/unconscious) position, to aid breathing and general recovery. Wipe away saliva from around the mouth

Be reassuring and supportive during the confused period which often follows this type of seizure. If rest is required, arrangements should be made for this purpose

If there has been incontinence cover the child with a blanket to prevent embarrassment. Arrange to keep spare clothes at school if this is a regular occurrence

If a child is known to have epilepsy:-

It is not usually necessary for the child to be sent home following a seizure, but each child is different. If the Headteacher feels that the period of disorientation is prolonged, it might be wise to contact the parents or guardian. Ideally, a decision will be taken in consultation with the parents or guardian when the child's condition is first discussed, and a Health Care Plan drawn up

If the child is not known to have had a previous seizure medical attention should be sought

