

# Hindley J & I School



## **Supporting Pupils at School with Medical Conditions**

**Written: February 2015**

**To be reviewed: January 2016**

\_\_\_\_\_ signed on behalf of the school \_\_\_\_\_ date

\_\_\_\_\_ signed on behalf of the governors \_\_\_\_\_ date

## **Aim**

The Governing Body has a statutory duty under the Children and Families Act 2014, to properly support children with medical conditions, so that they have full access to education, including school trips and physical education.

## **Introduction**

Most children at some time have a medical condition, which could affect their participation in school activities. This may be a short term situation or a long term medical condition which, if not properly managed, could limit their access to education. The Governors and staff of Hindley Junior and Infants Primary School wish to ensure that children with medical needs receive care and support in our school.

We firmly believe children should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school or other activities or unfairly treated in regards to absences linked to their medical condition. As a Resource Placed School, there are facilities to deal with some complex and physical medical needs, with close liaison with Health Professionals to help meet the needs of the children.

## **Roles and Responsibility**

### **The role of the Governing Body and Head teacher**

The ultimate responsibility for the management of this policy lies with the Governing Body and Head teacher.

### **The role of the Inclusion Manager**

- The Inclusion Manager will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained.
- The Inclusion Manager will work with the administration team to ensure accurate and up to date records are kept for children with medical needs.
- The Inclusion Manager will liaise with other parents/ carers, pupils and agencies to provide support for those children with medical needs, attending meetings and sharing information.
- The Inclusion Manager will co ordinate manual handling within the school (see manual handling policy)
- The Inclusion Manager will ensure that children have Individual Health Care Plans (IHCP) where required.

## **The role of Staff**

### **Staff 'Duty of Care'**

Anyone caring for children, including teachers and other school staff have a common law duty of care to act like any reasonably prudent parent/carer. This duty extends to staff leading activities taking place off site, such as visits, outings or field trips and may extend to taking action in an emergency.

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, **although they cannot be required to do so**. Although **administering medicines is not part of teachers' professional duties**, they should take into account the needs of pupils with medical conditions that they teach.

Teachers who have children with medical needs in their care should understand the nature of the condition, and when and where the child may need extra attention. All staff (teaching and non-teaching) should be aware of the likelihood of an emergency arising and be aware of the protocols and procedures for specific children in school through attending training provided and reading IHCP's devised for individual children.

### **The role of Parent/Carers**

Parents/carers have prime responsibility for their child's health and should provide school with up to date information about their child's medical conditions, treatment and/or any special care needed.

If their child has a more complex medical condition, they should work with the school and other health professionals to develop an IHCP, which will include an agreement on the role of the school in managing any medical needs and potential emergencies, with the child's best interests at heart.

It is the parent/carers responsibility to make sure that their child is well enough to attend school and to inform school of any changes in circumstances.

### **Identification**

Upon entry to school, parent/carers will be asked to complete admission forms requesting medical information. Throughout the year, we request through our newsletter that parents keep us up to date with any changes in medical information. We also annually send out data sheets for parents/carers to check and amend to ensure all our records are up to date.

## **Other agencies**

The school nurse, paediatrician or other specialist bodies may be able to provide additional background information for school staff, these are key in helping school to support the child and may be called upon for advice and support at any point. Any requests or referral to these services will only be made with parental consent.

## **Individual Health Care Plans (IHCP)**

The main purpose of an IHCP is to identify the level of support that is needed at school/centre for an individual child. Not all children will have an IHCP, this will depend on individual circumstances. The IHCP clarifies for staff, parents/carers and the child the help the school/centre can provide and receive. These plans may not take on the same format but will be built to suit the needs of the individual child. They will be reviewed annually as a minimum, or more frequently at the request of parents/carers or the school/centre, or as required. An IHCP will include:

- details of the child's condition
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play
- special requirements e.g. dietary needs, pre-activity precautions
- any side effects of medicines
- Support and training required and who is responsible
- Any specific support required in terms of exams, attendance and counselling
- Written permission for any medical treatment to be administered
- Or details of self administration
- Special arrangements for school trips and or events

A copy will be given to parents/carers, class teachers/childcare practitioners and a copy will be retained in the child's file in the Inclusion Managers room. The general medical information sheet given to all staff will indicate that the child has an IHCP.

## **Communicating Needs**

A medical list containing class lists together with an outline of any medical condition and actions to be taken is available to all teaching and non-teaching staff (including Lunchtime Supervisors and Activity Leaders) in the staffroom.

Parents consent is gathered to display this publicly, so all staff are aware of children's needs. Class medical lists and IHCP's are also stored in the Cohort files and in the Office (a copy of their IHCP in the main office can be easily given to paramedics if required.) Supply teachers should be made aware of medical needs via the office on arrival and shown the cohort file. Staff who are covering will be reminded by Key Stage Managers to read through the Cohort File prior to cover. The extended schools coordinator will ensure that this information is shared with outside agencies offering clubs.

### **Physical Activity**

We recognise that most children with medical needs can participate in physical activities and extra curricular sport. Any restrictions in a child's ability to participate in PE or specific physical activities should be recorded in their IHCP. All staff should be aware of issues of privacy and dignity for children with particular needs.

### **School Visits**

When preparing risk assessments staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits. This will include appropriate transport. (see Wigan transport guide).

Sometimes additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent/carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned or as part of the risk assessment and visit planning process. A copy of IHCP should be taken on trips and visits in the event of information being needed in an emergency.

### **Residential Visits**

Parent/carers of children participating in residential visits will need to complete a consent form giving details of all medical/dietary needs. Administration of medicine forms need to be completed prior to the day of departure and all medication which needs to be administered during the course of the visit should be handed directly to the group leader before leaving the school/centre at the start of the visit.

### **Administration of Medicines**

The Headteacher will accept responsibility for members of school staff giving or supervising children taking prescribed medication during the school day where those members of staff have **volunteered to do so** and have agreed to adhere to this policy.

Parent/carers will be advised that it is their responsibility to notify the school/centre of any changes to a child's medication. Parents/carers should also inform the school of any other circumstances that may affect the administration of medication or of the child's reaction to the medication.

### **Staff training**

The school is responsible for ensuring that staff have appropriate training to support children with medical needs. This includes induction training for new staff. A core team will be trained to deal with any medical condition to allow for staff absences and cover.

Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school. Arrangements are made with appropriate agencies e.g. School Health to update staff training on a regular basis. Teaching and support staff are directed to attend defibrillator and Asthma Subutamol training annually.

Records of staff training will be held by the Inclusion manager and specific training will be with the child's IHCP.

### **Procedures**

#### **Receiving Medication**

- **NO** medication will be administered without prior consultation with, and written permission from the parent or guardian;
- A medical form, available from the office, must be completed by a parent/carer;
- On arrival at school, all medication is to be handed via the office to an authorised member of staff by the parent;
- All medication **MUST** be in the original container;
- If two medications are required, these should be in separate, clearly and appropriately labelled containers;
- All medication **MUST** be clearly labelled with:

Pupil's name, Name and strength of medication, Dosage and frequency of dosage and Expiry date

## **Storing Medicines**

Medication will be stored in a locked cabinet in the Therapy Room. Unless it has to be refrigerated, in which case it is placed in the staffroom fridge. Once removed medication will be administered immediately and never left unattended. Inhaler and other medication that needs to be immediately accessible will be stored on a hook on the inside of each classroom store cupboard, so that any adult will know where to find it. The medication should be clearly labelled. A record of administration should accompany it and if it has been administered a letter should go home. For example if a child has required use of an inhaler.

## **Administering medicines**

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- Staff willing and authorised to administer medication and/or health care will receive training and advice from health care practitioners when appropriate;
- Authorised staff will record details of each administration;
- A child will never be forced to accept medication. The school will inform parents immediately if a child refuses medication as prescribed;
- Persons administering medication will check the medication type is correct then log the time and date, and sign upon administering medication;
- During residential trips and visits off school site, sufficient essential medicines and medical charts/health care plans will be taken by the member of staff responsible for organising and leading the visit;
- If a parent comes into school to administer medication to their child, they are required to complete an administration form, which is kept in the office.

## **Staff Protection**

Staff should have access to protective disposable gloves and take care when dealing with spillage of blood or other body fluids and disposing of dressings or equipment. Practical and common sense hygiene precautions will minimise the risk of infection where contact with blood or other body fluid is unavoidable.

## **Self Administration**

- Parents/guardians must complete a written request form for a child to self administer medication e.g. asthma medication;
- This would only be allowed if a child has been trained and is competent to administer their own medication.

## **Emergency Procedures**

The Therapy Room is used to treat pupils under Regulation 5 of the School Premises (England) Regulations 2012 (as amended) for the caring of sick or injured pupils. It contains a washing facility and is reasonably near to a toilet.

Where a child is in distress or has a need for an intervention and no one in the school feels confident to undertake it then the parent/carer and a qualified health professional should be called immediately.

Staff should be trained to use the telephone and know how to call the emergency services. A member of staff should accompany a pupil if taken to hospital by ambulance and should remain with the pupil until his/her parents arrive.

### **Calling 999**

- Dial Line 1 (top left hand button) then 1 on the handset, then 999. Ask for a paramedic ambulance and be ready with the following information:
- School name;
- Address;
- Give your name;
- Name and approximate age of pupil/member of staff;
- Brief description of pupil's/ staff symptoms;
- Inform Ambulance control that the crew will be met at the main entrance;
- Send someone to main entrance;
- Inform parent, carer, spouse or immediate relative.

If hospital treatment is required and a parent/carer is not available, 2 members of staff will take the child to hospital and stay with the child until the parent/carer arrives. If the child is required to travel in an ambulance a member of staff will accompany the child in the ambulance if their parent/carer is unavailable.

### **First Aid**

We have a number of school staff (see medical file for up to date list) who are trained 'first-aiders' and in the event of illness or accident will provide appropriate first aid. All staff on playground duty will carry a first aid bag to deal with minor accidents, but will have a GREEN card to send with a responsible child to seek adult help if required. In the event of a more serious accident, the child will be taken to the therapy room and we will contact the parent/carer as soon as possible.

We will inform parent/carers, using our standard slip if their child has had an accident and received first aid attention. Details of accidents/incidents are

recorded in the Accident Book together with any treatment provided. If the child suffers a bump or knock to the head school staff will contact parent/carers to inform them in case of delayed concussion symptoms occurring.

### **Confidentiality**

Staff must always treat medical information confidentially. Agreement should be reached between parent/carers and the school/centre about whom else should have access to records and other information about a child and this will be detailed in their Individual Healthcare Plan.

If information is withheld from staff, they will not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

### **Medication Errors**

A medication error is when the administration deviates from the instructions of the medical professional and parent. Medication errors typically occur when schools have more than one pupil with the same name. Some examples of medication errors include:

- administration of a medication to the wrong pupil,
- administration of the wrong medication to a pupil
- administration of the wrong dosage of medication to a pupil,
- administration of the medication via the wrong route,
- administration of the medication at the wrong time

Each medication error must be reported to the Head teacher and an Incident Report Form completed and copied to the Corporate H&S Team.

### **Complaints**

Complaints can be made through an informal system where by parent / carers can discuss an issue with class teachers. If it is unresolved a meeting can be scheduled with the Inclusion manager and Head teacher. If necessary a complaint can be given directly to the Chair of Governors by obtaining information through the school office.

### **Employee's Medicines**

Employees may need to bring their own medicine into school. They have a clear personal responsibility to ensure their medicines are not accessible to children.

## **Monitoring and evaluation**

Staff and governors, on a three yearly basis, will review this policy unless circumstances demand an earlier review.

## **Appendix 1**

### **Anaphylaxis, Asthma, Heart Attacks and Cardio Arrest, Diabetes, Eczema and Epilepsy**

The school recognises that these are common conditions affecting many children and young people, and welcomes all children with these conditions.

The school believes that every child has a right to participate fully in the curriculum and life of the school, including all outdoor activities and residential trips. The school ensures that all staff in the school have a good understanding of these conditions, through relevant training and do not discriminate against any child who is affected.

### **Anaphylaxis**

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 and genitourinary system. In the event of an attack it is important to administer an epipen as soon as possible and then call 999 for an ambulance

### **How will staff know which children might need an epipen?**

Photographs of all children needing an epipen can be found on staff room and office notice boards. Children's Individual Health Care Plans are kept in classrooms and class registers, copies are also stored centrally in the Medical File in the Staff Room and in individual children's files.

### **How will staff know when and how to administer an epipen?**

There will be annual training sessions for all staff.

### **Where are epipens stored?**

Epipens are stored in the therapy room. Each child has an emergency box containing 2 epipens, a copy of their IHCP, any other relevant medication, a pencil, paper and a pair of gloves. Each box is labelled with the child's name, photograph and date of expiry of epipens.

## **Asthma**

### **Asthma medicines**

Immediate access to reliever medicines is essential. Reliever inhalers (blue) are kept in each classrooms store cupboard, in individual named zipped wallets. Parents/carers are asked to ensure that all reliever inhalers are labelled with a chemist dispensing label containing the child's name. It is the parent/carers responsibility to ensure that the inhalers are in date and replaced regularly. Asthma medicines will only be administered to children once an administration of medicines consent form has been completed. Children are encouraged, wherever possible, to administer their own inhaler with adult supervision.

### **Record keeping**

Each time a child receives their asthma medication it is recorded on an administration of inhalers record sheet and parents should be informed.

### **PE, games & activities, including pre-school and after school clubs**

Taking part in sports, games, activities and clubs is an essential part of school life for all pupils. Staff are aware of which children have asthma from the school's medical register. Children with asthma are encouraged to participate fully in all PE lessons. Staff will remind children whose asthma is triggered by exercise, to take their reliever inhaler before the lesson and to thoroughly warm up and down before and after the lesson. Staff follow the same principles as described above for games, activities and clubs involving physical activity. Staff need to be aware of the potential triggers for children with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

### **The school environment**

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma. If however particular fumes do trigger their asthma, children are removed from the classroom by an adult and taken to sit in the school office, where they can be supervised until fully recovered.

Guidance on schools administration can be found at

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/360585/guidance\\_on\\_use\\_of\\_emergency\\_inhalers\\_in\\_schools\\_October\\_2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf)

### **Common 'day to day' symptoms of asthma are:**

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

### **Signs of an asthma attack include:**

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted

### **Signs of an Asthma Attack**

- A blue / white tinge around the lips
- Going blue

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

### **CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD**

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue

- Has collapsed

### **Guidance on the use of emergency salbutamol inhalers in schools**

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward.
- **Use the child's own inhaler**
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- 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.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives

### **Recording use of the inhaler and informing parents/carers**

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. *Supporting pupils* requires written records to be kept of medicines administered to children.

The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need.

The child's parents must be informed in writing so that this information can also be passed onto the child's GP. The draft letter at Annex B may be used to notify parents

## **Heart Attacks and Cardio Arrest**

Cardiac arrest can affect people of any age and without warning. If this happens, swift action in the form of early cardiopulmonary resuscitation (CPR) and prompt defibrillation can help save a person's life. An AED is a machine used to give an electric shock when a person is in cardiac arrest, i.e. when the heart stops beating normally. School has a defibrillator in the near the main entrance and all staff have been trained in its use.

## **The chain of survival**

In the event of a cardiac arrest, defibrillation can help save lives, but to be effective, it should be delivered as part of the chain of survival.

There are four stages to the chain of survival, and these should happen in order. When carried out quickly, they can drastically increase the likelihood of a person surviving a cardiac arrest. They are:

1. Early recognition and call for help. Dial 999 to alert the emergency services. The emergency services operator can stay on the line and advise on giving CPR and using an AED.
2. Early CPR – to create an artificial circulation. Chest compressions push blood around the heart and to vital organs like the brain. If a person is unwilling or unable to perform mouth-to-mouth resuscitation, he or she may still perform compression-only CPR.
3. Early defibrillation – to attempt to restore a normal heart rhythm and hence blood and oxygen circulation around the body. Some people experiencing a cardiac arrest will have a 'non-shockable rhythm'. In this case, continuing CPR until the emergency services arrive is paramount.
4. Early post-resuscitation care – to stabilise the patient.

## **Head Injuries**

### **Mild**

Take the child to the First Aider  
Check child's responses  
Inform parents as soon as possible

### **Serious Emergency Treatment**

Dial 999 immediately and then contact medical staff and parents.

DO NOT move casualty unless absolutely necessary to save life.

Check casualty's breathing. If breathing stops, open airway.

Maintain position in which casualty was found, even if neck or back is bent, and immobilize head, neck, shoulders and torso.

## **Diabetes**

We recognise that Diabetes should never be taken lightly because it is a very serious, sometimes life threatening condition, and could result in a Hypoglycaemia attack (Hypo) where blood sugar level become too low, or a Hyperglycaemia attack (Hyper) where blood sugar levels become too high. Prompt medical attention will then be required to rectify the chemical and sugar imbalance in the blood. Children who are diabetic need supervision and careful monitoring so that staff are aware of any changes in the child and are able to take immediate action if they should need to. Diabetes can affect learning, and if it's not well managed a child can have difficulties with attention, memory, processing speed, planning and organising and perceptual skills. So they might not achieve their full academic potential. The challenges of keeping diabetes well managed may also impact on a child's life.

For these reasons, it's crucial that a child is supported to manage their diabetes in all aspects of their life, including their time at school.

All children with Diabetes in school have their own IHCP and their details are recorded in the Medical File and Cohort file. Each child with diabetes has a 'Grab Bag' containing any relevant equipment required to control a hypo or hyper attack. They carry this bag with them at all times of the school day including assemblies, in the dining hall and especially outside on the playground. The class teacher will ensure the child takes their grab bag when on visits and trips out of school.

Children test themselves, with adult supervision, at regular intervals throughout the school day and if any of the readings are above or below the levels in their IHCP parents are informed and advice is sought.

## **Signs and symptoms of a Hypo or Hyper**

A child who has Diabetes may show the following symptoms when having a Hypo or Hyper;

- Toilet (going to the toilet a lot to pass urine)
- Thirsty (being really thirsty and not being able to quench the thirst)
- Tired (feeling excessively tired)

All children are different and their symptoms and triggers for Hypos' or Hyper's are detailed in their IHCP. They may not show all or any of these symptoms however so staff are prepared to test a child's bloods more frequently if they are

in any doubt whatsoever. A child will never be left alone if they are suffering from a hypo or hyper. Staff in school will refer to the child's IHCP in how to treat the hypo or hyper and contact the parents once treatment has ended.

The school should check insulin provided to the school by the parents is in date although it is the parents' responsibility to ensure all medication and supplies for testing meters etc. are in date and in plentiful supply. School staff will inform parents when supplies are running low.

Insulin will generally be made available to the school inside an insulin pen or a pump, rather than in its original container. Spare insulin is kept in a named storage box in the staff room fridge.

All children with diabetes and trained staff know where their insulin and equipment (such as their insulin pens and blood glucose meters) are kept.

The child's IHCP states what equipment and treatment they will need for PE and who should look after this when the child is taking part.

A child's diabetes pen, their pump, or blood glucose meter is never locked away from them.

If a trained member of staff is administering insulin, whether through a pen or a pump, each dose is recorded in the child's record book.

Some children with diabetes may have more frequent absences than those without. This won't be the case for all, but if they do it might be due to hospital appointments or feeling unwell because of their diabetes.

Although it is not a legal requirement that staff administer insulin certain staff members have volunteered to be trained in the administration of insulin, to ensure all children with diabetes in school can participate fully in school activities. Staff members are not expected to administer insulin if they do not feel comfortable in doing so.

## **Eczema**

We are aware that active (acute) eczema causes constant itching and can mean sleepless nights and daytime drowsiness. We recognise that children who suffer with eczema may need the support of school staff to help them deal with this condition and that they may need help to apply emollients.

## **Epilepsy Seizures**

### **IN THE EVENT OF A CHILD HAVING AN EPILEPTIC SEIZURE**

Stay calm

If the child is convulsing then put something soft under their head  
Protect the child from injury (remove harmful objects from nearby)  
NEVER try and put anything in their mouth or between their teeth  
Try and time how long the seizure lasts – if it lasts longer than usual for that child or continues for more than five minutes then call medical assistance  
When the child finishes their seizure stay with them and reassure them  
Do not give them food or drink until they have fully recovered from the seizure

### **Head Lice**

Any case of head lice should be reported to the school. Parent/carers will be advised on an appropriate course of action as advised by the local health authority.

### **Infectious Diseases**

Information concerning the control of infectious diseases can be found on the Health Protection Agency website [www.hpa.org.uk](http://www.hpa.org.uk). A hard copy of the Control of Infections in Schools document can be found in the Medical File.