

BANKS ST STEPHEN'S CE PRIMARY SCHOOL

MEDICAL NEEDS POLICY

STATEMENT OF PRINCIPLES

This policy has been drawn up in accordance with the DfE Managing medicines in schools. It was compiled in consultation with staff and approved by the governing body.

Date: Spring 015

Section 100 of the Children and families Act 2014 places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions.

Definition

Pupils' medical needs may be broadly summarised as being of two types:

- Short-term, affecting their participation in school activities which they are on a course of medication.
- Long-term, potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

This policy defines the ways in which Banks St Stephen's CE Primary 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

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

PRACTICE

1. Parents / carers are responsible for ensuring that their child is well enough to attend school.
2. Parents / carers must provide the Headteacher with sufficient information about their child's medical condition and support and care required at school.

3. Parents / carers and Headteacher 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 responsible. The need for accurate records in such a case is crucial. Therefore thorough and accurate record-keeping systems have been drawn up, to be maintained by staff involved in supporting a pupil with medical needs.
5. The Headteacher will ensure that staff who are willing or for whom care for a pupil with medical needs falls within their job description should receive appropriate training to assist them in the that role.
6. The Headteacher 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.

EXPECTATIONS

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

- The nature of the condition.
- When the pupil needs extra attention
- Where the pupils may need extra attention (this information is to be provided by the pupil's parents)
- The likelihood of an emergency
- The action to take in the event of an emergency

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 appropriate guidance, and will also be informed of the potential side effects and what to do if they occur.

Parents will be encouraged to co-operate in training to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative.

The Governing Body have determined that non-prescription medication will only be given to pupils where a pupil suffers regularly from acute pain (e.g. migraine) or on written/verbal instruction from the parent. All parents must authorise and supply appropriate painkillers for their child's use with clear written instructions. These will be kept in a locked medicine cabinet in the office. A record will be kept of time and date medication is taken. In the case of a verbal instruction over the telephone the parent will be asked to sign a written consent when they collect the child from school.

All medicines can only be administered if the parent has provided written, signed consent by filling in one of the school's proformas.

Where a pupil refuses to take their medication under supervision, as requested by parent or doctor, the staff will not force them to do so. The parent will immediately be informed. Parents will take responsibility for their child's medical needs at this point, by coming in to collect their child / supervise medication personally, advising emergency action or deeming that the child may remain un-medicated in school. The school will, if in any doubt about the child's condition, contact the emergency services, with or without a parent's request/ consent.

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 the 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.

Appendix

Asthma Policy for Pupils

Statement of Intent

About one in seven children have asthma and numbers are increasing. We want to make sure that having asthma does not mean children losing out when they are at school. Most children with asthma can have a full and active life. This policy will help pupils with the management of their asthma while they are at school. This policy supplements the 'Administration of medication in school' and 'Health and Safety' policies.

Asthma register

- When a child joins the school part of the data that is asked for is if their child has any medical needs, including asthma. A register is then kept by P Hutchinson & D Ousey of those children and the medication they are on.

Indemnity

- Staff who are happy to administer medication will be provided with indemnity.
- In emergencies staff should act as any prudent parent would, which may include giving medication.
- Each inhaler provided by parents / carers for pupils to use must be within date, named and prescribed with an appropriate pharmacy label.

Access to Inhalers

- Individual pupils' inhalers are labelled and kept in a labelled box/designated place in their classrooms.
- Children are allowed access to their inhalers at any time in the school day, should they feel the need to use it.
- Inhalers should accompany them when taking part in off site activities, or residential trips.

Staff Awareness and action in asthma emergencies

- All staff need to be able to manage attacks. Staff will do what a 'reasonable parent' would do in the circumstances prevailing at the time.
- For mild attacks children should take their usual reliever inhaler, as per instructions.
- For severe attacks a Metered Dose Inhaler should be used. Encourage relaxation. An asthma box is kept in each classroom for the children to access.
- If the child does not
 - feel better in 5-10 minutes,
 - is distressed or exhausted,
 - is unable to talk in sentences,
 - has blue lips
 - or you have any doubts

then the action required is...

- one adult should stay with pupil and use reliever inhaler via spacer while another adult dials 999 for ambulance and states that the child is having a severe asthma attack requiring immediate attention.
- Continue to give relief inhaler while help arrives as per instructions on inhaler.
- Inform parents of the situation and actions taken.
- The incident should then be recorded in the Asthma register in the main office by the person who dealt with the attack, and the entry should be signed and dated by them.

Forgotten or Lost Inhalers

- If a child's condition does not indicate the need to dial 999 i.e. not a severe attack, contact parents to bring in inhaler or collect child.
- If the child is experiencing a severe attack call 999 without delay.

Training

- Head teachers are responsible for assessing and arranging for training needs to be met.
- The school nurse provides annual training for the teaching staff.

Home/School Liaison

- Parents are asked to complete and update asthma records on admission, and to update them annually. They are also required to update them more frequently if the condition or medication changes.
- Absence of parental consent should not stop staff from acting appropriately in emergencies.
- Parents will be informed if an inhaler is used during the day by use of a slip (see appendix 1), and the use of an inhaler will also be recorded in school, in the Asthma register.

Minimising exposure to triggers

Where possible...

- We will avoid feathery or furry school pets.
- We will avoid pollen producing plants.
- There is a complete ban on smoking in or on the premises.

Asthma link staff – Sue Kenny

Policy due for review March 2018

Banks St Stephen's CE Primary School

Asthma Record

Surname

First Name

My child's details and contact numbers:

Date of Birth

Parent(s) name(s)

Telephone Home Work

Mobile

Known triggers/allergies

Any other medical problems?

My Child's Medication

Reliever medication (usually blue)

| Medication name (e.g. SALBUTAMOL) | Device (e.g. diskhaler) | Dose (e.g. 1 blister) | When taken (e.g. when wheezy, before exercise) |
|---|-----------------------------------|---------------------------------|--|
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Emergency Treatment

In the event of a severe asthma I am happy for my child to receive up to 10-20 puffs of their reliever (usually Salbutamol) inhaler via a spacer until they get further medical help.

Signed: (Parent)

Parents Name Printed Date

Key points for parents to remember:

This record is for your school. Remember to update it if treatment is changed. Remember to check you have enough inhaler doses and that the inhaler is in date and labelled by the pharmacist with your child's name and dosage details.