


# St James Church of England Primary School



Name of Policy	Medical including Asthma
Signed ratification by Governors	
Review Date	Spring 2017
Next Review Date	March 2019

## 1. INTRODUCTION AND GENERAL PRINCIPLES

The staff and governors at St James' CE Primary School are wholly committed to pursuing a policy of inclusive education that welcomes and supports pupils with medical conditions. This policy is designed to support the management of medication and medical care in school and to support individual pupils with medical needs. The policy is drawn up in consultation with a wide range of local key stake holdings within the school and health care setting and complies with DCFS guidelines for 'Supporting Pupils at school with medical conditions ( September 2014 )'

## 2. RATIONALE AND AIMS

To provide a clear policy that is understood and accepted by all staff, parents and children, providing a sound basis for ensuring that children with medical needs receive proper care and support in school, and that for such children attendance is as regular as possible.

The policy includes: · A clear statement of parental responsibilities in respect of medicines · Roles and responsibilities of staff administering medicines · Procedures for managing prescription medicines which need to be taken in the school day · Procedures for managing prescription medicines on outings and trips · Written permissions from parents for medicines · Circumstances in which children may take non-prescription medicines · Assisting children with long term medical needs · Staff training · Record keeping · Safe storage of medicines · The school's emergency procedures · Risk assessment and management procedures . Management of medical conditions

## 3. RESPONSIBILITIES

a) Parents or guardians have prime responsibility for their child's health and **must** provide the 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 **must** work with the school nurse or other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies. It is the parent/carers responsibility to make sure that their child is well enough to attend school.

b) There is no legal duty which requires school staff to administer medication; this is a voluntary role. While teachers have a general professional duty to safeguard the health and safety of their pupils and to act in 'loco parentis', that is, to act as any reasonable parent would, this does not imply a duty or obligation to administer medication. Staff will have access to information on pupils' medical conditions and actions to take in an emergency. Staff managing the administration of medicines and those who administer medicines will receive appropriate training and support from health professionals.

c) The policy of this school is not to administer medication or medical care unless the pupil has a medical condition, which if not managed, could prove detrimental to their health or limit access to education. The head teacher accepts responsibility, in principle, for school staff administering or supervising the taking of prescribed medication or medical care during the school day only where it is absolutely necessary.

## 4. PRESCRIBED MEDICINES

a) Prescribed medicines should only be brought to school when essential; that is, where it would be detrimental to a child's health if the medicine were not administered during the school day. Medicines prescribed 'three times a day' should be administered "before school, after school and at night". This school recognises in extreme cases (as stipulated by a doctor in writing), and agreed by the head teacher, that staff may administer medication following completion of the **Permission form** with a supporting letter from the doctor. Without a letter from a doctor, staff will not administer three times a day prescribed medicines. However, parents and carers are allowed into school to administer medication if they so desire.

b) Exceptions to this are pupils on health care plans who have individual medical needs requiring emergency medication to treat specific conditions, such as anaphylaxis.

c) This school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and are presented in the original container dispensed by a pharmacist and include the pupil's name, prescriber's instructions for administration and dosage.

## 5. ADMINISTERING MEDICINES

a) This school recognises no child under 16 should be given medicines without their parent's written consent. Following written consent using the permission form, any member of staff administering medicines to a pupil should check: • The child's name • Name of medication • The prescribed dose • Expiry date • Written instructions provided by the prescriber on the label or container If in doubt about any procedure, staff will not administer the medicine before checking with parents or a health professional before taking further action.

b) A written record must be kept following administration of medicines to pupils, using **Medical record**.

c) If a child refuses to take a medicine, staff will not force them to do so, but will record this on the **Medical record** and parents/carers will be notified of the refusal.

## 6. LONG-TERM MEDICAL NEEDS

Where a pupil has a chronic illness, medical or potentially life threatening condition, the school will initiate a health care plan to meet individual needs and support the pupil. This will be drawn up by health care professionals in consultation with the child's parents or guardians and will contain the following information:

- Definition and details of the condition
- Special requirements e.g. dietary needs, pre-activity precautions
- Treatment and medication
- What action to take/not to take in an emergency
- Who to contact in an emergency
- Staff training where required
- The role the staff can play
- Consent and agreement

## 7. RECORD KEEPING

a) Parents should tell the school about the medicines their child needs to take and provide details of any changes to the prescription or the support required. Medicines should always be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions.

Requests for staff to administer medication should be written on **Permission form**. These should include:

• Name of child • Name of medicine • Dose • Method of administration • Time/frequency of medication • Any side effects • Expiry date

Completed forms should be kept in the school medical folder and referred to when administering medication. **Medical record** must be completed by staff following administration; this should also be kept in the school medical folder. If a child refuses medication, this must be recorded on the **Medical record** and parents should be notified.

b) Requests for updated medical conditions including asthma, are distributed to parents at the beginning of each school year. These are collated by the First Aid coordinator and registered and recorded in the school medical folder. All staff have access to this information and actions to take in an emergency.

c) Children with food allergies have their photographs and details displayed in the kitchen and dining areas to ensure that food products are safe for children.

d) Updated medical conditions and reviews of policies and practice are monitored and disseminated by the First aid coordinator in liaison with the Head teacher as they are presented.

## 8. STORING MEDICINES

a) Staff will only store, supervise and administer medicine that has been prescribed for an individual child. Medicines must be stored safely in the pharmacist's original container and clearly labelled with the child's name, the dosage and instructions for administration.

b) Emergency medications such as Epi-pens and asthma inhalers should be readily available in a clearly labelled container in the class teacher's cupboard. Children should know where their medicines are stored; they should not be locked away.

c) Parents are ultimately responsible for checking expiry dates on their children's medicines and replacing as necessary. The First Aid coordinator will also check medication expiry dates twice a year.

## 9. DISPOSAL OF MEDICINES

a) Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each year. Any medicines that have not been collected should be taken to a local pharmacy for safe disposal.

b) Sharps boxes should always be used for the safe disposal of needles. Parents should obtain these from their child's GP and return to a pharmacy for safe disposal.

## 10. EMERGENCY PROCEDURES

a) All staff are aware of procedures when dealing with a medical emergency. These should be supervised by a trained First Aider.

b) All staff are aware of pupils on a health care plan and understand the need to follow agreed emergency support. **(One member of staff should stay with the child, while a second member of staff calls the emergency services.)**

c) All staff know how to call the emergency services; guidance is displayed on the school office noticeboard.

d) In the event of an emergency, every effort will be made to contact a parent so that they may accompany their child to hospital. If this is not possible, a member of staff will accompany the child to hospital by ambulance and stay until the parent arrives. Health care professionals are responsible for any decisions on medical treatment when parents are not available.

## 11. EDUCATIONAL VISITS

a) This school actively encourages children with medical needs to participate in trips and visits. Staff will aim to facilitate reasonable adjustments to enable pupils with medical needs to participate fully and safely on visits. **Risk assessments will be used to highlight any potential difficulties and ensure procedures are in place to support pupils. Additional staff/adults will be considered for this purpose.**

b) Prior to an overnight school trip, parents must complete an up-to-date medical questionnaire about pupil's current general health and medication. Prescribed medication will be administered, providing parents have completed Permission form. Parents are invited to provide written consent to enable staff to act 'in loco parentis' and administer Calpol analgesia if required. Where this is refused, parents are requested to discuss alternative support measures with staff.

c) Accompanying staff will be aware of any medical needs and relevant emergency procedures. A copy of health care plans will be taken on all visits as well as emergency medication that may be required.

## 12. STAFF TRAINING

a) St James' CE Primary School holds training on common medical conditions once a year; this is delivered by the school nurse or relevant health care professionals. A log of staff training is kept and reviewed every 12 months to ensure new staff receive training.

b) Staff training is provided to support the administration of emergency medications such as Epi-pens or insulin. The school keeps a register of staff who have undertaken the relevant training. Only staff who have received this training should administer such medications.

c) St James' CE Primary School has several appointed First Aiders and Paediatric First Aiders. Training is reviewed regularly and updated every three years.

## 13. MEDICAL CONDITIONS

### ASTHMA

This school recognises that asthma is a widespread, potentially serious, but controllable condition and encourages pupils with asthma to achieve their potential in all aspects of school life.

- a) Parents have a duty to inform staff if their child is asthmatic. Upon notification by the parent, the office will provide a School Asthma Card (see Appendix 1) to be completed by the parent and kept in the classroom and staffroom and gives relevant details of medicine administration (what/when/amount). Preventative inhalers should be provided and labelled with the pupil and class name. These should be kept in an assigned container within the reception cupboard and will accompany the child if they are educated outside the school premises.
- b) Children with asthma must have immediate access to inhalers when they need them and know where they are kept. A spacer device may be required and the pupil may need support to use this.
- c) A record sheet to record the frequency of an inhaler use can be found in Nursery, KS1 and KS2 medical folder. This should be completed for all Nursery pupils, KS1 pupils and for KS2 pupils where usage exceeds normal daily administration.
- d) Parents should be notified when a child has used an inhaler excessively or more regularly than usual.
- e) Pupils with asthma are listed in the school Asthma Register, found in school medical folders.
- f) Leaders of 'after school clubs' are notified on club registers if a member is asthmatic.

#### HEAD INJURIES

- a) Pupils who sustain a head injury MUST be reviewed by a First Aider in school. If a pupil has a visible wound, swelling or adverse reaction, parents will be informed and are welcome to assess their child personally. Where there are no residual effects, the pupil can remain in school whilst being observed. A head injury advice sheet must be completed and sent home with the routine accident record slip.

#### EPILEPSY, ANAPHYLAXIS AND DIABETES

Parents have a duty and responsibility to notify the school if their child has any of these conditions and should provide details of any treatment and support they may require in school. Relevant health care professionals will liaise between parents/guardians and school personnel to ensure staff are aware of, and trained to provide, any relevant or emergency support or treatment. An individual health care plan will usually be compiled, detailing the course of action to be taken

#### 14. St James' CE Primary School will not:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);

- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments;
- 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.
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

# School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone home

Telephone mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year. Medicines should be clearly labelled with your child's name and kept in agreement with the school's policy.

## Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

## Copy dates of medicines checked

Medicine	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

## What signs can indicate that your child is having an asthma attack?

Parent/carer's signature  Date

Does your child tell you when he/she needs medicine?

Yes  No

Does your child need help taking his/her asthma medicines?

Yes  No

What are your child's triggers (things that make their asthma worse)?

Does your child need to take medicine before exercise or play?

Yes  No

If yes, please describe below

Medicine	I take much and when taken
<input type="text"/>	<input type="text"/>

Does your child need to take any other asthma medicines while in the school's care?

Yes  No

If yes, please describe below

Medicine	I take much and when taken
<input type="text"/>	<input type="text"/>

Date card checked by doctor or nurse

Date	Name	Job title	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
  - their symptoms get worse while they're using their inhaler (this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a tummy ache)
  - they don't feel better after 10 puffs
  - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?

Call our friendly helpline on us

**0300 222 5800**

(Sun-Spm; Mon-Fri)

[www.asthma.org.uk](http://www.asthma.org.uk)



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