DIXONS MANNINGHAM PRIMARY

SUPPORTING PUPILS WITH MEDICAL CONDITIONS

RESPONSIBILITY FOR REVIEW: Vice Principal
DATE OF APPROVAL: December 2020co

OUR VALUES

At Dixons Manningham Primary, it is our aim to ensure that all of our pupils achieve success in their academic work, social relationships and day-to-day experiences at school. It is an inclusive community that aims to support and welcome pupils with medical conditions.

Staff working with pupils who have specific medical needs should understand the nature of children's medical problems and will endeavour to work with the family and other professionals to best support the individuals concerned.

THE PURPOSE OF THIS POLICY

All children will experience illness in the course of their school careers, most commonly transient, self-limiting infections, but some will have more chronic or longer-term medical needs that will require additional support at school to ensure they have full access to the curriculum and to minimise the impact of their medical conditions.

THE SCOPE OF THIS POLICY

In line with the Children and Families Act 2014, section 100; we have arrangements in place to support pupils with medical conditions. Pupils at school with medical conditions should be properly supported so that they have access to education, including school trips and physical education.

Advice from other professionals will be sought to ensure that pupils take part in all activities without compromising their medical treatment and health.

Staff working with pupils who have specific medical needs should understand the nature of their medical needs and will endeavour to work with the family and other professionals to best support the individuals concerned.

PROCEDURES

Procedures to be followed when school is notified of a medical condition.

Children who are suffering from short-term ailments and who are clearly unwell should not be in school and parents/carers may be asked to keep them at home until well enough to attend.

Some parents may send children to school with non-prescribed medicines e.g. cough mixture. The Medicine and Healthcare Products Regulatory Authority warned against their use in the under 6s in 2009, see http://www.npc.nhs.uk/rapidreview/?p=311. Many of these are not effective treatments, but can cause potential harm and as a general rule, we discourage this practice.

There are recommended times away from school to limit the spread of infectious disease. Please see HPA and Public Health England guidelines for this
http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1274087715902)

https://www.publichealth.hscni.net/publications/guidance-infection-control-schools-and-other-childcare-settings-0

Children who have had sickness and/or diarrhoea should be kept off school until 48 hours symptom-free.
Enrolment forms should highlight any existing health conditions.
On notification by parents, carers or health professionals the Pastoral Lead must be informed of the following:
Name of the medical condition, the triggers, signs, symptoms and treatments; the completed request to administer medicines if relevant and any existing health professional contacts.

These details will be added to the central register of children with medical needs along with a log of training relevant to medical conditions.

Medi-alerts (bracelets/necklaces alerting others to a medical conditions) are a potential source of injury in games or some practical activities and should be temporarily removed or covered with sweatbands for these sessions.

For children with impaired mobility due to plaster casts or crutches, providing the GP or hospital consultant has given approval, children can attend school. The Phase Leader will write a Risk Assessment to support and safeguard the injured child for the relevant time period. This will be shared with all relevant staff.

Individual Health Care Plans

The SENDCO/ Pastoral Lead in liaison with health or other professionals will be responsible for developing health care plans and supporting pupils with medical conditions. These are most commonly for asthma, diabetes and severe allergies requiring an Epipen. Other health care plans will be developed to meet the needs of children as required. The health care plan should be written with parents and the pupil to ensure a shared understanding. These need to be updated after a medical emergency or where there is a change in treatment etc. and should be reviewed at least annually. All staff must protect pupil confidentiality.

Roles and Responsibilities

- Governing Bodies – must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. Governors should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

- Principal – should ensure that their school's policy is developed and effectively implemented ensuring all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. All staff who need to know are aware of the child's medical condition.

- School Staff – 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. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

- School Nurses – every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.

- Other healthcare professionals including GPs and Paediatricians – should notify the school nurse when a child has been identified as having a medical condition that will require support at school.

- Pupils – with medical conditions will often be the best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

- Parents – should provide the school with sufficient and up-to-date information about their child's medical needs. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times. Parents are asked to collect out-of-date medication. If this does not occur, medication should be taken to a pharmacy for disposal.

- Clinical commissioning groups – should ensure that health services co-operate with schools to support children with medical conditions.

Staff training needs

Teachers and support staff should receive appropriate training and guidance via the School Nursing Service for non-routine administrations. (This will include annual training on asthma inhalers and use of Epipen.)

For specific medical conditions, the SENDCO/ Pastoral Lead will liaise with health professionals to ensure that staff are trained as appropriate to meet the needs of the child.

"Universal precautions" and common sense hygiene precautions will minimise the risk of infection when contact with blood or other bodily fluids is unavoidable. Always wear gloves; wash your hands before and after administering first aid and medicines; use the hand gel provided.

Arrangements for children who can manage their own medication

There are cases where the responsibility for administering medicine can and should rest with the child. Where parents request the school to exercise a degree of supervision or to administer the medicine, the situation is more complicated. In such cases, staff should consult the SENDCO or Pastoral Lead to discuss and plan for any practical and organisational implications need to be addressed prior to assuming responsibility. Written records should be kept of all medicines administered to children: Appendix C.

Procedures for managing medicines

On occasion, children may need to take medicines whilst in school. Some children are on long term regular medication for chronic conditions or may need to take emergency/as needed medication to treat a change in their underlying condition.
The administration of medicine is the responsibility of parents and carers.
There is no absolute requirement on teachers or support staff to administer medicines. However, where they volunteer to do so, guidelines are helpful.

Where medicines are to be administered at school, it is important that a written instruction should have been received from the parent or doctor, specifying (see Appendix C):

- Name and class of the child
- Medication involved
- Circumstances medication should be administered
- Frequency and level of dosage
- Ask the Parent/Carer to complete a Medicine Administration request form.

When administering the medication

- Refer to the Medical Administration form prior to giving the medicine.
- Check the child's name on the form and the medicine.
- Check the prescribed dose.
- Check the expiry date.
- Check the prescribed frequency of the medicine.
- Measure out the prescribed dose (parents should provide measuring spoons/syringes). If the child is old enough, they can measure the medicine.
- Check the child's name again and administer the medicine.
- Complete and sign the Administration of Medicine Record Book when the child has taken the medicine
- If uncertain, DO NOT give – check first with parents or doctor.
- If a child refuses medication, record and inform parents as soon as possible.

Medicine storage

It is the responsibility of the Office Manager to ensure safe storage of medicines. All medicines should be kept in the container supplied which should be clearly labelled with the child's name and instruction for usage.

Some medicines (e.g. liquid antibiotics, insulin) require refrigeration – but must not be frozen. These should be kept in the fridge in the office.

All children with medical conditions should have easy access to their emergency medication which should move with the class in emergency evacuations and educational visits.

Sharps boxes are used to dispose of needles. These can be obtained on prescription. They should be stored in a locked cupboard. Collection of sharps boxes is arranged with the local authority's environmental services.

Staff and other employees may need to bring their own medicine into school. They have clear personal responsibility to ensure that their medication is not accessible to children.

Emergency Procedures

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

If a child needs to be taken to hospital, staff should notify SLT and stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

As legislation allows, the Academy holds asthma inhalers for emergency use. Parents must be notified if their child has used it and the correct form needs to be completed and kept (Appendix F).

Off-Site visits and sports activities

The attending First Aider will take a First Aid kit, Emergency Contacts lists and pupils' medication whenever children are taken off-site. Sick bags are also sensible precautions.

Pupils with medical conditions should be actively supported to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They should receive information about the type of condition, what to do in an emergency and any other additional medication or equipment necessary.

For residential visits, medical forms must be completed by parents and a member of leadership team will have emergency contact details for all pupils if required.

Unacceptable practice

Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable. Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medical 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;
- Penalize child for their attendance record if their absences are related to their medical condition e.g. 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. No parent should have to give up working because the school is failing to support their child's medical needs;

- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Complaints

We would always hope to resolve any concerns directly through discussion. Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the academy in the first instance with the Pastoral Lead and thereafter with the Principal.

If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

APPENDICES

Appendix A – Medicines likely to be brought into or used at schools

Non-prescribed medicines

Parent supplied - parents may wish to send children to school with medicines such as cough mixtures. School accepts medicines supplied by parents without prescription. Parents are asked to complete:
Appendix C Request for School to Administer Medication.

Be wary of confusion – brand names (eg Calpol, Nurofen) are often interchangeably used with generic names (paracetamol, ibuprofen) and this can lead to confusion, particularly now that some pharmaceutical companies have broadened their range (eg Calprufen is ibuprofen made by the manufacturers of Calpol)

Paediatric paracetamol dose and frequency of dose in 24 hours

<6 years use 125mg/ml syrup	6 - 24 months	5 ml	Four times
	2 - 4 years	7.5 ml	Four times
	4 - 6 years	10 ml	Four times
6 - 12 years use 250mg/ml syrup	6 - 8 years	5 ml	Four times
	8 - 10 years	7.5 ml	Four times
	10 - 12 years	10 ml	Four times

Paediatric ibuprofen dose and frequency of dose in 24 hours

Using 100mg/5ml syrup

1-4 years	5ml	Three times
4-7 years	7.5ml	Three times
7-10 years	10ml	Three times
10-12 years	15ml	Three times

Ibuprofen should not be used with asthmatic children or in very dehydrated children.

Products containing aspirin should never be used with primary school aged children unless prescribed by a doctor.

Prescribed medicines

Before school administers any medication to pupils, parents are asked to complete and sign:

Appendix C: Request for School to Administer Medication.

Staff follow the instructions about dosage and frequency as written on this form.

Antibiotics

A child taking antibiotics can recover quickly and be well enough to attend school, but it is essential that the full prescribed course of treatment is completed to prevent relapse, possible complications and bacterial resistance.

Inhalers

A child with asthma may have inhaler(s) which may need to be used regularly or before exercise, or when the child becomes wheezy.

Most commonly, blue salbutamol inhalers ("relievers") are used to relieve symptoms and brown steroid inhalers ("preventers") are used to prevent exacerbations and control the severity of the illness.

Inhalers are stored in labelled bags in class inhaler boxes in the Welfare Room.

Inhalers are very safe and it is unlikely that a child using another's inhaler is likely to come to any harm (although obviously medicines should only really be used by those that they have been prescribed for).

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). **Appendix F Emergency Use of School Inhaler** must be completed with a copy given to parents.

Enzyme additives

Children with cystic fibrosis may require added enzymes to ensure that they are able to digest their food. They are usually prescribed pancreatic supplements (eg Creon) and these must be taken with food. Children may need several capsules at a time. They are entirely safe if taken accidentally by another child.

Maintenance drugs

A child may be on medication (e.g. insulin) that requires a dose during the school day.
Many of the relevant medical charities have developed resources to support school looking after children with chronic medical problems.

Asthma UK http://www.asthma.org.uk/media/95603/School%20Policy_16pp.pdf

Cystic fibrosis trust http://www.cftrust.org.uk/

Diabetes UK http://www.diabetes.org.uk/Information-for-parents/Living-with-diabetes-new/School/

Epilepsy Action http://www.epilepsy.org.uk/info/education

The Anaphylaxis Campaign http://www.anaphylaxis.org.uk/schools/help-for-schools

Appendix B – Non-routine administration of medicines

Any request for 'Unusual Administration' of medicine or treatment should be referred to the School Nursing Service for advice.

Conditions requiring emergency action

As a matter of routine, all schools must have a clear procedure for summoning an ambulance in an emergency (Appendix D).

Some life-threatening conditions may require immediate treatment and some staff may volunteer to stand-by to administer these medicines in an emergency. If they do, they must receive professional training and guidance via the School Health Services.

If the trained member of staff is absent, immediate contact with the parent needs to be made to agree alternative arrangements.

Medicines for these purposes should only be held where there is an individual protocol for the child concerned that has been written up for the school by a doctor: Individual Care Plan.

Examples of these conditions follow – but should be more fully explained during training and in the individual's protocol:

Anaphylaxis (acute allergic reaction)

A very small number of people are particularly sensitive to particular substances eg bee sting, nuts and require an immediate injection of adrenaline. This is life-saving.

Major fits

Some epileptic children require rectal diazepam if they have a prolonged fit that does not spontaneously stop. A second member of staff must be present during the administration.

Diabetic hypoglycaemia

Blood sugar control can be difficult in diabetics, and blood sugar levels may drop to a very low level causing a child to become confused, aggressive or even unconscious. If the child does not respond to the dextrose tablets they carry, or to other foods/drinks containing sugar, Hypostop (a sugar containing gel rubbed into the gums) or an injection of Glucagon may be required. **See the individual pupil's Care Plan in all cases.**

Diabetic Hyperglycaemia

Appendix C – Request for school to administer medication

Name of Child	……
Class	……
Date medicine provided by parent	……
Name and strength of medicine	……
Quantity received	……
Dose and frequency of medicine	……
Expiry date	……
Staff signature	……
Parent signature	……
Quantity of medicine returned	……
Date medicine returned	……

Recording slip for administration of medication following completed request form			
Date	……..	……..	……..
Time given	……..	……..	……..
Dose given	……..	……..	……..
Name of member of			

staff	……..	……..	……..

Appendix D – Procedure for summoning an ambulance in an emergency

When there is a concern regarding an adult or child who has had an accident or become ill, a trained First Aider should check the patient, call an ambulance if deemed needed and an SLT member should be notified immediately, before taking further action.

If it is not an emergency and in the case of a child, parent/carers should be contacted and asked to take the child to the GP or A&E if they think fit. Where it involves a member of staff, they should receive support from another adult.

Where it is deemed an emergency, a member of staff (usually the Admin Officer) will call for an ambulance. Ambulance control will need as much information about the casualty as possible (Name, DOB, suspected injury/illness, level of consciousness etc) along with the school address and contact information.

The child's parent/carer should be called immediately to accompany the casualty to hospital (or next of kin where a member of staff is involved). If a parent is unavailable immediately, then a member of staff needs to accompany the child in the first instance. Another member of staff should follow the ambulance by car to support the first member of staff and bring them back to school once parents or other relatives have arrived in hospital.

Accidents requiring attendance at hospital will need to be logged on the Reportable Injury Form RIF1 and submitted to the Occupational Safety Team within 24 hours.

Appendix E – First Aid

First Aid recording slips are available in the First Aid room or will be on the Risk Assessment forms taken on educational visits alongside the first aid kit.

Parents should be notified of any First Aid given to a child during the school day (by letter / phone call). Any serious injuries will require the parents to be contacted immediately after discussion with SLT member, including all bumps to the head.

Accidents involving staff and other adults may need to the Accident Book Form AB1 to be completed.

Accidents requiring attendance at hospital will need to be logged on the Reportable Injury Form RIF1 and submitted to the Occupational Safety Team within 24 hours.

If the accident occurs due to a Health and Safety oversight, please pass on the information to the School Business Manager.

Relevant legislation and guidance

Supporting children with Medical conditions DfE 2015

Children and Families Act 2014, Section 100

SEND code of practice 0-25

Managing Medicines in Schools and Early Years settings (2004)

Disability Discrimination act 1995 and Special Educational Needs and Disability Acts (2001 and 2005) The Education Act 1996

Health and Safety at Work act 1974

Management of Health and Safety at Work Regulations 1999 Medicines Act 1968

Appendix F

Emergency Ventolin Taken by Pupil

EMERGENCY USE OF SCHOOL INHALER

Please complete FULLY. Please leave a copy with the office staff in the green tray.

Date: _____ Time: _____

First Name of Child: _____ Surname of Child: _____

Class name: _____

Where did the attack occur? (e.g. in playground, in school)

Reason for the attack:_____

Please tick appropriate box and indicate number of puffs

	Description of symptoms	Actions to be taken	Tick to indicate level	How many puffs?
Mild	Single incident	Log and return child to class		
	Several incidents with cough or wheeze but NOT breathing quickly	Phone parent and ask to make a GP appointment		
Moderate	Wheezing and breathless and not responding to the usual reliever treatment	Immediately contact GP to make an appointment to be seen the same day. Or, contact West Yorkshire Urgent Care on 0845 6059999 for 24-hour advice		
Severe	If child is frightened, breathless with heaving of the chest, unable to complete a sentence / take fluids and getting tired	Ring 999 – you need help immediately. Use blue inhaler, 1 puff per minute via spacer until ambulance arrives		
Life Threatening	If child is drowsy, has sever wheeze, is unable to speak in sentences, unable to respond with loss of consciousness	Ring 999 – you need help immediately. Use blue inhaler, 1 puff per minute via spacer until ambulance arrives		

Action Taken: please complete

Returned to class ☐
Parent telephoned ☐
Kept in office ☐
Sent Home ☐

Advised to see doctor ☐
Advised to go to hospital ☐
Taken to hospital ☐
Accident report form ☐

Notes:

Signed: _____