



'Valuing Learning, Learning to Value'

Supporting pupils at school with Medical Conditions.

Policy status

Statutory

Yorkley Primary School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. This policy has been developed in line with the Department for Education's guidance released in April 2014 - "Supporting pupils at school with medical conditions".

Pupils with special medical needs have the same rights of admission to the school as other children and cannot be refused admission or excluded from school on medical grounds.

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

(a) Short-term affecting their participation in school activities whilst they are on a course of medication.

(b) Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics.

Key Points from DfE Guidance - Supporting Pupils at school with medical conditions - February 2014:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

Mrs Kate Burke, Headteacher has the overall responsibility for implementing this policy.

Parents Responsibility

The parents of a pupil at Yorkley Primary School have a responsibility to:

- Tell the school if their child has a medical condition.
- Ensure the school has a complete and up-to-date Healthcare plan for their child.
- Inform the school about the medication their child requires while taking part in visits, outings or field trips and other out-of-school activities.
- Tell the school about any changes to their child's medication, what they take, when and how much.
- Inform the school of any changes to their child's condition.
- Ensure their child's medication and medical devices are labelled with their child's full name.
- Provide the school with appropriate spare medication labelled with their child's full name.
- Ensure medication is within expiry dates.
- Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional.

Parents have the prime responsibility for their child's health and should provide schools with information about the child's medical condition. Medicines should only be taken 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.

Where clinically appropriate, parents should ask for medicines to be prescribed in dose frequencies which enable them to be taken outside school hours.

Medicines that are required to be taken three times a day do not need to be administered in school.

A 'Parental agreement for school to administer medicine' must be completed and given to the school. If this form is not received by the school then the school cannot administer any medicines.

Medication that can be administered

The school will only administer medicines that are either taken orally in the form of a tablet, liquid or inhaled in the form of a spray that are in the original packaging with the child's name shown on the pharmacist's label.

The school will not accept any medicine that have been taken out of the container as originally dispensed nor make any changes to dosages on parental instructions.

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.

Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed.

Definitions:

"**Medication**" is defined as any prescribed or over the counter medicine.

"**Prescription medication**" is defined as any drug or device prescribed by a doctor.

Administering Medication

Older children, whenever possible, should assume complete responsibility under the supervision of their parent from home. The 'Parental Consent Form' should be completed so that the school are aware of what medicines are being taken.

Refusing Medication

If a child refuses to take medicine, staff will not force them to do so, but this will be noted and the parents informed at the end of the day. If a refusal to take medicine results in an emergency, the schools emergency procedure will be followed.

Managing Prescriptions on trips and outings

The school will consider what reasonable adjustments they can make to enable children with medical needs to participate fully and safely on visits. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures.

Storage and Return of Unused Medication

All medication will be stored in the main office. (Inhalers are an exception as kept in class)

Any unused medicines / empty containers will be returned to the parents at the end of the day or course of treatment.

Healthcare Plans

An Individual Healthcare Plan will be devised for any child who has a long-term or complex medical need.

Education, Health and Care Plan

An Education, Health and Care Plan (EHCP) is provided if a pupil has special educational needs and disabilities and an assessment of education, health and social care needs has been agreed by a multi-agency group of professionals.

First Aid trained staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school

- First Aid trained staff are aware of the most common serious medical conditions at this school.
- Staff at Yorkley Primary School understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.
- Action for staff to take in an emergency for asthma/epilepsy/anaphylaxis and diabetes is displayed in the Staff Room, Hall (inside cupboard doors), First Aid cupboard (inside door)
- See appendix 1 - form 1
- See appendix 1 - form 2
- See appendix 1 - form 3
- See appendix 1 - form 4

Emergency Procedures

In the event of an emergency the school will seek assistance either from the emergency services or GP.

If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

In addition to the information provided within this Policy please refer to our Child Protection and Safeguarding Policies.

Complaints:

The details of how to make a complaint can be found in the Complaints Policy:

Links with other policies:

First Aid
Safeguarding
Teaching and Learning
Behaviour
Health and Safety
Complaints
Accessibility Plan
Nurture

Policy Review

Written by; **K.Burke**

Agreed by Governors; **March 2017**

Date for review; **March 2018**

**Request for school to administer medication.
(Prescribed medicines only)**

Yorkley Primary School medicine administering form:

Name of child	
Date of birth	
Class / Year group	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take 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	
I understand that I must deliver the medicine personally to	Add name of agreed member of staff

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

Appendix 1 - Form 1

ALERT!

Asthma awareness for school staff

What to do in an asthma attack

- Keep calm.
- Encourage the child or young person to sit up and slightly forward .
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately - preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the child.

If there is no immediate improvement

- Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

Call 999 / 112 or a doctor urgently if:

- The child or young person's symptoms do not improve in 5-10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue.
- You are in doubt.

Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.

Common signs of an asthma attack are:

- Coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling
- tight in the chest as a tummy ache.

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school.
- When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.

Important things to remember in an asthma attack

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send another pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.

Appendix 1 – Form 2 Epilepsy awareness for school staff

Complex partial seizures

Common symptoms

- The person is not aware of their surroundings or of what they are doing
- Plucking at their clothes
- Smacking their lips
- Swallowing repeatedly
- Wandering around

Call 999 / 112 for an ambulance if...

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- The person is injured during the seizure
- You believe the person needs urgent medical attention

Do...

- Guide the person from danger
- Stay with the person until recovery is complete
- Be calmly reassuring

Don't...

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round
- Explain anything that they may have missed

Tonic-clonic seizures

Common symptoms:

- the person goes stiff,
- loss of consciousness
- falls to the floor

Do...

- Protect the person from injury (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card/identity jewellery
- Aid breathing by gently placing the person in the recovery position when the seizure has finished
- Stay with them until recovery is complete
- Be calmly reassuring

Don't...

- Restrain the person's movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

Call 999 /112 for an ambulance if...

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- One seizure follows another without the person regaining consciousness between seizures
- The person is injured
- You believe the person needs urgent medical treatment

Appendix 1 - Form 3- Anaphylaxis awareness for staff

ANAPHYLAXIS

Symptoms of allergic reactions:

Ear/Nose/Throat - Symptoms:

runny or blocked nose, itchy nose, sneezing, painful sinuses, headaches, post nasal drip, loss of sense of smell/taste, sore throat/swollen larynx (voice box), itchy mouth and/or throat and blocked ears.

Eye - Symptoms:

watery, itchy, prickly, red, swollen eyes. Allergic 'shiners' (dark areas under the eyes due to blocked sinuses).

Airway - Symptoms:

wheezy breathing, difficulty in breathing and or coughing (especially at night time).

Digestion:

swollen lips, tongue, itchy tongue, stomach ache, feeling sick, vomiting, constipation and or diarrhoea.

Skin:

Urticaria - wheals or hives-bumpy, itchy raised areas and or rashes.

Eczema -cracked, dry, weepy or broken skin. Red cheeks.

Angiodema - painful swelling of the deep layers of the skin.

Symptoms of Severe Reaction/ Anaphylaxis:

These could include any of the above together with:

- Difficulty in swallowing or speaking.
- Difficulty in breathing -severe asthma
- Swelling of the throat and mouth
- Hives anywhere on the body or generalized flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness (drop in blood pressure)
- Alterations in heart rate (fast Pulse)
- Sense of Impending doom (anxiety/panic)
- Collapse and unconsciousness

TREATMENT

Send a member of staff to the main office to collect the epipen and to ask main office to ring for an ambulance and parents.

If the student is conscious keep them in an upright position to aid breathing. If unconscious then place in recovery position.

If the student is conscious and alert ask them to self administer their epipen.

If the student is unconscious, trained member of staff to administer epipen as per training. Record time of giving.

If no improvement within 5 minutes then 2nd epipen to be administered.

Keep used epipens and give to paramedics when they arrive.

Appendix 1 - Form 4

Diabetes awareness and treatment for staff

What is it?

Abnormal fluctuations in blood sugar can lead to someone with diabetes becoming unwell and, if untreated, losing consciousness.

There are two conditions associated with diabetes - hyperglycaemia (high blood sugar) and hypoglycaemia (low blood sugar).

Hypoglycaemia is the more common emergency which affects brain function and can lead to unconsciousness if untreated.

Signs and symptoms:

Hypoglycaemia:

- Hunger
- Feeling 'weak' and confused
- Sweating
- Dry, pale skin
- Shallow breathing

Hyperglycaemia:

- Thirst
- Vomiting
- Fruity/sweet breath
- Rapid, weak pulse

First aid aims

Hypoglycaemia:

- Raise blood sugar level as quickly as possible
- Get casualty to hospital, if necessary

Hyperglycaemia:

- Get casualty to hospital as soon as possible

Treatment

Hypoglycaemia:

- Sit casualty down
- If conscious, give them a sugary drink, chocolate or other sugary food
- If there's an improvement, offer more to eat or drink. Help the casualty to find their glucose testing kit to check their level. Advise them to rest and see their doctor as soon as possible.
- If consciousness is impaired, do not give them anything to eat or drink. Dial 999 for an ambulance

Hyperglycaemia:

Call 999/112 immediately

Further actions

If the casualty loses consciousness

- Open airway and check breathing
- Place them in recovery position
- Prepare to give resuscitation