

Fen Ditton C. P. School

SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS

Policy Review Schedule	
Last Updated	Next Planned Review and Update
May 2017	May 2018
Governor Signature: agreed	

1. Introduction

1.1. Rationale

The Children and Families Act 2014 (Section 100) places a duty on the governing body to make arrangements for supporting pupils at school with their medical conditions in line with the statutory guidance issued. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported at school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.

1.2. Definition

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

- a. **Short-term** affecting their participation in school activities while they are on a course of medication (requiring a Medical Information Consent Form)
- b. **Long-term** potentially limiting their access to education and requiring extra care and support (requiring an Individual Healthcare Plan)

1.3. Aims

- Welcome and support pupils with medical conditions and make arrangements for them based on good practice
- Adopt and implement the statutory guidance from Department of Education Supporting pupils at school with medical conditions
- Assist parents in providing medical care for their children by developing healthcare plans on notification of their child's medical condition
- Educate staff and children in respect of providing support to children with medical conditions.
- Arrange suitable training for staff as required to support pupils with medical conditions
- Liaise as necessary with parents and medical services in support of the individual pupil(s)
- Provide emergency support to children in line with their individual healthcare plans
- Ensure that all children with medical conditions participate in all aspects of school life
- Monitor and keep appropriate records
- Provide information on school policies, plans, procedures and systems

2. Leadership and management

2.1. Roles and responsibilities

Staff

- May be asked to support pupils with medical conditions and develop healthcare plans
- School staff will consider carefully their response to requests to assist with the giving of medication or supervision of self-medication and that they will consider each request separately
- Focus on the needs of individuals in ensuring that pupils and parents have confidence in the school's ability to provide effective support
- Ensure children have easy and appropriate access to their medications at all times (including school trips, PE and sporting events, school transport and before and after school clubs)
- Allow pupils themselves to manage their medical condition effectively in line with their individual healthcare plans
- Receive professional training where this is required

The school accepts that all employees have rights in relation to supporting pupils with medical needs as follows:

- choose whether or not they are prepared to be involved
- receive training as appropriate and work to clear guidelines

- bring to the attention of management any concern or matter relating to supporting pupils with medical conditions

Parent

- The prime responsibility for a child's health lies with the parent
- Provide school with sufficient and up-to-date information about their child's medical needs
- Encouraged to co-operate in training children 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
- Parents are responsible for advising or training staff on the administration of prescription medication (in line with the printed advice that accompanies the medication)
- Where parents have asked the school to administer the medication for their child they must complete a school 'Medical Information Consent Form'. This ensures that the school is able to comply with the requirement to keep adequate records. School will only administer essential medication to a child where it would be detrimental to their health not to do so during the school day
- Medicines must be properly presented by parents through the school office and in accordance with the notes on the Medical Information Consent Form

Governing body

- Ensure that the school's policy enables provision of effective support for medical conditions
- Comply with other relevant duties, such as for disabled children or for children with a statement of special educational needs (see also Special Educational Needs Code of Practice). The governing body remains legally responsible and accountable for fulfilling their statutory duty

School Nurse

- Notify school when a child is identified as having a medical condition and support school staff
- **Other healthcare professionals** may also provide notification, support and advice

2. Administration of medicines

- Where possible, parents are asked to administer their child's medicines at home
- If the spacing of doses means that medication needs to be given during the school day and it is not possible to rearrange the timing of this, the child's parent will be asked to come into school to administer the medicine
- If the parent is unable to do this and asks the school to supervise the child self-administering the medication, the following procedure will apply:
 - There must be written, signed authority and full instructions about giving the medicine from the parent including the actual dosage required (See Appendix A)
 - Medicines must be in their original labelled containers as supplied by the doctor or pharmacist **The school will never accept medicines that have been taken out of the container as originally dispensed or make changes to dosages on parental instructions.**
 - The medicines will be retained in the cupboard or small fridge in the first aid room, out of reach of all children.
 - The child must be administered medication under supervision of two adults and the administration record completed (APPENDIX B). This form should remain in the administration of medicines folder in the medical room. Parental request forms will be returned to the office for filing in pupil files after the period of administration has ended.
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- The School will ensure that records are kept (and regularly updated) on specific long term illnesses of individual children (i.e. asthma, diabetes, allergies) and heed all advice provided by the child's medical practitioner or the school doctor
- Where inhalers have been prescribed to children at Key Stage 1 & 2 with asthma, Health Authorities recommend that the child keep these to use as and when they think necessary. They must be where the child can access them and teachers know where they are. They must be named. Parents are responsible for checking that inhalers are in date and not empty. The school will check at the start of every year and monitored every term
- Where medicines cannot be administered by a parent or guardian and the medicine is:
 - considered dangerous
 - has to be administered with critical timing or dosage
 - needs technical or medical knowledge or expertise to administer
 - other healthcare professionals, including the school nurse may be contacted.
- The Headteacher will exercise special caution before accepting responsibility for the medicine's administration. In these situations, the Headteacher may refuse a request
- Specially trained staff only must administer injections

The school accepts that all employees have rights in relation to supporting pupils with medical needs as follows:

- choose whether or not they are prepared to be involved
- receive training as appropriate and work to clear guidelines
- bring to the attention of management any concern or matter relating to supporting pupils with medical conditions

Anaphylaxis – EPIPEN: Each year the school produces a photographic register identifying children at risk from anaphylactic shock. These are displayed in the medical room and pupil kitchen area. . Appropriate risk assessment forms must be undertaken when any activity is undertaken which might involve access to identified allergic items. All staff receive annual EPIPEN training and a list is maintained by the Headteacher. EPIPENS are kept in the medical room cupboard.

Non prescription medication. Staff/children are **not** allowed to self-administer any painkillers, such as Ibuprofen, aspirin or paracetamol. If a child suffers from headache or muscle pain, parents/cares are required to administer any pain relief that the child requires. This may involve the parent/carer coming into school to administer. Children should not self-administer cough sweets, syrup or throat lozenges in school unless these have been prescribed.

Guidance of children with asthma

Fen Ditton Primary School recognises that asthma is an important condition affecting many school children and staff.

Fen Ditton Primary School encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, the LA and pupils. Supply Teachers and new staff are also made aware of the policy.

Medication

Immediate access to reliever inhalers is vital. The reliever inhalers of children are kept in the classroom or the staffroom. If necessary, an inhaler is kept in both rooms. All inhalers must be in the original packaging and clearly labelled with the child's name.

Class teachers of children at Key Stage 1 will store inhalers and volumisers, clearly labelled and accompanied by instructions for use, in a safe, convenient place in the classroom. KS1 Classes will be issued with an inhaler bag

Where inhalers have been prescribed to children at Key Stage 2 with asthma, Health Authorities recommend that the child keep these to use as and when they think necessary. They must be where the child can access them and teachers know where they are. They must be named. KS2 Classes will be issued with an inhaler bag..

Parents are responsible for checking that inhalers are in date and not empty. The school will check at the start of every new term.

Record Keeping

At the beginning of each school year, or when a child joins the school, parents are asked to update their child's medical information as part of the data collection sheets. All parents of children with asthma are given a National Asthma campaign school card to give to their child's GP or asthma nurse to complete and return to school. From this information the school keeps its asthma register, which is available for all school staff.

Appendix E School Asthma card

During the year, if a child takes their inhaler, parents will be informed when and how often either verbally or in writing. Any child receives medication will be recorded in the Record of Administered Medication book.

At the end of the school year all medication is sent home with a new asthma card to complete for the following academic year. If medication changes in between times, parents are asked to inform the school.

School staff are not required to administer medication to children except in an emergency. School staff who agree to administer medication are insured when acting in accordance with this policy. All school staff let children take their own medication when they need to in accordance with the medical consent form and/or individual healthcare plan. During school trips or PE sessions, the class teacher or first aider will take responsibility for having the medication within the vicinity and it will be secure in a clearly labelled transparent box.

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PE

Taking part in sports is an essential part of school life. All teachers are aware of which children have asthma. Children with asthma participate fully in PE.

Should the parent or the medical consent form state that the child should take the inhaler before exercise then these instructions will be followed. Each child's inhalers will be labelled and kept in an accessible place. If the child needs to use their inhaler during the lesson they will be encouraged to do so in accordance with the medical consent form and/or individual healthcare plan and the parent/carer will be informed.

Emergency inhaler

The school follows the guidance supplied by the Department for Health on the use of emergency inhalers in schools. One is stored in the medical room and one in the office and regularly checked to ensure it is date and stored correctly.

In order for the emergency inhaler to be used the children must comply with the statutes recommended by the Department for Health:

“The emergency salbutamol inhaler should only be used by children:

- Who have been diagnosed with asthma, and prescribed a reliever inhaler;
- OR who have been prescribed a reliever inhaler;

AND for whom written parental consent for use of the emergency inhaler has been given.”

Guidance on the use of emergency salbutamol inhalers in school March 2015 (Department of Health)

See Appendix C – consent form for use of school emergency inhaler

See Appendix D – letter to inform parents of emergency school inhaler used

Asthma attacks

All staff who come into contact with children will know what to do in the event of an asthma attack.

- Ensure that reliever inhaler is taken immediately
- Stay calm and reassure the child
- Help the child to breathe by loosening clothing

Minor attacks should not interrupt a child’s involvement in school. When they feel better they can resume school activities. The child’s parents must be informed and the incident logged in the first aid book.

Emergency Procedure

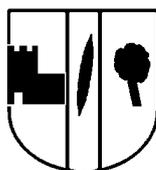
Call the child’s doctor and parents from the school office if:

- The reliever has no effect after 10 minutes
- The child is either distressed or unable to talk
- The child is getting exhausted
- You have doubts about the child’s condition

If the doctor is unobtainable call an ambulance

THE SCHOOL AIMS TO BE AS CO-OPERATIVE AS POSSIBLE IN THE ABOVE MATTERS, WHILST STILL PROTECTING ITS STAFF AND PUPILS.

APPENDIX A



Fen Ditton C. P. School

PARENTAL REQUEST FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICATION

This form must be completed by parents/carers before any prescribed medicines can be administered by school staff.

<i>Child's Name:</i>	
<i>Child's Class:</i>	
<i>Prescribed Medication:</i>	
<i>Dosage to be given:</i>	
<i>Time and frequency to be given:</i>	
<i>Date:</i>	
<i>Signed:</i>	

Please note that only medication that has been prescribed and is in the original labeled packaging can be administered by school staff.

APPENDIX B

FEN DITTON PRIMARY SCHOOL
Administration of medication record

Staff Name (Printed) x2							
Staff Signature x 2							
Any Reactions?							
Dose Given							
Name of Medicine							
Time							
Child's Name							
Date							



Fen Ditton C. P. School

CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER
FEN DITTON PRIMARY SCHOOL

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: Date:.....

Name (print).....

Child's name:

Class:

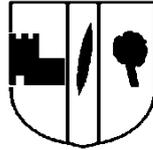
Parent's address and contact details:

.....
.....
.....

Telephone:

E-mail:

Appendix C



LETTER TO INFORM PARENTS OF
EMERGENCY SALBUTAMOL INHALER USE

Child's name:

Class:

Date:

Dear.....,

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when.....

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

Mr M Askew

Head teacher

Appendix D

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"/>

Expiry 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 medicines before exercise or play?

Yes No

If yes, please describe below

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

Dates 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 30-60 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 nurses
0300 222 5800
(9am - 5pm; Mon - Fri)
www.asthma.org.uk




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