

St Mary's Catholic Primary School



*'With Jesus, we learn together  
through faith and love'*

**Medical Policy and Pupils with Medical  
Needs Policy**

**Reviewed 2022**

Medical Policy and Pupils with Medical Needs Policy

### **Aim**

This Policy clearly states the school's policy on Medication in School. Some children require medication daily because of a long term medical condition. It is our policy to ensure that appropriate arrangements for the administration of medication are in place for our pupils. It also involves providing enough information to staff to enable medication to be administered safely to pupils

There is no legal duty, which requires schools to administer medicines to pupils. Medication will only be administered in accordance with this policy. Individual members of staff retain the right to refuse to administer medicines.

Whilst every encouragement should be given to children to attend school, a child who is clearly unwell should not be sent into school, or one who is infectious or contagious. The circumstances in which medicines will be administered to pupils are a child suffers from a long-term illness requiring constant medication. Most common examples of this are Asthma, Epilepsy, Diabetes and Anaphylaxis.

In all other circumstances, it is expected that parents will come into school to administer their child's medication.

This policy has been written using information given in 'Supporting Pupils in School with Medical Conditions', April 2014 and the Statutory Framework for the Early Years Foundation Stage

The medical conditions in children that most commonly cause concern in schools and settings are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis).

### **Asthma**

**Children with asthma need to have immediate access to their reliever inhalers when they need them.** Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the child may need some help to do this. Staff will try to support children with asthma to take charge of and use their inhaler from an early age, and many do.

**Asthma** treatments will be kept in the class Medical/First Aid bag. A second Asthma inhaler will also be kept in the school hall in the cupboard on the right of the entrance to the hall in the case of emergencies. The expiry dates of inhalers will be checked regularly and parents will be asked to replace any out of date Asthma pumps. The medical bag will also contain spacers for the children to use with their inhaler.

The school also has spare inhalers that can be administered with parents' permission in the case of an emergency. These inhalers will then be disposed of after use and not sent home with the child to help with monitoring usage.

The signs of an asthma attack include:

- coughing
- being short of breath
- wheezy breathing
- feeling of tight chest
- being unusually quiet

When a child has an attack they should be treated according to their individual health care plan or asthma card as previously agreed. An ambulance should be called if:

- the symptoms do not improve sufficiently in 5-10 minutes
- the child is too breathless to speak
- the child is becoming exhausted
- the child looks blue

It is important to agree with parents of children with asthma how to recognise when their child's asthma gets worse and what action will be taken. An Asthma School Card is kept for each child who has asthma and kept in the file with all their contact details.

Asthma attack cards will be displayed in every classroom and the staffroom giving information on what to do if a child has an asthma attack. All staff receive training annually on asthma and how to support a child with asthma.

If a child uses their inhaler during the school day staff must fill in the Record of Medication Form administered to the child. This is signed by two adults and parents are informed.

On school trips the adult supervising a child with asthma should carry the inhaler/spacer with them. The adult supervising a child with an asthma inhaler should know how to administer the inhaler if needed in the case of an emergency. Staff on school outings will exchange mobile numbers and ensure helpers are aware of any conditions. The class teacher needs to check carefully before any school trip that they have the inhaler needed for all the children with asthma in the class.

The First Aid/Medical bags containing the inhalers will be kept accessible at all times in the classroom and taken with the class wherever it may be, both in and out of school. It will also be taken on any emergency evacuation.

An asthma register containing details of the individual child's medication is kept along with each child's school asthma card. An additional copy together with

emergency contact number, home number and telephone number of GP is kept in the School Office. It is recorded on the Schools Information Management System when a pupil is known to have asthma. All relevant information will go into the Asthma bag when a child goes on a school trip.

The name of each diagnosed child is displayed in the classrooms, staff room, headteachers and Admin office, with relevant details i.e. condition, year group. Each class has its own list.

The school asthma policy and bags will be talked about to the staff in the staff meeting at the beginning of each term. The children will be made aware of their importance and the strict discipline regarding the access to them.

Asthma bags are passed on to the next teacher at the end of each academic year. They are checked that the contents are correct after the summer holidays to ensure their issue dates are appropriate.

A child should have a regular asthma review with their GP or other relevant healthcare professional. Parents should arrange the review and make sure that a copy of their child's management plan is available to the school or setting. Children should have a reliever inhaler with them when they are in school or in a setting.

### **Emergency salbutamol inhalers in school**

The school follows the government guidance document from March 2015 'Guidance on the use of emergency salbutamol inhalers in schools'

The school now has emergency inhalers stored in school. 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 inhalers are stored in the school office and in the cupboard inside the hall door on the right-hand side.

### **Anaphylaxis**

#### **Allergies and Allergic Reactions**

May child may experience different forms of allergies and it is very important that the school is aware of these and all staff know about the allergies. These allergies are all recorded on the Children with Medical Conditions Record Sheet. The staff who work in the kitchen are also informed about any child with a food allergy and each child has a laminated card to place on their dinner tray with information relating to the allergy they may have. All staff in the lunchroom need

to be made aware of allergies and children need to be reminded never to share their packed lunch.

Medication is kept for children with allergies. Allergies Medication is also kept in the class First Aid/ Medical bag. Some children may need to use an Epipen if they have an allergic reaction. The staff have annual training on How to use an Epipen.

**Epipens** are kept in the class Medical/First Aid bag. The school asks parents to provide a second epipen to use in the case of an emergency (Though we do understand that some GPs are refusing to prescribe a second epipen).

### **Epilepsy**

Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. At least one in 200 children have epilepsy and around 80 per cent of them attend mainstream school. Most children with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition.

Seizures can take many different forms and a wide range of terms may be used to describe the particular seizure pattern that individual children experience. The school will get information from parents and health care professionals to be incorporated into the individual health care plan, setting out the particular pattern of an individual child's epilepsy. If a child does experience a seizure in a school or setting, details should be recorded and communicated to parents including:

- any factors which might possibly have acted as a trigger to the seizure – e.g. visual/auditory stimulation, emotion (anxiety, upset)
- any unusual “feelings” reported by the child prior to the seizure
- parts of the body demonstrating seizure activity e.g. limbs or facial muscles
- the timing of the seizure – when it happened and how long it lasted
- whether the child lost consciousness
- whether the child was incontinent

An ambulance should be called for straight away and the child's parents called if staff have any concerns.

This will help parents to give more accurate information on seizures and seizure frequency to the child's specialist.

After a seizure a child may feel tired, be confused, have a headache and need time to rest or sleep. Recovery times vary. Some children feel better after a few minutes while others may need to sleep for several hours.

### **Children with extraordinary medical needs**

Some children may have extraordinary medical needs or diabetes etc where daily medication, monitoring or treatment is needed.

These children will have a Care Plan drawn up in consultation with the Head, Parents and GP, which will be circulated to staff as appropriate. A list of children with special medical conditions is issued to class teachers and copies are displayed in the classrooms, Admin office, Staffroom and the Head's office.

A picture of the children with their medical needs will be displayed in the staffroom.

Each class has a file with all relevant information regarding children in their class and school who have medical needs. This file will contain information teaching staff will need or supply teachers will need. The file should be kept on the class teacher's desk at all times. Early Years also have a medical board with information.

All medical information is regularly updated and at the start of each half term staff training and records should be checked.

### **Administering Medication**

The school will work closely with parents and get advice from the medical profession for children with long term medical conditions that have a Care Plan. We will work closely with parents to ensure the children can access the curriculum and get the support they require in school.

The school will not administer or take responsibility medication or creams children have for short term illnesses. Parents are welcome to come into school during the school day and administer the medication or have given consent for a relative or friend to do this.

Only on very exceptional circumstances will we allow a child in Year Six to administer their own medication with written consent from their parents. The parents of the child will have to meet with Miss Shevlin and discuss the exceptional circumstances in which the child will need to administer the medication in school. The school has the right to refuse to allow the child to administer the medication if they have any concerns about safety or exceptional needs for taking the medication during school hours. The medication will be stored securely in the school office or in a fridge if needed. A member of staff will be present with the child when they take the medication.

The only circumstances when staff will administer medication are when pupils are away on residential trips as it is not possible for parents to administer the medication. The Head Teacher will seek written permission from the parents clearly stating the medication, dosage and when the medication needs to be taken. All medication needs to be clearly labelled with the child's name.

### **Concerns**

The school will not administer any medication if it has concerns about the medication; it is not labelled clearly and in the original container. Care Plans need to be clearly written and letters from parents must be very clearly written containing all the details needed by the school.

The school will seek advice from the school nurse and asthma nurse if needed concerning a child's medication

### **Staff Training and Support**

The school will provide suitable training for a member of staff who is providing support for a child with medical needs. Appropriate resources will be provided for the care of a child. Risk assessments will also be completed to ensure the safety of the child and member of staff supporting them.

The Policy should also be read in conjunction with the school First Aid Policy

### Appendix 1

#### Weekly Procedures for First Aid and Medication

1. Medical Bags to be checked in each classroom every Friday morning during assembly time by the teaching assistants in each classroom
2. Any missing medication should be reported to Ann immediately
3. Any medication that has a label coming off or is becoming illegible to read should be replaced (Asthma canisters as well as external plastic cover should be labeled)
4. Any Medication that is nearing its expire date should be reported straight away to the office
5. Report to Chris any supplies required for the medical bag or leave a message in her Pigeon hole.
6. Only keep current care plans in the medical bag
7. Completed accident books should be given to Chris
8. Any sickness bags to be put in for trips and removed after the trip is completed.
9. All bags need to be checked the following morning after a trip