



Supporting Pupils with Medical Needs Policy

This policy was written in January 2015 after new guidance was produced by Lancashire County Council and the Department for Health. Policy was reviewed September 2023. It has been written in conjunction with "Medicine Safety and Other Health Related Topics." Further details can be found within this booklet. All parents will be able to access this policy via the school website.

The aims of the policy are:

- To ensure that effective management systems are in place to support children who have a medical condition whilst at school in either the long or short term
- Procedures are clear to all
- Clear written records are in place thus ensuring the safe management of medicines
- School supports an inclusive environment for all our children
- Parents are clear about their role and responsibility in order for staff to administer medication to their children

It is each parent's responsibility to ensure that their child is fit to attend school and any medication required whilst the child is at school should ideally be administered by the parents. If this is not possible then the following procedures will be followed.

Procedures for managing prescription medicines which need to be taken during the day

The lead adult refers to the child's class teacher unless another named adult has undertaken the responsibility.

All records will be kept in the school medical file located in the secretary's office. Each form can be obtained from the office when required.

- Parents are responsible for supplying school with adequate information regarding their child's condition and medication. This information must be in writing, signed and current so that procedures for each individual child's medication are known. Parents must complete and sign Form 3.
- Medication will not be administered unless form 3 has been fully completed.
- Form 4 will be completed as a record that the lead adult has agreed to administer medicine.
- The adult administering the medication will complete form 5 after each administration to record the dosage. These will be kept in the school medical file.
- The information should be updated annually at an agreed time, or earlier, if medication is altered by the child's GP or Consultant.
- All items of medication should be delivered directly to school by the parents. Medicines will not be accepted from children. It is the parent's responsibility to inform the Lead Adult in writing when the medication or the dosage is changed or no longer required. This information will be kept in the school medical file.
- After the first receipt of medication additional medication of the same may continue to be accepted without further notice, but any changes to the prescribed medication or a change in medication, must be notified in writing to the Lead Adult.

- 'As required' medication, for example, inhalers, will only be accepted if the above procedures have been followed. We hope that all children with asthma will be responsible for carrying their inhaler with them at all times. Form 7 must be completed by the parents.
- Items of medication in unlabelled containers will be returned to the parent. We will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.
- Medicines should only be taken to school when essential; that is where it would be detrimental to a child or young person's health if the medicine were not administered during the schools 'day'.
- The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration, the child's name and date of dispensing. Parents could ask prescribers to provide two prescriptions, where appropriate and practicable, for a child medicine: one for home and one for use in school as medication will not be accepted if it has been repackaged or re-labelled by parents.
- It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside the setting's hours. Parents could be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after attending school and at bedtime.

Non-Prescription Medicines

Lancashire County Council policy is that of not accepting non-prescription medication. The staff at Richard Durnings understand that occasionally it may be necessary for children to take non-prescription medicines, for example, for hayfever. Ideally these medications will be administered at home but if it is deemed necessary for the child to receive medication whilst at school then the above guidelines must be followed. Please note that school will only administer medication if it has been prescribed for the named child and this is recorded on the packaging by the pharmacist or doctor with clear instructions for dosage.

A young person should never be given aspirin or medicines containing ibuprofen unless prescribed for by a doctor.

Procedures for managing prescription medicines on trips and outings

When planning an educational visit we will ensure that all reasonable steps have been taken and any reasonable adjustments have been undertaken to try to ensure that the visit is accessible to all children with disabilities and/or medical needs.

Staff will meet with parents as early as possible to start the planning process. Staff and volunteers will be fully briefed regarding any medical needs. Full risk assessments will be undertaken which will include specific issues relating to the child.

If medication is required on a school trip the above guidelines for administration must be adhered to.

Sporting and Out of School Activities

For out of school activities it is wholly the responsibility of the parents and children to ensure that medication including inhalers are taken.

Refusal of medication

If a child refuses to take medicine staff will not force them to do so but will note this in the school records (Form 5) and follow agreed procedures. Parents will be informed of the refusal on the same day. If a refusal results in an emergency, the school's emergency procedures will be followed as written down in the child's care plan.

Record Keeping

| Records | Person responsible for completion | Reason |
|---------|--|--|
| Form 2 | Parent - in conjunction with health care professionals | Healthcare plan for child with long term medical condition |
| Form 3 | Parent | Agreement for school to administer prescribed medication |
| Form 4 | Lead Person administering the medication | Confirmation of the adult with a Duty of Care's agreement to administer medicine |
| Form 5 | Lead Person administering the medication | Record of medication administered to an individual child |
| Form 7 | Parents | Request for child to carry his/her medicine |

All records will be kept in the school medical file located in the secretary's office.
Each form can be obtained from the office when required.

Safe storage of medicines

Medicines which need to be kept refrigerated will be stored in the school fridge located within the kitchen.
Other medicines will be kept in a locked safe within the staff room.

Lead Person's Responsibilities

- To ensure that the correct record keeping has occurred before receiving any medication
- To check that the details on the medication correspond with the details completed on form 2
- To ensure form 4 is completed before any administration
- Record administration on form 5
- Inform parents on the same day if refusal has occurred

Good records help demonstrate that staff have exercised a duty of care.

If the lead person has any doubt at all they must not administer the medication but check with the parents or health professional before taking any further action.

Health Care Plans

School will work with parents and the school nurse on the formulation of a Health Care Plans for all children with medical needs which require one, for example, Diabetes, Anaphylaxis, Coeliac Disease. It is the class teacher's responsibility to ensure that these plans are adhered to and contact with parents / school nurse will be immediately sought if any difficulties arise. When going on school visits the class teacher must ensure these plans are referred to in the risk assessment and it is made clear who will be responsible for taking copy of the care plan and any medication needed. These plans will be reviewed on an annual basis in conjunction with parents and the school nurse. Copies of the Care Plans are kept in the class register and also in the Headteacher's office in the Medical Needs File.

Asthma

On the school register for children with medical needs all children with asthma are listed. The class teacher is responsible for ensuring the pupil has their inhaler in school and is kept in the agreed place - the teacher's tray/cupboard labelled "Teacher's resources and inhalers."

On visits the teacher must ensure that the children with asthma are identified within the risk assessment and allocate an adult to check that they have their inhaler with them on the trip.

In school we have an emergency asthma kit which will be used if a child needs an inhaler and is not available - either missing, expired, not working or run out. Parents must sign to indicate they give permission for the emergency inhaler to be used for their child.

The emergency salbutamol inhaler will 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 emergency kit

An emergency asthma inhaler kit will include:

- a salbutamol metered dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer/plastic chamber;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers (see below);
- a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used).

Storage and care of the inhaler

Mrs Hailwood has responsibility for ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- that replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

The emergency kit will be stored in the school office's cupboard.

An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.

Defibrillator

Within school we have a defibrillator which all staff have had training on how to use. Mrs Fidler is responsible to checking the defibrillator once a month.

Staff received asthma training September 2016 and this will be renewed on an annual basis if required as staff feel that their knowledge has decreased.

This policy will be reviewed September 2025 or earlier if new guidance is issued.

Appendix 1

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK?

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler - if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

Appendix 2

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Richard Durnings' Endowed 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:

Richard Durnings' Endowed Primary School

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,

Appendix 4

Bumped Head Letter

Dear Parent,

Your child _____ has had an accident at school today.

They received a bump to the head during _____ and has been well for the rest of the school day. However, it is important that you watch for any signs or symptoms in your child, which might indicate a more serious injury.

PLEASE WATCH FOR:

Drowsiness that is unexpected.

Vomiting more than once.

Any signs of blood or watery fluid coming from the nose or ears.

Any complaint of headache.

Any complaint of 'seeing double' or 'blurred eye-sight'.

If any of these signs develop, then you should contact your doctor for further advice.

Catherine Hodgson

Headteacher

Bump to Head Letter

This is to certify that a 'Bump to Head Letter' has been given to the parent/guardian of:-

_____ Name of pupil

Signed _____ Parent/Guardian Date: _____