



BURTON MANOR PRIMARY SCHOOL

MEDICAL CONDITIONS POLICY –SUPPORTING PUPILS WITH SPECIAL MEDICAL NEEDS (INC FIRST AID, ILLNESS & ACCIDENT GUIDANCE FOR PARENTS)

Reviewed: Summer 2019

Next Review: Summer 2021

Definition

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

- (a) Short-term affecting their participation in school activities which 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).

Rationale

LAs and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. 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. However, teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. The school takes advice and guidance from the Staffordshire County Council Medicines in Schools policy which encourages self- administration of medication when possible.

Aims

The school aims to:

- . assist parents in providing medical care for their children;
 - . educate staff and children in respect of special medical needs;
 - . adopt and implement the LA policy of Medication in Schools and follow guidance in the DfE Statutory Guidance 2014
 - . arrange training for volunteer staff to support individual pupils;
 - . liaise as necessary with medical services in support of the individual pupil
 - . monitor and keep appropriate records.
- promotes positive practice which enables pupils to access a full education if possible

Entitlement

The school accepts that pupils with medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils. The school believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support.

Role of the Head teacher

To ensure that:

- staff are suitably trained to administer medication or write health care plans
- all relevant staff are made aware of the child's condition, including supply teachers
- oversee appropriate risk assessments for school visits, residentials, and other school activities outside of the normal timetable
- ensure that the appropriate levels of insurances are in place to cover staff providing support to pupils with medical conditions
- monitor pupil's individual healthcare plans, ensuring reviews take place at least annually or sooner if a child's medical needs change

Role of all school staff

- ensure no children carry medicines in their bags or self-administer without identified staff support.
- seek advice on the administration of medication when on trips and outings from the Head Teacher or identified staff.
- take care plans and medication for identified pupils on trips and outings and to include this as part of their risk assessment.
- know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Role of Designated Staff

- receive sufficient and suitable training and achieve the necessary level of competency to enable them to take on responsibility to of administering medication
- be authorised to administer medication by the Head Teacher.
- Have access to the parental consent paperwork.
- Have full knowledge of the Medication Policy and Guidance and any local arrangements or procedures.
- Have basic knowledge of medication and its use before assisting or administering.
- Understand the safe procedures for handling medications and understand their responsibilities in the administration of medication
- Ensure knowledge of emergency procedures in the event of an incident i.e. overdose, administration of wrong medication etc.
- Be aware of needs of children/young people with disabilities, and the effects of such factors as sight, hearing or physical dexterity in relation to medication.
- Have a good understanding of their role and responsibilities in relation to the safe storage, administration, and disposal etc of medication.

Role of the Governing Bodies

- 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.
- ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life.
- ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
- ensure that no unacceptable practice take place including practice which:
 - prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
 - assumes that every child with the same condition requires the same treatment;
 - ignores the views of the child or their parents; or ignores medical evidence or opinion, (although this may be challenged);
 - sends 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;
 - penalises children for their attendance record if their absences are related to their medical condition eg hospital appointments;
 - prevents pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;

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

Role of Parents

- provide the school with sufficient and up-to-date information about their child's medical needs
- be involved in the development and review of their child's individual healthcare plan
- carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- To complete school parental consent form to give written permission for the administration of medicines in all cases, including prescription and non-prescription medicines.
- To check expiry dates on medicines and inhalers and to provide additional medication when required.
- To support the school in assisting individuals with long-term or complex medical needs.
- where parents have asked the school to administer the medication for their child they must ask the pharmacist to supply any such medication to be dispensed in a separate container, containing only the quantity required for school use. The prescription and dosage regime should be typed or printed clearly on the outside. The name of the pharmacist should be visible. Any medications not presented properly will not be accepted by school staff. Pupils should not bring in their own medicine. This should be brought into school by the parent.

Parents will be 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;

Receipt and handling of Medicines by the school

Medicines must be provided in the original container **as originally dispensed** by the pharmacist. This should be clearly marked with the child's name, date of dispensing and the name of medication, and include the prescriber's instructions for administration. The label on the container supplied by the pharmacist should not be altered under any circumstances. All medicines brought into school to be administered must be recorded. Medicines should be administered directly from the dispensed container. However, medication can be placed in a small pot after removing it from the dispensed container as a way of hygienically handing it to the child if necessary.

Pupils Refusing Medicines

If a child refuses to take medicine, staff must not force them to do so, but should note this in the records and follow agreed procedures. The procedures to follow in this situation may be set out in the procedures or local arrangements or in an individual child's health care plan. Parents should be informed of the refusal as soon as practicable and the refusal should be recorded on the Medication Administration Record sheet.

If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

Storage of medication

All medication must be stored in the original container issued by the Pharmacist and must be stored away from public areas, sources of heat, moisture or direct sunlight, as these elements can cause the medicines to deteriorate.

The medicine cupboard in the Medical Room is reserved for inhalers, dressings and reagents only.

Storage by refrigeration

In our school where low quantities of medicines are administered, medicines are stored in the domestic fridge located in the staff room.

Allergic Reactions

Some children are at risk of severe allergic reactions. We have a plan to reduce the likelihood of the risk of allergic reactions by ensuring that children do not come into contact with the material or foodstuffs which may cause a reaction e.g. where allergies are known to be food related risks are minimised by discouraging anyone from eating the specific food item in the hall or on trips.

Staff have been trained in the use of an adrenaline pen for emergencies where appropriate. These pens are only used for those children for whom they are prescribed.

Emergency Provision of Care

As part of our general risk management processes we have arrangements in place for dealing with emergency situations. All staff know who is responsible for carrying out emergency procedures. In the first instance this is the Head Teacher.

Individual health care plans include instructions as to how to manage a child in an emergency, and identify the role and responsibilities of staff during the emergency. Staff and other children know what to do in the event of an emergency, and all staff know how to call the emergency services. A member of staff always accompanies a child taken to hospital by ambulance, and stays until the parent arrives. Staff do not take children to hospital in their own car unless accompanied by another member of staff and only then in extreme emergencies.

Disposal of Medicines

We will not dispose of any medication, except in the case of spoiled doses. Any unused medication will be returned to the parent/carer. Any other arrangements are formally recorded and agreed by all parties.

Management of Errors/Incidents in Administration of Medicines

In the event that medication has been administered incorrectly or the procedures have not been correctly followed, then the following procedure will be implemented: -

- Ensure the safety of the child. Normal first aid procedures must be followed which will include checking pulse and respiration.
- Telephone for an ambulance if the child's condition is a cause for concern.
- Notify the Head Teacher/Person in Charge.
- Contact the child's Parents/Carers as soon as practicable.
- Contact the child's GP/Pharmacist for advice if necessary. (Out of hours contact NHS Direct).
- Document any immediate adverse reactions and record the incident in the child's file/Care Plan using the Medication Incident Report Form HSF36.
- Head Teacher to complete the Medication Incident Report Form HSF 36 and, if injury results, the County Council Accident Investigation Report HSF40.
- Head Teacher to commence an immediate investigation about the incident, inform the the Strategic Health and Safety Team, and, where applicable inform any relevant regulatory body. Statements should be taken from staff.
- The medication administration record sheet will reflect the error.
- Child's parent/carer/guardian will be informed formally in writing.

Confidentiality

The Head Teacher and staff always treat medical information confidentially. Staff agree with the parent/carer, who else should have access to records and other information about a child.

If information is withheld from staff they will not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Health and Safety Issues

Staff make every effort to avoid direct contact with medicines. Where this is unavoidable staff will contact the dispensing pharmacist for advice, e.g. when staff have to apply steroid creams **directly** to a child, non-latex gloves must be used. Infection control principles are followed by staff administering medication and staff are familiar with effective hand washing principles. The County Council Infection Control Policy (HR53) has more detail.

Medicines for a staff members own use

If a member of staff needs to bring medicine into school for their own use they have a responsibility to ensure that these medicines are kept securely and that children cannot have access to them, e.g. locked desk drawer or staff room. Any staff medicine is the responsibility of the individual concerned and not the school.

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint in writing to the Chair of Governors, Mr G Rowlands, via the school address.

Links to other useful resources

- [Diabetes UK](#) – supports and campaigns for those affected by or at risk of diabetes
- [Children’s Heart Federation](#) - a children’s heart charity dedicated to helping children with congenital or acquired heart disease and their families in Great Britain and Northern Ireland
- [ERIC](#) (Education and Resources for Improving Childhood Continence) supports children with bladder and bowel problems and campaigns for better childhood continence care
- [Anaphylaxis Campaign](#) - supports people at risk from severe allergic reactions (anaphylaxis)
- [British Heart Foundation](#) - supporting those suffering from heart conditions
- [Little Hearts Matter](#) offers support and information to children, and their families, with complex, non-correctable congenital heart conditions
- [CLIC Sargent](#) - a cancer charity for children and young people, and their families, which provides clinical, practical and emotional support to help them cope with cancer
- [Sickle cell and Young Stroke Survivors](#) supports children and young people who have suffered a stroke or at risk of stroke as a result of sickle cell anaemia
- [Coeliac UK](#) - supports those with coeliac disease for which the only treatment is a gluten-free diet for life. The Coeliac UK website offers guidance and advice to everyone involved with supporting a child with coeliac disease in school, including training and tips for caterers as well as parents
- [The Association of Young People with ME](#) - supports and informs children and young people with ME/CFS, as well as their families, and professionals in health, education and social care
- [The Migraine Trust](#) - a health and medical research charity which supports people living with migraine
- [Migraine Action](#) - an advisory and support charity for children and adults with migraine and their families
- [Stroke Association](#) - supports families and young people affected by stroke in childhood
- [Young Epilepsy](#) - supports young people with epilepsy and associated conditions
- [Asthma UK](#) - supports the health and wellbeing of those affected by asthma

FIRST AID, ILLNESS & ACCIDENT GUIDANCE FOR PARENTS

FIRST AID

First aid is the immediate treatment necessary for the purpose of preserving life and minimising the consequences of injury or illness until expert medical assistance can be obtained. First aid is also administered as the initial treatment of minor injuries, which do not need treatment by a medical practitioner.

The object of first aid is to offer assistance to anyone injured or suddenly taken ill before expert help from a doctor or nurse is available, or before an ambulance arrives. The aims of first aid are threefold:

- Saving life by prompt and initial action;
- Preventing the injury or condition from deteriorating;
- Helping recovery through reassurance and protection from further danger.

In line with current legislation, at least one member of staff who has a current paediatric first aid certificate will be on site at all times.

Our trained Paediatric First aiders are:

- Mrs T Jackson
- Miss L Smith
- Mrs J Martindale
- Mr P Cashmore
- Mrs C Hall
- Mrs H Lewis
- Mrs H Jones
- Mrs C Reeves
- Mrs D Pidgeon
- Mrs S Stevens
- Mrs D Griffiths

- Miss J Cantrill
- Miss O Bulik
- Mrs T Pike
- Mrs L Tomlinson
- Mrs N Deakin
- Mrs M West

A First Aid at Work/Emergency First Aid certificate is held by:

- Mrs H Lewis
- Mr S Gilmore

ACCIDENTS

Where an accident occurs on school premises we will ensure that the necessary steps are taken to deal with the accident while maintaining the safety of all children in our care.

Procedure for Dealing with an Accident

All accidents on the premises are recorded on a carbon copy Accident Form (kept in the medical room)

This form contains details of the following:

- Details of the child
- The time, the date and the nature of the injury
- The type and location of the injury, for example indoors or outdoors
- The action taken at the time, including reassurance to the child and any necessary first aid treatment and any further action taken later such as informing the parents by telephone and by whom
- The circumstances of the accident and the signature of the staff member completing the form.

If a child sustains a head injury whilst attending school, the necessary first aid steps should be taken and the parents of the child will be contacted by phone to inform them of the accident.

Any relevant advice, such as monitoring the child for signs of drowsiness and / or vomiting will be given and recorded.

SERIOUS ACCIDENTS

In the event that any child sustains a serious injury requiring medical attention whilst on the school premises the following procedure will occur:

The Head teacher and paediatric trained staff will assess the injury and will act decisively and quickly to ensure the safety and wellbeing of the children and other persons present is maintained

If it is deemed necessary staff will call for medical help and the parents will be informed.

Other designated members of staff will ensure continued safety and wellbeing of all other children present by ensuring the necessary staff deployment, where possible additional staff will be called upon to provide support.

The injured party will be kept as comfortable as possible until medical help arrives.

Should the child be taken to hospital, a senior member of staff will accompany them, taking all relevant paperwork with them, and stay until such time as the parents or next of kin arrive.

The Head teacher will ensure that all details of the injury are recorded and that any follow up action, such as phone calls to the parents are also detailed.

The Health & Safety Executive will be notified in writing of any serious injury as soon as is reasonable but in any event within 5 days of the injury occurring.

FIRST AID KITS:

- comply with the L.A. H&S guidelines
- are regularly checked by a designated member of staff and re-stocked as necessary
- are easily accessible to adults,
- are kept out of the reach of children
- all staff and volunteers are made aware of the location of first aid kits

Serious accident records will be reviewed annually in order to identify any patterns or trends of recurring injuries as part of the school's annual H&S review.

ILLNESS

All staff members/volunteers will monitor children for signs of being unwell and will look for symptoms of communicable diseases such as mumps, measles, chicken pox, rubella, hepatitis, meningitis, vomiting and/or diarrhoea and fevers. High standards of personal hygiene and practice are encouraged by staff and pupils, particularly hand washing and maintaining a clean environment to prevent the spread of infection. We follow the guidance of the Health Protection Agency.

If a staff member is concerned that a child may have a fever, then the child's temperature should be taken and noted. If a child has a temperature above 38 degrees C, then we will contact the parent/carer to inform them and we will request that the child is collected at the earliest possible convenience. Children sent home with high temperatures should be kept at home until their temperature has been normal, without the administration of drugs, for a minimum of **24 hours**.

If a parent or carer cannot be contacted, the child's temperature will continue to be taken and noted at regular intervals. If the child's temperature rises to 40 degrees C and a parent or carer still could not be contacted, the Headteacher and paediatric trained staff will consider the need for medical help to be called. A senior member of staff will escort the child to hospital if this is deemed necessary and we are unable to contact the parent or carer. All efforts will continue to contact parents and inform them of the school's actions.

If a child vomits or has an episode of diarrhoea at school we will contact the parent or carer and request that the child is collected as soon as possible. If we are unable to contact the parent or carer we will contact the next named person on the **child's** admission form. A member of staff will comfort the child (away from the other children) whilst waiting to be collected.

The children would be kept away from any area affected until it has been thoroughly cleaned. Staff will wear protective clothing such as disposable aprons and gloves when they are required to clear any spilled bodily fluids. All resulting waste is hygienically wrapped and placed in a secure hazardous waste bin, which is emptied regularly by a specialist contractor.

Any child or member of staff who has experienced diarrhoea and/or vomiting must not return to school for **48 hours after the last episode of vomiting and/or diarrhoea**.

If your child has chickenpox, please inform us and keep them at home for **five days** or until they are no longer infectious, which is when the last blister has burst and crusted over.

All children prescribed antibiotics should be kept at home for a minimum of **24 hours** following commencement of treatment.

The aim of these exclusion periods is to minimise the risk of spread of infection to other children and staff.

If we have reason to believe that a child is suffering from a notifiable disease as identified in the public health (infection diseases) regulations 1988, then we will inform the local Health Protection Unit (HPU) and follow any advice given.

In the case of a child suffering a serious illness that requires emergency medical treatment, a senior member of staff will escort the child to hospital if this is deemed necessary and we are unable to contact the parent or carer.

INFECTION CONTROL

To minimise risk of infection whilst administering first aid, staff cover all exposed cuts/abrasions on their own bodies with a waterproof dressing before administering treatment. They also wash their hands before and after applying dressings. Disposable nitrile/vinyl gloves and aprons are worn whenever blood or other body fluids are handled. All disposable items are disposed of in yellow plastic bags in line with the Infection Control Management Arrangements. Contaminated work areas are suitably disinfected.