

Ursuline

Catholic Primary School



Supporting Pupils with Medical Conditions Policy

Reviewed:
November
2018

Reviewed by: M McQueen (Head) & Gov Body

Status: **Active**

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Supporting Children with Medical Conditions

Mission Statement

believe, achieve, serve

Ursuline Catholic Primary School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows. Most children will at some time have a medical condition that may affect their participation in school activities. For many this will be short-term perhaps requiring them to complete a course of medication. Other children have medical conditions or medical needs that, if not properly managed, could limit their access to education. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities.

Our school policy aims to support regular attendance and has accepted and adopted the Department for Education's statutory guidance released in April 2014 – "Supporting pupils at school with medical conditions" under a statutory duty from section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014

The school will have regard to the statutory guidance issued. We take account of it, carefully consider it and we make all efforts to comply.

1. Procedures

The designated named officer for Supporting Children with a Medical Condition is Mr Mark McQueen (Head Teacher). This person will ensure that whenever the school is notified that a pupil has a medical condition the following procedures are adhered to:

- All relevant staff are made aware of a child's condition
- Sufficient staff are suitably trained
- Cover arrangements are in place in case of staff absence/turnover
- Supply teachers are briefed

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- Risk assessments for visits and activities out of the normal timetable are carried out
- Individual healthcare plans are monitored (at least annually)
- Transitional arrangements between schools are carried out
- If a child's needs change, the above measures are adjusted accordingly.

Where children join Ursuline at the start of a new academic year, these arrangements should be in place for the start of term. Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.

A pupil with a medical condition requiring medication or support in school should have an individual healthcare plan which details the support that child needs. If the parents, healthcare profession and school agree that a healthcare plan is inappropriate or disproportionate, a record of the child's medical condition and any implications for the child will be kept in the schools medical record and the child's individual record.

2. Individual Healthcare Plans (IHP)

The following information should be considered when writing an individual healthcare plan, see [Appendix A](#) for school template:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication and other treatments, times facilities, equipment, testing, dietary requirements and environmental issues.
- Specific support for the pupil's educational, social and emotional needs
- The level of support needed including in emergencies
- Who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements
- Who in school needs to be aware of the child's condition and the support required
- Arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff or self-administered (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision)
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate
- Easily accessible to all relevant staff, whilst preserving confidentiality (staffrooms are deemed as an inappropriate location for IHP).
- What to do if a child refuses to take medicine or carry out a necessary procedure
- What to do in an emergency, who to contact and contingency arrangements

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- Where a pupil has an Education, Health and Care Plan or Special Education Needs Statement, the IHP will be linked to it or become part of it.

3. Roles and Responsibilities

Supporting a child with a medical condition during schools hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

The Governing Body will:

- Make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented.
- Ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- Ensure that sufficient staff receive suitable training and are competent before they take on responsibility to support a child with any medical condition.
- Ensure the appropriate level of insurance is in place and appropriately reflects the level of risk.

The Head teacher will:

- Ensure that the policy is developed and effectively implemented with partner agencies and staff.
- Identify and ensure that all staff are aware of the policy and understand their role in its implementation.
- Ensure that relevant staff are fully informed of a child's condition
- Ensure sufficient numbers of staff are trained to implement the policy and deliver IHP's, including in emergency and contingency situations
- If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy.
- Ensure the appropriate level of insurance is in place and appropriately reflects the level of risk
- Develop Individual Healthcare Plans (IHP's)
- Liaise with the school nursing service in the case of any child with a medical condition who has not been brought to their attention or has developed an identified medical condition.
- Ensure procedures are in place to maintain confidentiality and data protection.
- Assign appropriate accommodation for medical treatment/care

School Staff will:

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- Take appropriate steps to support children with medical conditions and familiarize themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help.
- Know where controlled drugs are stores and where the key is held
- Take account of the needs of pupils with medical conditions in lessons
- Undertake training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- Will follow the procedures agreed in the IHP if a child refuses to take medicine or carry out a necessary procedure.

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.

School Nursing Service/Other healthcare professionals will:

- Notify the school when a child has been identified as having a medical condition which will require support in school.
- When required, support the school on implementing a child’s individual healthcare plan

Pupils will:

- Be fully informed in discussions about their medical support needs and contribute as much as possible to the development of their healthcare plan
- Comply with their IHP
- Take responsibility for managing their own medicines and procedures where they are confident to do so.

Parents will:

- Provide school with sufficient and up to date information about their child’s medical needs.
- Act as a key partner in the development of their child’s IHP
- Carry out any action they have agreed to as part of the implementation of their child’s IHP
- Provide school with medicines and equipment and ensure they or other nominated adults are contactable at all times.

4.0 Staff training and Support

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- Newly appointed teachers, supply or agency staff and support staff will receive training on the ‘Supporting Pupils with Medical Conditions’ Policy as part of their induction
- The clinical lead for each training area/session will be named on each IHP
- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent.
- School will keep a record of medical conditions supported within SIMS
- School will keep a record of training undertaken and a list of teachers qualified to undertake responsibilities under this policy (see Appendix B)

5.0 Managing medicines on school premises

5.1 Prescribed Medicines

- Medicines will only be administered at school when it would be detrimental to a child’s health or school attendance not to do so
- No child will be given any prescription or non-prescription medicines without written parental consent.
- No child will be given medication containing aspirin without a doctor’s prescription
- Medicines MUST be in date, labelled and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- Parents are responsible for making sure that their child is well enough to attend school.
- If a child is deemed well enough to attend school but requires medication for a limited period, it will be necessary to complete a parental agreement.
- A record will be kept of any medication administered to a child (see appendix C for school template).

5.2 Controlled Medication

- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Therefore, all medicine should be handed to appropriate member of staff.
- The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations.

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- Controlled drugs may be prescribed as medicine for use by children, e.g. methylphenidate.
- Staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.
- Controlled drugs are kept in the school office in a locked non-portable container and only named staff have access.
- A record will be kept for audit and safety purposes. This includes a stock and administration details.
- Controlled drug, as with all medicines, are returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

5.3 Non-Prescription Medicines

- Staff should not give a non-prescribed medicine to a child without the agreement of the Head or Deputy.
- Prior written permission from the parents must be obtained.
- A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.
- Staff should check that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case – a note to this effect should be recorded in the written parental agreement for the school/setting to administer medicine.
- If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP

5.4 Over the Counter Medicines

- Over the counter medicines, e.g. hay fever treatments, should be accepted only in exceptional circumstances, and be treated in the same way as prescribed medication.
- Parent/carers must clearly label the container with child's name, dose and time of administration and complete a Consent Form.
- Parent/carers are discouraged from sending cough and cold remedies into school. Other remedies, including herbal preparations, will not be accepted for administration in school.

5.5 Analgesia (Pain Relief)

- For pupils who regularly need analgesia (e.g. for migraine), an individual supply of their analgesic should be kept in school.
- As recommended Ursuline will not keep stock supplies of analgesics but will administer analgesics to children with written permission from their parent.

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- Pupils under 16 should never be given medicines containing aspirin or ibuprofen unless prescribed by a Doctor.

5.6 Storage of Medication

- The importance of medication in maintaining the well-being of children with medical needs means that the required medication should be kept as close to the child as is practical.
- Other medication will be kept in a wall cupboard in the School Office or in the designated refrigerator as appropriate.
- Parents are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal and that all medication to be used within school is within date of expiry.
- Large volumes of medicines should not be stored.
- Staff should only store, supervise and administer medicine that has been prescribed for an individual child.
- Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed.
- Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers.
- Children should know where their medicines are at all time and be able to access them immediately. A pupil will never be prevented from accessing their medication.
- Ursuline Catholic Primary cannot be held responsible for side effects that occur when medication is taken correctly.

5.7 Refusing Medicines

- If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures.
- Parents should be informed of the refusal on the same day.
- If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

5.8 Record Keeping

- Parents should tell the school or setting about the medicines that their child needs to take and provide details of any changes to the prescription or the support required.
- However staff should make sure that this information is the same as that provided by the prescriber.
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions.

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- Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.
- Ursuline will complete a Medication Record to detail medication given to children. Records offer protection to staff and proof that they have followed agreed procedures

5.9 Safety Management

- All medicines may be harmful to anyone for whom they are not appropriate.
- When agreeing to the administration of medicines Ursuline Catholic Primary will ensure that the risks to the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

5.12 Disposal of Medicines

- Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.
- They should also collect medicines held at the end of each term/school year.
- Parents MUST ensure that a fresh supply is returned to school at the start of every term.
- If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.
- Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician.
- Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

6.0 Medical conditions register/list

- Parents will have the opportunity to provide information on their child's medical condition during the admission process.
- Parents can request to meet with the Head teacher or their child's teacher to discuss any medical conditions or recent diagnosis.
- All known medical conditions will be logged in the schools SIMS system. This will be updated and reviewed regularly.
- Each class teacher will be given an overview of the list for pupils in their care.
- Supply staff and support staff similarly will have access on a need to know basis.

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- For pupils on the medical conditions list transition point meetings will take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if necessary.

7.0 Emergencies

- Medical emergencies will be dealt with following the schools emergency procedures which will be communicated to all staff
- IHP's will clearly define what constitutes an emergency and will explain what to do. All relevant staff will be made aware of emergency symptoms and procedures.
- Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
- If a pupil need to be taken to hospital, a member of staff will remain with the child until their parents arrive.
- The school defibrillator will be tested regularly. A log of all tests will be kept

8.0 Allergies & Anaphylaxis

- Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain foods or other substances, but may happen after a few hours. Common triggers include nuts, eggs, cow's milk, certain drugs, and insect stings.
- Details of such allergies will be recorded on the Health Care Plan.
- Emergency action will be detailed in this plan and all staff will be made aware of the condition and course of action. Two main types of medication may be used:
 - Antihistamines (eg;Piriton, Zirtec)
 - Preloaded Adrenalin injection (eg:epipen)
- Parents will be informed immediately if their child has an allergic reaction and emergency services will be contacted (procedures displayed in school office) if this is the advice outlined on the Health Care Plan or if this is deemed to be the appropriate course of action by senior school staff.
- Children with food allergies will need a Health Care Plan and this information with a full explanation of the condition and action to be taken will be disseminated to all staff.
- An Epipen/Anapen can only be administered by school staff who have volunteered and have been designated as appropriate by the Headteacher and who has been trained by the school nurse/doctor.
- Training of designated staff will be provided by the school doctor/nurse and the Head teacher will keep a record of training undertaken. Training will be updated at least once a year. The Epipen/Anapen should be readily accessible for use in an emergency and where pupils are of an appropriate age the

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Epipen/Anapen can be carried on their person or kept in the classroom. It should be stored at room temperature, protected from heat and light and be kept in the original named box. It is parent's responsibility to ensure that the Epipen/Anapen is in date. Expiry dates and discolouration of contents should be checked termly and parent/carer have responsibility to replace it as necessary.

- The use of the Epipen/Anapen must be recorded on the pupil's Medication Record, with time, date and full signature of the person who administered the Epipen/Anapen.
- Immediately after the Epipen/Anapen is administered, a 999 ambulance call must be made and then parent's notified. If two adults are present, the 999 call should be made at the same time of administering the Epipen/Anapen. The used Epipen/Anapen must be given to the ambulance personnel. It is the parent/carer responsibility to renew the Epipen/Anapen before the child returns to school. The Epipen/Anapen must be taken if the pupil leaves the school site. An adult, who has been trained to administer the Epipen/Anapen, must accompany the pupil.

9.0 Asthma

How to Recognize 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 go 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

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- 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

9.1 Arrangements for the supply, storage, care and disposal of the inhaler

- In accordance with the Human Medicines (Amendment) (No. 2) Regulations 2014 Ursuline will buy and keep available a salbutamol inhaler, without a prescription, for use in emergencies.
- 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 inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

9.1.1 Supply

- The school will buy and keep on the premises at least two inhalers which will be included in an emergency kit
- The emergency asthma inhaler kit will include:
 - a salbutamol metered dose inhaler;
 - at least two plastic spacers compatible with the inhaler;
 - instructions on using the inhaler and spacer;
 - 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 as detailed in their individual healthcare plans;
 - a record of administration (i.e. when the inhaler has been used).
- Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm.

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- The main risk of holding a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma.
- It is essential therefore that the inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

9.1.2 Storage and care of the inhaler

Ursuline will take 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.
- 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 inhaler and spacers are kept in a safe and suitably central location in the school, such as the school office, or staffroom, which is known to all staff, and to which all staff have access at all times, but in which the inhaler is out of the reach and sight of children.
- The inhaler and spacer MUST not be locked away.
- The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature.
- The inhaler and spacers should be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler.
- 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. However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

9.1.3 Disposal

- Spent inhalers are returned to the pharmacy to be recycled.

10.0 Day trips, residential visits and sporting activities

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- Any arrangements made for school trips etc. will be flexible enough to ensure pupils with medical conditions can participate unless a clinician states it is not possible.
- Risk assessments will form part of the planning arrangements and will take account of any steps needed to ensure that pupils with medical conditions are included.
- Consultation with parents, healthcare professionals etc. regarding trips and visits will be separate to the normal day to day IHP requirements for the school day.

11 Sporting Activities

- Most children with medical conditions can participate in physical activities and extra-curricular sport.
- There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities.
- For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan.
- All adults should be aware of issues of privacy and dignity for children with particular needs.
- Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.
- Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

12 Hygiene and Infection Control

- All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.
- Staff have access to protective disposable gloves and should take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

13.0 Unacceptable Practice

The following behavior is unacceptable at Ursuline Catholic Primary School:

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assuming the pupils with the same condition require the same treatment
- Ignoring the views of the pupil and and/or their parents or ignoring medical evidence or opinion.

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- Sending pupils home frequently or preventing them from taking part in activities at school.
- Sending the pupil to the school office alone or with an unsuitable escort if they become ill.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow pupils to eat, drink or use the toilet when the need to in order to manage their condition

14.0 Insurance

- Teachers who undertake responsibilities within this policy will be assured by the Head teacher/Governing Body that they are covered by the schools insurance.
- Full written insurance policy documents are available on request by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the School Bursar.

15.0 Complaints

- All complaints should be raised with the school in the first instance.
- The details of how to make a formal complaint can be found in the Schools Complaints Policy.

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