



Osborne
Co-operative Academy Trust



Medical Needs Policy

Thameside Primary School

Last reviewed: October 2019

Next review date: October 2021

Osborne Co-operative Academy Trust is a multi-academy trust (MAT) incorporated around the principles and values of the international co-operative movement. These are Equality, Equity, Democracy, Self-help, Self-Responsibility and Solidarity, along with the ethical values of openness, honesty, social responsibility and caring for others. These values and principles underpin all our actions.

Medical Needs Policy

Aim

The ultimate aim of this policy and scheme is to provide the safeguarding of children as defined by the school's statement on safeguarding children.

Introduction

Most children at some time have a medical condition, which could affect their participation in school activities. This may be a short term situation or a long term medical condition which, if not properly managed, could limit their access to education. The Governors and staff of Thameside Primary School wish to ensure that children with medical needs receive care and support in our school. We firmly believe children should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school or other activities

Roles and Responsibility

The role of the Headteacher and Governing Body

The ultimate responsibility for the management of this policy lies with the Headteacher and Governing Body.

The SENCO will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained.

The SENCO will work with the administration team to ensure accurate and up to date records are kept for children with medical needs.

The role of Staff

Staff 'Duty of Care'

Anyone caring for children, including teachers, other school staff and Children's Centre staff have a common law duty of care to act like any reasonably prudent parent/carer. This duty extends to staff leading activities taking place off site, such as visits, outings or field trips and may extend to taking action in an emergency.

Teachers/child care practitioners who have children with medical needs in their care should understand the nature of the condition, and when and where the child may need extra attention. All staff (teaching and non-teaching) should be aware of

the likelihood of an emergency arising and be aware of the protocols and procedures for specific children in school through attending training provided and reading individual care plans devised for individual children.

The role of Parent/Carers

Parents/carers have prime responsibility for their child's health and should provide school with up to date information about their child's medical conditions, treatment and/or any special care needed.

If their child has a more complex medical condition, they should work with the school/other health professionals to develop an individual healthcare plan which will include an agreement on the role of the school in managing any medical needs and potential emergencies.

It is the parent/carers responsibility to make sure that their child is well enough to attend school.

Identification

Upon entry to school, parent/carers will be asked to complete admission forms requesting medical information. Throughout the year we request through our newsletter that parents keep us up to date with any changes in medical information. We also annually send out data sheets for parents/carers to check and amend to ensure all our records are up to date.

Individual Health Care Plans (IHCP)

The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. The IHCP clarifies for staff, parents/carers and the child the help the school can provide and receive. These plans will be reviewed annually as a minimum, or more frequently at the request of parents/carers or the school, or as required

An IHCP will include:

- details of the child's condition including the related symptoms
- what constitutes an emergency
- what action to take in an emergency
- who to contact in an emergency
- the role the staff can play
- special requirements e.g. dietary needs, pre-activity precautions
- any side effects of medicines

A copy will be given to parents/carers by the relevant NHS team whilst class teachers will receive a copy via the SENCo / Medical Officer. Further copies will be retained in the medical needs file in the office and in the child's individual file. The general medical information sheet shared with all staff will indicate if a child has an IHCP. There is a list of staff trained in being able to deliver care to and administer the appropriate medication for children who Type 1 Diabetes and / or need to use an Epipen displayed in the Reprographics Room in the staffroom. Reviews of training needs are undertaken each year and staff are able to renew previous accreditation whilst other staff are able to take part in the training. If training for specific staff members is needed in relation to specific children and their needs then this is arranged on an 'as & when necessary' basis

Communicating Needs

A medical file containing class/childcare lists together with an outline of any medical condition and actions to be taken is available to all teaching and non-teaching staff (including Lunchtime Supervisors and Activity Leaders) in the office. A general overview of children with specific known medical needs is displayed on the wall in the Reprographics Room in the staffroom.

Individual Health Care Plans for children are kept in the classroom where they are accessible to all staff involved in caring for the child. An overview list of children with IHCPs can be found on notice boards in the Reprographics Room in the staffroom. In addition, the produces a half termly report from SIMS that lists all children with medical and / or dietary needs which is distributed to all class teachers and key members of staff e.g. PE Team. Lanyards stating what children are not allowed to eat are issued for use in the dining hall at lunchtime for serving staff to check against when serving food

First Aid

We have a number of school staff (see lists on display in the Reprographic Room in the staffroom for up to date list) who are trained 'first-aiders' and in the event of illness or accident will provide appropriate first aid. In the event of a more serious accident, we will contact the parent/carer as soon as possible. If hospital treatment is required and a parent/carer is not available, 2 members of staff will take the child to hospital and stay with the child until the parent/carer arrives. If the child is required to travel in an ambulance a member of staff will accompany the child in the ambulance if their parent/carer is unavailable.

We will endeavour to inform parent/carers, using a standard letter (Appendix 1) if their child has had an accident and received first aid attention. Details of accidents/incidents are recorded in the Accident Book together with any treatment provided. (See Appendix 2)

Physical Activity

We recognise that most children with medical needs are able to participate in physical activities and extra-curricular sport. Any restrictions in a child's ability to participate in PE or specific physical activities should be recorded in their IHCP. All staff should be aware of issues of privacy and dignity for children with particular needs.

School Visits

When preparing risk assessments staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits.

Sometimes additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent/carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned or as part of the risk assessment and visit planning process. A copy of IHCP should be taken on trips and visits in the event of information being needed in an emergency.

Residential Visits

Parent/carers of children participating in residential visits will need to complete a consent form giving details of all medical/dietary needs. Administration of medicine forms need to be completed prior to the day of departure and all medication which needs to be administered during the course of the visit should be handed directly to the group leader before leaving the school at the start of the visit. A copy of any IHCP will be taken on the visit in the event of information being needed in an emergency. An appropriately trained member of staff will accompany the group for the duration should a child have an IHCP related to Type 1 Diabetes or for a medical condition that may require the use of an epipen.

Administration of Medicines

The Headteacher will accept responsibility for members of school staff giving or supervising children taking prescribed medication during the school day where those members of staff have volunteered to do so and have agreed to adhere to this policy. Prescribed medication provided in its original pharmacy labelled container can only be administered to children where parents/carers provide such medication to the school and parents/carers must specifically request in person that the school administers it.

Medication will not be accepted without a completed Administration of Medicines Consent Form (see Appendix 3) with clear instructions as to administration.

The Headteacher will consider in each case the nature of the medication to be administered, any potential risks and all other relevant information before deciding whether in any particular case medicine can be administered in school. Where there is concern about whether the school can meet a child's needs the Headteacher should seek advice from the school nurse or doctor, the child's GP or other medical adviser. Once agreed a letter of confirmation will be sent to the parent/carer.

(Appendix 4)

If more than one prescribed medication is to be taken, parents/carers must certify by completing an Administration of Medicines Consent Form for Multiple Medications form (Appendix 5) that the medication has been administered to the child without any adverse effect and that approval for the combined administration has been obtained from a medical practitioner.

Each item of prescribed medication must be delivered in its original, pharmacy labelled container and handed directly to the Headteacher or person authorised by the Headteacher. The school will not accept medication which is in unlabelled containers.

Each item of prescribed medication must have the pharmacy label still attached with the following information:

Child's name

Child's date of birth

Name of Medication

Dosage

Frequency of dosage

Date of dispensing

Storage requirements (if necessary)

Expiry date

Where appropriate children will be encouraged to self-administer their own medication under staff supervision. Parent/carers of children under 16 will be asked

to confirm in writing their consent to this. The Headteacher must approve pupils/children carrying and administering their own medicine. In deciding whether to permit this the Headteacher will take into account the nature of the medication, the age of the child and the safety of other children.

Staff who volunteer to assist in the administration of medication must receive appropriate training/guidance identified by the Headteacher in liaison with health professionals.

The Headteacher or his/her representative will seek the advice of healthcare professionals on the type of training required for each authorised member of staff and what types of medication that training covers.

Unless otherwise indicated on the storage instructions, all medication to be administered will be kept in a locked cupboard or locked refrigerator in the office with the key being held by the Medical Officer

The school member of staff administering the medication must record details of each occasion when medicine is administered to a child (Appendix 6) and post a copy to the parent/carer at the end of each week.

If children refuse to take medication, the staff should not force them to do so. The school should inform the child's parent/carer as a matter of urgency, and may need to call the emergency services.

Parent/carers will be advised that it is their responsibility to notify the school of any changes to a child's medication. Parents/carers should also inform the school of any other circumstances that may affect the administration of medication or of the child's reaction to the medication.

The Medical Officer will carry out regular reviews of the expiry dates on medicines permanently kept in school and will advise parents, in writing, for the need for a replacement as this expiry date approaches.

Anaphylaxis, Asthma, Diabetes, Eczema and Epilepsy

The school recognises that these are common conditions affecting many children and young people, and welcomes all children with these conditions.

The school believes that every child has a right to participate fully in the curriculum and life of the school, including all outdoor activities and residential trips. The school ensures that all staff in the school have a good understanding of these conditions, through relevant training and do not discriminate against any child who is affected.

Anaphylaxis

Anaphylaxis can be triggered by foods (nuts, shellfish, dairy products) or non foods (wasp and bee stings, certain medicines, even exercise). The symptoms of anaphylaxis can be identified by effects on the respiratory system, cardiovascular system, gastrointestinal system, skin, nervous system and genitourinary system. In the event of an attack it is important to administer an epipen as soon as possible and then call 999 for an ambulance

How will staff know which children might need an epipen?

Photographs of all children needing an epipen can be found on notice board in the Reprographics Room. Children's Individual Health Care Plans are kept in classrooms, are stored centrally in the Medical File in the office and in individual children's files.

How will staff know when and how to administer an epipen?

There will be regular training sessions for selected staff, including the Medical Officer, with at least 1 person in a year group where a child has an IHCP being trained. Key members of midday staff shall also receive training as well as other selected staff in school e.g. a member of the PE team / behaviour support team / a member of office staff

If an Epi-pen has been administered the Epi-pen administration form will need to be filled in by the member of staff whom administered the medication. This form is held in the medical room.

Where are epipens stored?

Epipens are stored in the Individual child's classroom. Each child has an emergency box containing 1 epipen, a copy of their IHCP, any other relevant medication, a pencil, paper and a pair of gloves. Each box is labelled with the child's name, photograph and date of expiry of epipens.

Asthma

Asthma medicines

Immediate access to reliever medicines is essential. Reliever inhalers (blue) are kept in the First Aid Room, in individual named zipped wallets. Parents/carers are asked to ensure that all reliever inhalers are labelled with a chemist dispensing label containing the child's name. It is the parent/carers responsibility to ensure that the inhalers are in date and replaced regularly. Asthma medicines will only be administered to children once an administration of medicines consent form has been completed. (See Appendix 2). Children are encouraged, wherever possible, to administer their own inhaler with adult supervision.

Record keeping

A record of all accidents and /or illnesses are recorded by a member of staff. A copy is the photo copied and sent home with the child and a hard copy is kept in the Medical file in the first aid room. SIMS is also updated with the accident details and this is done by the medical officer or office staff. Each time a child receives their asthma medication it is recorded on an administration of inhalers record sheet kept in the inhaler box and on the daily medications chart held in the first aid room.

PE, games & activities, including pre-school and after school clubs

Taking part in sports, games, activities and clubs is an essential part of school life for all pupils. Staff are aware of which children have asthma from the school's medical register. Children with asthma are encouraged to participate fully in all PE lessons. Staff will remind children whose asthma is triggered by exercise, to take their reliever inhaler before the lesson and to thoroughly warm up and down before and after the lesson. Staff follow the same principles as described above for games, activities and clubs involving physical activity. Staff need to be aware of the potential triggers for children with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

The school environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma. If however particular fumes do trigger their asthma, children are removed from the classroom by an adult and taken to sit in the school office, where they can be supervised until fully recovered.

Asthma attacks

IN THE EVENT OF A CHILD HAVING AN ASTHMA ATTACK

If at all possible take the child to the office

Stay calm and reassure the child

Encourage the child to breath slowly

Ensure that any tight clothing is loosened

Help the child to take their spacer device/ reliever (blue) inhaler

Usually 2-4 puffs are enough to bring the symptoms of a mild attack under control.

This medication is very safe; do not be afraid to give more if it is needed

Inform and seek assistance from First Aider on site

If an inhaler is administered to a child then a record of this will need to be made on the daily medications chart held in the medical room

ALWAYS CALL FOR AN AMBULANCE IF ANY OF THE FOLLOWING OCCUR

There is no significant improvement in 5 – 10 minutes

The child is distressed and gasping or struggling to breath

The child has difficulty in speaking more than a few words at a time

The child is pale, sweaty and may be blue around the lips

The child is showing signs of fatigue or exhaustion

The child is exhibiting a reduced level of consciousness

WHILST THE AMBULANCE IS ON ITS WAY

The child should continue to take puffs of their Reliever (blue) inhaler until the symptoms improve

If the child has a spacer device and reliever (blue) inhaler available give up to ten puffs, one puff every minute (shaking the inhaler between each puff)

If the child's condition is not improving and the ambulance has not arrived, repeat the process in the previous bullet point

Contact the parents/carers, once the emergency situation is under control and the ambulance has been called

Diabetes

We recognise that Diabetes should not be taken lightly because it is a very serious condition, and could result in a Hypoglycaemia attack (Hypo) where blood sugar level become too low, or a Hyperglycaemia attack (Hyper) where blood sugar levels become too high. Prompt medical attention will then be required to rectify the chemical and sugar imbalance in the blood. Children who are diabetic need supervision and careful monitoring so that staff are aware of any changes in the child and are able to take immediate action if they should need to. All children with Diabetes in school have their own IHCP and their details are recorded in the Medical File held in the office ~~First Aid Room~~. Each child with diabetes has an emergency

box labelled with their name and photograph and containing any relevant equipment required to control a hypo or hyper attack which is stored in a locked cupboard in the office

There is a daily record sheet held with each child's kit. The following details must be filled in and signed by the person administering the treatment.

Date, Time, Glucose level, Treatment\Carbohydrate given, Signature.

Eczema

We are aware that active (acute) eczema causes constant itching and can mean sleepless nights and daytime drowsiness. We recognise that children who suffer with eczema may need the support of school staff to help them deal with this condition and that they may need help to apply emollients.

Epilepsy Seizures

IN THE EVENT OF A CHILD HAVING AN EPILEPTIC SEIZURE

Stay calm

If the child is convulsing then put something soft under their head

Protect the child from injury (remove harmful objects from nearby)

NEVER try and put anything in their mouth or between their teeth

Try and time how long the seizure lasts – if it lasts longer than usual for that child or continues for more than five minutes then call medical assistance

When the child finishes their seizure stay with them and reassure them

Do not give them food or drink until they have fully recovered from the seizure

Head Lice

Any case of head lice should be reported to the school. Parent/carers will be advised on an appropriate course of action as advised by the local health authority.

Infectious Diseases

The Health Protection Agency www.hpa.org.uk provide information on the control of infectious diseases. A hard copy of the Control of Infections in Schools document can be found in the Medical File.

Staff training

The school is responsible for ensuring that staff have appropriate training to support children with medical needs. Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school.

Arrangements are made with appropriate agencies e.g. School Health to update staff training on a regular basis. Selected teaching and support staff are directed to attend epipen and Type 1 Diabetes training annually.

Staff awareness

Staff are made aware of any new medical needs of children, as soon as the SENCo has been informed, by way of email being sent to all staff, with instruction that is to be adhered to with immediate effect

Confidentiality

Staff must always treat medical information confidentially. Agreement should be reached between parent/carers and the school about whom else should have access to records and other information about a child and this will be detailed in their Individual Healthcare Plan.

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.

Other agencies

The school nurse, paediatrician or other specialist bodies may be able to provide additional background information for school staff. Any requests or referral to these services will only be made with parental consent.

Monitoring and evaluation

Staff and governors, on a three yearly basis, will review this policy unless circumstances demand an earlier review