

St John Bosco RC Primary School

Policy to support school attendance for pupils with medical conditions (including through the effective management of the administration of medicines and of pupils with reduced mobility)

INTRODUCTION

We want all children to have successful and fulfilling lives. The progress achieved on the Inclusion Agenda and wider changes relating to the health of children and young people mean that schools, early year's settings, Head teachers and Managers in particular, are increasingly concerned about the safe administration of medicines. The Head teacher or, in their absence, authorised member of staff, shall have the ultimate responsibility for deciding what to do in any given situation but if possible within the guidelines of this document.

PURPOSE OF DOCUMENT

The purpose of this policy is to put into place effective management systems and arrangements to support children and young people with medical needs in the school and to provide clear guidance for staff and parents/carers on the administration of medicines. This document, where appropriate, must be considered in conjunction with all other relevant policies, for example, health and safety.

The special educational needs and disability code of practice explains the duty of local authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014. Section 100 of the Children and Families Act 2014 places a duty on Governing Bodies to make arrangements for supporting pupils at their school with medical conditions. Some children with medical conditions may be disabled and where this is the case governing bodies must comply with their duties under the Equality Act 2010. All pupils should have full access to the National Curriculum unless individual exceptions are advised by a multi-agency review. Unless children are acutely ill they should attend school. To facilitate this it may be necessary for them to take medication during school hours.

ROLES AND RESPONSIBILITIES

All staff in schools and early year's settings have a duty to maintain professional standards of care and to ensure that children and young people are safe. Whilst there is no legal duty requiring staff to administer medication or to supervise a child when taking medicines, it is good practice and meets with the Every Child Matters agenda. It is expected good practice that schools and settings will review cases individually and administer medicines in order to meet the all round needs of the child and to enable them to attend school.

Under the Disability Discrimination Act (DDA) 1995, schools and settings are under a duty to make reasonable adjustments for disabled children, including those with medical needs. All provision should be planned with the intention of ensuring access to their full educational entitlement.

Where pupils have incurred injuries which restrict their mobility for example as a result of fractures, schools and settings should consider what reasonable adjustments they need to make to enable them to participate fully in all areas of school life, including educational visits and sporting activities.

Governing bodies are responsible for setting the strategic direction of the school. This includes the establishment, monitoring and evaluation of school policies including a policy for medicines. In developing school policies Governing Bodies should take into account the views of parents/carers, the staff and the Head teacher and ensure that the policy supports all pupils in order to attend school wherever possible.

The Headteacher, in consultation with the Governing body, staff, parents/carers, health professionals and the local authority, is responsible for deciding whether the school or setting can support a child to attend school by assisting with their medical needs. The headteacher is responsible for:

- (a) implementing the policy on a daily basis
- (b) ensuring that the procedures are understood and implemented
- (c) ensuring appropriate training is provided
- (d) making sure there is effective communication with parents/carers, children and young people, school/settings staff and all relevant health professionals concerning the pupil's health needs.

Staff, including supply staff must always be informed of a child's medical needs where this is relevant and of any changes to their needs as and when they might arise. All staff will be informed of the designated person(s) with responsibility for medical care, which at St John Bosco School is the headteacher.

Off-site education or work experience

Schools are responsible for ensuring, under an employer's overall policy, that work experience placements are suitable for and supportive of regular attendance by students with a particular medical condition. Schools should consider whether it is necessary to carry out a risk assessment before a young person is educated off-site.

PARENTS/CARERS

The Local Authority, schools and early years settings should work in partnership with parents/carers to ensure that their child attends school wherever possible.

It is the responsibility of parents/carers to;

- (a) inform the school of their child's medical needs
- (b) provide any medication in a container clearly labelled with the following;
 - THE CHILD'S NAME
 - NAME OF MEDICINE
 - DOSE AND FREQUENCY OF MEDICATION
 - SPECIAL STORAGE ARRANGEMENTS
 - DATE TO BE USED BY
- (c) collect and dispose of any medicines held in school at the end of each term.
- (d) ensure that medicines have not passed the expiry date.
- (e) ensure that all attempts are made to enable their child to attend school.

PUPIL INFORMATION

Parents/carers should be required to give the following information about their child's long term medical needs with a responsibility to update it at the 'start of each school year';

- (a) Details of pupil's medical needs
- (b) Medication, including any side effects
- (c) Allergies
- (d) Name of GP/consultants
- (e) Special requirements e.g. dietary needs, pre-activity precautions
- (f) What to do and who to contact in an emergency
- (g) Cultural and religious views regarding medical care

ADMINISTERING MEDICATION

It is expected that parents/carers will normally administer medication to their children at home. Parents should be encouraged to check with their child's GP if medicine can be administered outside of school hours and still be effective. No medication will be administered without prior written permission from the parents/carers, including written medical authority if the medicine needs to be altered (e.g. crushing of tablets). A **Request to Administer Medication Form** must be completed.

The Head teacher/Manager will decide whether any medication will be administered in school /early years setting and following consultation with staff, by whom. All medicine will normally be administered during breaks and lunchtime. If, for medical reasons, medicine has to be taken at other times during the day, arrangements will be made for the medicine to be administered at other prescribed times. Pupils will be told where their medication is kept and who will administer it.

Any member of staff, on each occasion, giving medicine to a pupil should check;

- (a) Name of pupil
- (b) Written instructions provided by the parents/carers or doctor
- (c) Prescribed dose (to be confirmed with a second member of staff)
- (d) Expiry date

Written permission from the parents/carers will be required for pupils to self-administer medicine(s). A **Request to Self - Administer Medication Form** must be completed.

STORAGE

All medicine will be kept in a locked cabinet in the school administration office, although immediate access to reliever inhalers is essential. Class teachers for Early Years and KS1 will store children's' inhalers which must be labelled with the pupil's name within the unlocked classroom and inhalers for pupils in KS2 children will be stored in the school office. Information about all children who have medicines will be kept in the First Aid file.

RECORDS

Staff will complete and sign a record sheet each time medication is given to a child and these will be kept in the administration office. The sheets will record the following;

- (a) Name of pupil

- (b) Date and time of administration
- (c) Who supervised the administration
- (d) Name of medication
- (e) Dosage
- (f) A note of any side effects
- (g) If medicine has been altered for administration (e.g. crushing tablets) and authority for doing so

REFUSING MEDICATION

If a child refuses to take their medication, staff will not force them to do so. Parents/carers will be informed as soon as possible. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications must also be recorded as well as the action then taken by the teacher.

TRAINING

Training and advice will be provided by health professions for staff involved in the administration of medicines. Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate. The school ensures that all pupils are aware and have an understanding of asthma; this will be included within the national curriculum.

HEALTH CARE PLAN

Where appropriate, a personal Health Care Plan will be drawn up and reviewed annually in consultation with the school (usually the SENCo), parents/carers and health professionals. The Health Care Plan will aim to support school attendance wherever possible outlining the child's needs and the level of support required in school. Where a child has a long term condition a care plan must be completed. For children with asthma type symptoms the asthma care plan may be used if preferable (Appendix 2A). The asthma care plan can be photocopied and one copy can be kept along side the child's inhaler the other will be kept in the first aid file.

SCHOOL TRIPS

To ensure that as far as possible, all children have access to all activities and areas of school life, a thorough risk assessment will be undertaken to ensure the safety of all children and staff. No decision about a child with medical needs attending/not attending a school trip will be taken without prior consultation with the parents/carers.

Residential trips and visits off site;

- (a) Sufficient essential medicines and appropriate Health Care Plans will be taken and controlled by the member of staff supervising the trip.
- (b) If it is felt that additional supervision is required during any activities e.g. swimming, school will usually use the support of an additional member of staff or may request the assistance of the parent/carer.

Exercise and activity – PE and games/out of hours

Taking part in sports, games and activities is an essential part of school life for all pupils. The school ensures that as far as possible all staff know which children in their class have a long term medical condition and all PE teachers are aware of which pupils have asthma.

EMERGENCY PROCEDURES

The Head teacher will ensure that all members of staff are aware of the school's planned emergency procedures in the event of medical needs. In conjunction with the schools emergency procedures in the event of an asthma attack the school will follow clear guidelines on "What to do in an asthma attack" which is outlined in Appendix 1A. These guidelines will be available to all staff members and displayed in different areas around the school.

All children with asthma should have an easily accessible inhaler in school in line with their asthma care plan. Reliever inhalers are prescribed for use by an individual child only. As such they should not be used by anyone else. It is recognised however that there may be emergency situations where a child experiences severe asthma symptoms and his/her reliever is not immediately to hand. School staff have a duty of care towards a pupil to act like any reasonably prudent parent. In accordance with the British Guideline on the Management of Asthma reliever inhalers are generally accepted to be a very safe form of medicine. In an emergency situation it is therefore recognised that using another child's reliever inhaler may be preferable to not giving any immediate medical assistance.

It is important that schools agree with parents of children with asthma how to recognise when their child's asthma gets worse and what action will be taken. School should ask the parent/guardian to sign to permit this practice in the case of an emergency in their child's asthma care plan.

CARRYING MEDICINES

For safety reasons children are not allowed to carry medication, except asthma inhalers in KS2. All medicines must be handed to the school administration staff or the class teacher on entry to the school premises.

ANNEX A

What to do in an asthma attack

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an attack. Where possible a spacer is the best form of delivery.

Step 1 What to do

- Encourage the child or young person to sit and slightly bend forward – do not lie them down.
- Make sure the child or young person takes 2 puffs of reliever inhaler (blue) (1 puff per minute) immediately – preferably through a spacer
- Ensure tight clothing is loosened
- Reassure the child
- If symptoms do not improve in 5 – 10 minutes go to step 2

Step 2 If there is no immediate improvement in symptoms:

- Continue to make sure the child or young person takes one puff of reliever inhaler (blue) every minute for four minutes (4 puffs). Children under the age of 2 years 2 puffs. If symptoms do not improve in 5 – 10 minutes go to step 3.
- Continue to reassure the child

Step 3 Call 999:

- Continue to make sure the child or young person takes one puff every minute of reliever inhaler (blue) until the ambulance arrives.
- Call parents/carer
- Keep child or the young person as calm as possible.

If the child/young person has any symptoms of being too breathless or exhausted to talk, lips are blue, being unusually quiet or reliever inhaler not helping you may need to go straight to step 3. If you are ever in doubt at any step call 999.

Common signs/symptoms of an asthma attack are:

- ❖ Coughing
- ❖ Shortness of breath
- ❖ Tightness in the chest
- ❖ Sometimes younger children express the feeling of a tight chest as a tummy ache
- ❖ Being unusually quiet
- ❖ Difficulty speaking in full sentences

After a mild to moderate asthma attack

- ❖ Mild to moderate attacks should not interrupt the involvement of a pupil with asthma in school.
- ❖ When the pupil feels better they can return to school activities
- ❖ The parents/carers must always be told if their child has had an asthma attack.

Important things to remember in asthma attack

- ❖ Never leave a pupil having asthma attack.
- ❖ If the pupil does not have their inhaler and / or spacer with them send another teacher or pupil to their classroom or assigned room to get their spare inhaler and / or spacer.
- ❖ In an emergency situation school staff is required under common law, duty of care, to act like any reasonably prudent parent.
- ❖ Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- ❖ Contact the pupil's parents or carers at step 1 if a pupil does not have their reliever inhaler at school.
- ❖ Send another pupil to get another teacher / adult if an ambulance needs to be called.
- ❖ Contact the pupil's parents or carers immediately after calling the ambulance / doctor.
- ❖ A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.
- ❖ Generally staff should not take pupils to hospital in their own car.

ANNEX B: FORMS (Forms taken from DCSF Guidance 2005)

Form 1 Asthma Health care plan/recordings

Form 2 Parental agreement for school/setting to administer medicines

Form 3: Head teacher/Head of setting agreement to administer medication

Form 4: Record of medicines administered to all children

Versions of these forms are available from <http://www.teachernet.gov.uk/medical>

Form 1

School Asthma Health Plan

Date Completed _____

Child's Name	
DOB	
Address	
Class	
Parent / Guardians name (1 st contact)	(2 nd contact)
Telephone:	Home:
	Work:
	Mobile:
GP	Name:
	Surgery:
	Telephone:

Does your child tell you when he needs their inhaler? Yes/No
 Not always
 Does your child need help taking their inhaler? Yes/No

Does your child need to take their inhaler before physical activity? Yes/No	
If only required during a common cold please circle: With colds only	
Medication:	Strength Dose When to be taken
	Before activity: May need before, during and/or after. Staff to observe. Aim to get through activity without symptoms if possible.

My child's asthma triggers: (please tick the appropriate boxes of your child's triggers)

Cold air	Colds / viral infections	Pollen	Stress/anxiety
Changes in weather	Exercise	Dust	Emotion/ Excitement
Damp / mould	Night	Pets	Cigarette smoke
Other: Observe for any unknown triggers			

Relief treatment when needed

For cough, wheeze breathlessness or sudden chest tightness, give or allow the child to take the inhaler below. After 5-10 minutes the child should feel better & be able to return to normal activities.

Medication	Strength	Dose	When to be taken
			4 hourly as and when required
Expiry date		Sign by parent/Guardian	

In an Emergency

An emergency is when any of the following happen:

- 1) The reliever inhaler doesn't help.
- 2) Symptoms of cough, wheeze, breathlessness or tight chest get worse.
- 3) The child is too breathless or exhausted to speak or is usually quiet.
- 4) The child lips are blue.

What to do

Continue to give the child 1 puff of reliever inhaler (blue) every minute for 4 minutes (4 puffs). Children under 2 years 2 puffs
 After 5-10 minutes the child should feel better & be able to return to normal activities.

If the reliever inhaler has no effect after 5-10 minutes, call 999 for an ambulance

Continue to give the reliever inhaler 1 puff every minute until the ambulance arrives. Inform the child's parents.

Parent / Guardian Name _____ signature _____ Date _____:
Health Professional: GP/Consultant/Practice Nurse/Asthma Nurse/Other: Name _____ signature _____ Date _____
Review Date: _____

School Asthma Health Plan - Part 2

It is recognised that reliever inhalers are prescribed for use by an individual child only and as such they should not be used by anyone else. However, if your child is having a severe asthma attack and his/her reliever inhaler is not readily accessible then there may be circumstances where it is appropriate to use another child's inhaler to relieve the symptoms. This would only occur in exceptional circumstances and your child would be expected to use his/her own inhaler at all other times.

If your child is having a severe asthma attack, and his/her reliever inhalers are not immediately or readily available do you agree your child may use another child's reliever inhaler? **Yes/No**

Would you give permission for your child's inhaler to be used by another child who is having a severe asthma attack? **Yes/No**

Is your child known to be allergic to or unable to use any known alternative reliever inhalers? **Yes/No**

(If you are unsure how to answer this question please discuss it with your GP.)

If yes please provide full details:

This would only happen in an emergency situation

Parent / Guardian Name _____ signature _____ Date _____:
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