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# **DEEPING ST JAMES COMMUNITY PRIMARY SCHOOL**



## **Supporting Children with Medical Needs Policy**

## First Aiders:

All our staff are first aid trained.

## Paediatric First Aiders:

Mrs Hines, Mrs Magness, Mrs Croxford, Miss Drury, Mrs Roberts, Mrs Merriman, Mrs Russell, Mrs Simson, Mrs Holden, Mrs Gibbons, Mrs Allen

## 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.

## Policy Statement

This school is an inclusive community that aims to support and welcomes pupils with medical conditions. This school aims to provide all pupils with all medical conditions the same opportunities as others at school.

The school ensures all staff understand their duty of care to children and young people in the event of an emergency. All staff feel confident in knowing what to do in an emergency.

This school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood. This school understands the importance of medication being taken as prescribed. All staff understand the common medical conditions that affect children at this school. Staff receive training on the impact medical conditions have on pupils.

## Responsibility of Parents and Guardians

Parents and guardians have the principal responsibility for the administration of medication to their children who have the right to be educated with their peers, regardless of any short- or long-term needs for medication whilst at school.

It is preferable for medication to be given at home whenever possible. If medicines are prescribed to be taken more than three times per day, parents should ask the prescribing doctor if the administration can occur outside normal school hours. Normally non-prescription medication will not be administered in school.

## Responsibility of School Staff

There are two main sets of circumstances in which requests may be made to the Head to deal with the administration of medicines to pupils at school:

- cases of chronic illness or long-term complaints, such as asthma, diabetes or epilepsy.
- cases where children who are recovering from short-term illness are well enough to return to school but are receiving a course of antibiotics or other medication.

Each request for medicine to be administered to a pupil in school should be considered on its merits. The Head and the appointed First Aider should give consideration to the best interests of the pupil and the implications for the school. Staff administering medication in accordance with appropriate training or the details supplied by the parent or guardian may rest assured that they are covered by the County Council's insurance policy.

It is generally accepted that school staff may administer prescribed medication whilst acting *in loco parentis*. However, it is important to note that this does not imply a duty upon school staff to administer medication and the following should be taken into account:

- No member of staff should be compelled to administer medication to pupil
- No medication can be administered in school without the agreement of the Headteacher or the school's appointed First Aider.
- If it is agreed that medication can be administered a named person should be identified to administer it.
- Appropriate guidance and training (where necessary) has been given to named person.
- Parents or guardians requesting administration of medication should do so in writing.
- School staff may consult with the Health Service to liaise with the person prescribing medication to enquire whether it can be administered outside of school hours. This may help reduce to a minimum the amount of medication being given in school. Staff may also consult with the School Health Service with regard to administration of any medication.

## Procedures to be Followed

If medication cannot be given outside of school hours, parents or guardians must contact the Head or school's appointed First Aider, giving the dose, the method of administration, the time and frequency of administration, other treatment, any special precautions and signed consent.

1. All essential medication should be brought into school by the parent or guardian and **not** the pupil. It should be delivered personally to the Head or school's administrators (both first aid trained). Only the smallest practicable amount should be kept in school.

2. All medication taken in school must be kept in clearly labelled pharmacy bottle or packaging, preferably with a child safety top which must give the owners name, contents and the dosage to be administered.
3. Whilst medication is in school it must be kept in a suitable locked cupboard away from the children, which is situated in our designated medical room and is readily accessible to the named persons when required. The exception to this rule is the use of an inhaler or an epipen. If medication needs to be stored in a fridge, then the staff fridge is used.
4. Medication to be taken orally should be supplied with an individual measuring spoon or syringe. Eye drops and ear drops should be supplied with a dropper. A dropper or spoon must only be used to administer medicine to the owner of that implement.
5. When medication is given, the name, the dose, the mode of administration, the time of the dose and date of expiry should be checked.
6. Where any change of medication or dosage occurs, clear written instructions from the parent/guardian should be provided. If a pupil brings to school any medication for which consent has not been given, the staff of the school will refuse to administer it. In such circumstances the Head or designated member of staff should contact the parent as soon as possible.
7. Renewal of medication which has passed its expiry date must be the responsibility of the parent or guardian. However, if the parent is unwilling to collect expired medication it will be taken to the local pharmacy. The medication must not be disposed of in any other way.
8. In all cases where, following the administration of medication, there are concerns regarding the reaction of the pupil, medical advice should be sought immediately.
9. If in doubt about any of the above procedures the member of staff should check with the parents or guardians or a health professional before taking further action.

## **Refusal or Forgetting to Take Medication**

If pupils refuse or forget to take medication, the school should inform the child's parents or guardian as a matter of urgency. If necessary, the school should call the emergency services.

## **Non-Prescribed Medication**

We advise parents that we do not administer medication that is not prescribed. If for some reason, for instance on residential trips, children may need non-prescribed medication, such as calpol, a specific permission slip is used to gain parent's consent.

## **Further Guidance Relating to Children with Specific Medical Needs**

A very small number of children need medication to be given by injection, epi-pen or other routes. This is an unusual circumstance, and the arrangements are best worked out between the school, parents, and the doctor who prescribes the medication. Experience suggests that it is helpful to have a meeting of all

interested parties in school as it is essential that both the parents and the staff are happy about the arrangements that are made.

Staff employed to administer medication should be made fully aware of the procedures and properly trained. Usually this will be provided by the local Health Authority. An individual healthcare plan for each pupil with a medical need should be completed.

## **Anaphylaxis**

Anaphylaxis is severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline.

Any allergic reaction, including anaphylaxis, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat.

Anaphylaxis can be accompanied by shock (known as anaphylactic shock): this is the most extreme form of allergic reaction.

Common triggers of anaphylaxis include:

- peanuts and tree nuts-peanut allergy and tree nut allergy frequently cause severe reactions and for that reason have received widespread publicity
- other foods (e.g. dairy products, egg, fish, shellfish and soya)
- insect stings
- latex
- drugs

On rare occasions there may be no trigger.

Allergies are increasingly common, and it is likely that there will be pupils in school with allergies and some may be at risk of anaphylaxis. Appropriate local arrangements should include:

- the establishment of procedures on the use of epi-pens and injections
- the provision of appropriate instruction and training to nominated staff
- awareness of all staff that the child has this particular medical condition
- the symptoms associated with anaphylactic shock
- the epi-pen type and content e.g. adrenalin, antihistamine

- the locations of the epi-pen, preferably in an easily accessible place which is known to staff e.g. medical room
- the names of those trained to administer it e.g. first aiders
- records of dates of issue
- emergency contacts

## **Asthma**

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment, usually in the form of an inhaler. It is good practice to allow pupils who can manage their own medication from an early age, to do so. If children have asthma and can take their medication themselves, their inhaler is made readily available in their classrooms. This is especially important if the inhaler or nebulizer is needed to relieve symptoms regularly or if attacks are sporadic and particularly severe.

If pupils are not able to do so, then inhalers should be stored safely away and issued by staff as and when needed by the child. This method may be more appropriate for younger pupils with asthma who may not be able to use the inhaler without help or guidance. Guidelines attached within appendix 1.

## **Epilepsy**

Epilepsy is a tendency to have seizures (sometimes called fits). A seizure is caused by a sudden burst of intense electrical activity in the brain. This causes a temporary disruption to the way that messages are passed between brain cells, so the brain's messages briefly pause or become mixed up. There are many kinds of epilepsy and different types of seizures. Many people with epilepsy take medication to control their seizures. Information regarding emergency management is given in the Appendix 2.

## **Medication During Off Site Education**

All Party Leaders of offsite visits carry a list of medical needs and emergency contact details for all pupils participating in the visit. Any medication relevant to individual pupils is handed to the party leader and instruction passed on by office staff prior to departure.

The party leader carries a mobile phone to always enable contact with the school.

# Appendix 1- Management of an asthma attack

## 1. Ensure that the reliever medicine is taken promptly and properly:

A reliever inhaler (usually blue) should quickly open up narrowed air passages; try to make sure it is inhaled correctly. Preventative medicine is of no use during an attack; it should be used only if the child is due to take it

## 2. Stay calm and reassure the child:

Attacks can be frightening, and it is important to stay calm and do things quietly and efficiently:

- listen carefully to what the child is saying and what he or she wants (the child has probably been through it before)
- try tactfully to take the child's mind off the attack
- do not put arms around the child's shoulder as this is restrictive

## 3. Help the child to breathe:

- encourage the child to try and breathe slowly and breathe out for longer (in an attack people tend to take quick shallow breaths)
- allow the child to take his or her favoured position. Most people find it easier to sit fairly upright or lean forwards slightly. They may want to rest their hands on their knees to support their chest. They must not lie flat on their backs. Do not put an arm around the child or restrict his or her movement
- loosen clothing around the neck and offer the child a drink of warm water as the mouth becomes dry with rapid breathing

## 4. If any of the following apply call a doctor urgently:

- the reliever has no effect after five to ten minutes
- the child is distressed or **unable to talk**
- the child is getting exhausted
- there are any doubts at all about the child's condition

## 5. If a doctor is not immediately available call an ambulance

## 6. Repeat doses of reliever as required (every few minutes if necessary until it takes effect)

## 7. Do not be afraid of causing a fuss. Doctors prefer to be called early so that they can alter the medication

## 8. After the attack:

- minor attacks should not interrupt a child's concentration and involvement in school activities

- normal activity should be encouraged as soon as the attack is over

## **Appendix 2- Epilepsy (First Aid for all Seizures)**

Ensure that the child is out of harm's way. Move the child only if there is danger from sharp or hot objects or electrical appliances. Observe these simple rules and let the seizure run its course.

- Check the time the child starts to fit
- Cushion the head with something soft (a folded jacket would do) but do not try to restrain convulsive movements
- Do not try to put anything at all between the teeth
- Do not give anything to drink
- Loosen tight clothing around the neck, remembering that this could frighten a semi-conscious child and should be done with care
- Arrange for other children to be escorted from the area, if possible
- Call for an ambulance if:
  - seizure shows no sign of stopping after a few minutes
  - a series of seizures take place without the individual properly regaining consciousness
- As soon as possible, turn the child onto his/her side in the semi-prone (recovery/unconscious) position, to aid breathing and general recovery. Wipe away saliva from around the mouth
- Be reassuring and supportive during the confused period which often follows this type of seizure. If rest is required, arrangements should be made for this purpose
- If there has been incontinence, cover the child with a blanket to prevent embarrassment. Arrange to keep spare clothes at school if this is a regular occurrence
- If a child is known to have epilepsy: -
  - It is not usually necessary for the child to be sent home following a seizure, but each child is different. If the Headteacher feels that the period of disorientation is prolonged, it might be wise to contact the parents or guardian. Ideally, a decision will be taken in consultation with the parents or guardian when the child's condition is first discussed, and a Health Care Plan drawn up
  - If the child is not known to have had a previous seizure medical attention should be sought

## **First Aid for Children Known to Have Epilepsy (and Prescribed Rectal Diazepam)**

Ensure that the child is out of harm's way. Move the child only if there is danger from sharp or hot objects or electrical appliances. Observe these simple rules and let the seizure run its course.

- Check the time the child starts to fit
- Cushion the head with something soft (a folded jacket would do) but do not try to restrain convulsive movements
- Do not try to put anything at all between the teeth
- Do not give anything to drink
- Loosen tight clothing around the neck, remembering that this could frighten a semi-conscious child and should be done with care
- Arrange for other children to be escorted from the area, if possible
- Rectal diazepam must only be given to a child with a prescription endorsed and updated annually by a Consultant Pediatrician
- Rectal diazepam must only be administered in an emergency by an appropriately trained member of staff in the presence of at least one other member of staff
- Rectal diazepam must only be administered if a trained First Aider is on site
- If the child has been convulsing for five minutes and there is no suggestion of the convulsion abating, the first dose of rectal diazepam should be given. The medication should indicate the name of child, the date of birth, date of expiry, contents and the dosage to be administered
- If after a further five minutes a seizure shows no sign of stopping or a series of seizures takes place without the individual properly regaining consciousness, then call an ambulance
- As soon as possible, turn the child onto his/her side in the semi-prone (recovery/unconscious) position to aid breathing and general recovery. Wipe away saliva from around the mouth
- Be reassuring and supportive during the confused period which often follows this type of seizure. Many children sleep afterwards and if rest is required, arrangements could be made for this purpose
- If there has been incontinence, cover the child with a blanket to prevent embarrassment. Arrange to keep spare clothes at school if this is a regular occurrence
- A child should be taken home after a fit if he/she feels ill