



# SUPPORTING PUPILS WITH MEDICAL CONDITIONS

	<u>Date</u>	<u>Minute No.</u>	<u>Review</u>
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Reviewed by Governors			

As part of Ashover Primary School's commitment to inclusivity, we seek to operate in a manner that enables children with both short and long term medical conditions to achieve regular attendance at school. This wish is balanced with the welfare of the affected child and the welfare of the other children attending the school.

This policy sets out how we will achieve this and what responsibilities staff and parents have in implementation.

## The Responsibilities of the School and its staff

The school will ensure that this policy is understood and accepted by staff. It will be readily accessible to parents and will be published on the school website.

School staff do not have a duty to administer medication. School staff participation in the administration of medicine to school pupils is on a voluntary basis and the

individual decision of a staff member on their involvement to administer medication must be respected.

All staff will ensure that they are familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

Each person who administers medicine will:

- Receive a copy of this policy
- Read the written instructions/parental consent form for each child prior to administering medicines
- Check the detail on the parental consent form against those on the label of the medication.
- Confirm the dosage/frequency on each occasion and consult the medicine record to ensure there is no double dosing
- Check that the medication belongs to the named pupil and is within the medicine's expiry date
- Understand and take appropriate hygiene precautions to minimise the risk of cross- contamination
- Ensure that all medicines are returned for safe storage
- Update the written records each time medicine is administered.

*Please see Administration of Medicines Policy for further guidance.*

The Headteacher will routinely check the medicine administration records and countersign to evidence compliance with the written guidance or identify and address any non-compliance.

### **The Responsibilities of Parents**

The responsibility for ensuring that children with medication needs receive the correct 'treatment' rests ultimately with their parent/guardians, or with a young person capable of self-administering his or her own medication. Parents and doctors should decide how best to meet each child's requirements. To help avoid unnecessary taking of medicines during the school day, parents should:

Be aware that a three times daily dosage can usually be spaced evenly throughout the day and taken in the morning, after school hours and at bedtime;

- Ask the prescriber if it is possible to adjust the medication to enable it to be taken outside the school day.

Where this cannot be arranged, parents should consider whether or not, the child could return home for this, or the parent should come to school to administer the medicine. If this is not possible, the procedures contained within the 'Administration of Medicines' policy will be adopted.

### **Short Term Medical Conditions.**

Many children will need to take medicines during the day at some time during the school day. This should be for a short period only, to enable the completion of a course of antibiotics or other medication. To allow this will minimise the time a

child needs to be absent from school. However, such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day.

### **Long term medical needs.**

Parents and carers are encouraged to be open with staff about any long-term medical condition their child may have. Where this condition is known before a child enters school, parents and carers are encouraged to talk to the SENDCo about the needs of their child and how their health problems are best managed before

the child enters the school. Where an illness or condition develops after a child enters school, parents and carers are asked to speak to the SENDCo as soon as a diagnosis is made.

Ashover Primary School wishes to work with parents and carers to support any child with any long-term medical condition and/or disability and to put appropriate plans and procedures in place. The school will work with parents and relevant medical professionals to agree a medical support plan taking the following into account:

- Any Individual Treatment/Care Plan the child has
- Any medical advice specific to the child
- Any relevant statutory guidance and/or guidance from Derbyshire County Council
- The wishes of the parents and child

The individual plan will be kept under continuous review and adapted and amended as required. In some instances, the medical condition and /or medications may affect the child's concentration and memory. Serious illness or disability may also have psychological effects. Where appropriate the SENDCo will assist in the development of an Education, Care and Health Plan to support the child. The aim of the school will be to support children with long term medical conditions in becoming increasingly independent and able to self-administer their medications.

### **Individual Treatment/Care Plans**

The school will utilise Individual Treatment/Care Plans for children with specific medical needs requiring specialised or emergency medication. The plan will clarify for staff, parents and the child the help that can be provided. Staff will agree with the lead health professional and the child's parents how often they will jointly review the Individual Treatment/Care Plan. The plan will include action to be taken in an emergency.

### **Infectious diseases.**

Guidance on quarantine periods for common infectious diseases can be found by following the link below:

<http://www.publichealth.hscni.net/publications/guidance-infection-control-schools-and-other-childcare-settings-0>

During the quarantine periods parents and carers are asked not to bring any child into school who has any of the named conditions.

### **Minor emergencies**

Staff will usually carry out routine procedures for which a parent has given consent without contacting them e.g. such as cleaning minor grazes.

### **Unusual Occurrences, Serious Illness or Injury**

When children become unwell during the school day and needs to return home, the staff will contact parents/carers or guardians using the contact details provided. If parents or relatives are not available when a pupil becomes seriously unwell or injured, the Headteacher will, if necessary call an ambulance to transport the child to hospital. A member of staff will accompany the child to hospital and will remain with the child until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

### **Allergy/anaphylaxis**

Parents must notify the school where it is known that the pupil has an acute allergic condition. Any pupil with an acute allergic condition will have an Individual Treatment/Care Plan completed. Where a child experiences an extreme and severe allergic reaction, staff will follow the identified treatment outlined in the Individual Treatment/Care Plan. Immediate emergency medical aid will be called in all cases when an adrenaline injection has been administered and the doctor/ambulance service will be informed of the acute allergic reaction.

The parent will be responsible for ensuring that the school is kept supplied with injections that are 'in date'. The Headteacher will ensure appropriate training and yearly updates are given to staff. Where staff have consented to administer adrenaline, where possible a minimum of two responsible trained persons will be present when administering. If there are no consenting staff members to administer the medication, then an ambulance must be called immediately so that appropriate treatment can be administered.

As the medication is required immediately, the adrenaline injection will be available to the responsible person at all times, including off-site, trips/visits etc.

### **Asthma**

Parents must notify the school where it is known that the pupil has asthma. The school will maintain a register of all pupils who are known to have asthma or who have been prescribed a reliever inhaler.

Parents are required to provide the school with a copy of their child's Individual Asthma Care Plan.

In the event of a child not yet having an individual Asthma Care Plan, parents will be asked to complete a generic Asthma Care Plan for the school.

Parents of children with diagnosed asthma should provide the school with a 'reliever' inhaler. The inhaler, not the box, must be clearly labelled with the child's name and that it is a 'reliever'. The use of a 'spacer' (holding chamber) is encouraged as it is the most efficient way of getting the treatment into the lungs of a child.

Both the reliever and the spacer will be kept in the pupil's classroom and will be taken on all off-site visits or trips that the pupil attends. Where possible, junior children will carry their own inhalers.

It is unlikely that children requiring oral steroid tablets will be attending school but in the unlikely event, the tablets should be administered at home and not during the school day.

### **Diabetes/Insulin**

Parents must inform the school if their child has been diagnosed with diabetes. Each child will have an Individual Treatment/Care Plan and emergency pack (containing fast acting sugar e.g. glucose, or Lucozade tablets/Glucogel and/or snack foods) detailing:

- The safe storage of the insulin and pen injector
- Location of a private and safe room in which to do the injection
- Arrangements to ensure the child is able to eat immediately after giving the injection.
- The recommended snack prior to, during and after exercise as appropriate.

In addition children with diabetes will:

- Be given priority in at mealtimes if they so wish
- Be allowed to have snacks as directed by their diabetes team.

### **Epilepsy**

We ask that parents inform the school if their child has been diagnosed with epilepsy and strongly advise that they do so. For each child who is likely to have prolonged seizures, an Individual Treatment/Care Plan will be agreed by the parents and school. The plan will state

- What type of seizure to treat with emergency medication (and how to identify each seizure type)
- What medication to give and how and when to give it
- The dose
- At what point a paramedic ambulance should be called for
- Any other special instructions.

### **Confidentiality**

Medical information will be regarded as confidential by staff and personal data properly safeguarded. Records relating to the administration of medicines are classed as health records and will be stored confidentially. Instructions are shared on a 'need to know' basis in order that a child's well-being is safeguarded and any individual treatment plan is implemented

### **Access to Education - The Equalities Act 2010**

The Equality Act 2010 provides a single, consolidated source of anti-discrimination law, covering all the types of discrimination that are unlawful. Under the new act it is unlawful to offer/provide a lesser standard of service to a child with a disability. In general, disabled children can expect services to be provided to them on the same terms and to the same standard as other children, and can also expect steps to be taken to help overcome particular difficulties that a particular disabled person may face.

The Equalities Act defines disability as when a person has a 'physical or mental impairment which has a substantial and long term adverse effect on that person's ability to carry out normal day to day activities'. Some specified medical conditions such as multiple sclerosis and cancer are considered as disabilities. This has relevance for children with ongoing needs for medication.

Ashover Primary School will make reasonable adjustments to its service provision where possible, to help disabled children overcome particular difficulties that they may face in accessing the education provided by the school.