



## **SUPPORTING PUPILS WITH MEDICAL NEEDS**

### Introduction

Riverview CofE Primary School endeavours to respond positively to all pupils' medical needs. At some time most pupils will have a medical condition that affects their participation in school activities. For most this is a short-term issue, such as finishing a course of medication. Other pupils have medical conditions that limit their access to education. Such pupils are regarded as having "medical needs". The Staff Handbook, School Brochure, Welcome Pack, The Health and Safety Policy, HIV and Aids Policy, PHSE and Citizenship Policies amongst others all contribute towards ensuring that their medical needs are properly addressed and all member of the school community are kept well informed.

Principles underlying School Policy:

- ❖ Parents and guardians have prime responsibility for their child's health and should provide the school with information about their child's medical needs, which is shared as necessary;
- ❖ Parents should keep children at home when they are acutely unwell, or might infect others;
- ❖ Medicine should be taken to school only when necessary. Where possible, parents are requested to ask doctors to prescribe doses which can be taken outside school hours;
- ❖ Parents of a child with medical needs must agree with the Headteacher what support the school will provide;
- ❖ For some children with long-term medical needs, health care plans are drawn up in consultation with named health professionals;
- ❖ School staff are not legally obliged to administer medication;
- ❖ Staff who agree to administer medication need support from the Headteacher and parents, access to relevant information, and training and reassurance about their legal liability;
- ❖ Class teachers who have pupils with medical needs should understand the nature of the condition and any extra attention required. Back-up cover will be arranged as necessary (e.g. due to teacher absence, during trips, etc);
- ❖ Other staff responsible for pupils (e.g. playground assistants) will also be provided with training and advice;
- ❖ The school keeps a record of all medicines given to pupils;
- ❖ Pupils with medical needs are encouraged to participate in school trips unless safety issues preclude this.



## **Procedures**

### **Short-term Medical Needs**

Most pupils will need to take or be given medication at school during their school life. At Riverview, we recognise that school staff giving or supervising children taking *prescribed* medicines during the school day will help minimise the time children are absent.

Essential medication will only be given with prior written permission from a parent or guardian (Appendix 1). If an antibiotic is prescribed three times daily it will not be necessary to take it in school time as it can be effectively taken at home.

A named member of staff (usually a member of the office staff) will administer and record medication given (Appendix 2). Storage will be appropriate to the medication where possible.

In exceptional circumstances, non-prescribed medication may be given after discussion with and the agreement of the Headteacher. If an analgesic (pain relief) is administered with the parent's and school's consent, the parent will be notified in writing of the time and dose taken.

### **Long-term Medical Needs**

If a child has long-term medical needs, their condition needs to be discussed before the child starts school or when the condition develops. This will allow a health care plan to be drawn up (Appendix 3) involving parents, school and other relevant parties to identify the support that the child's condition needs.

If pupils refuse to take medication, school staff will not force them to do so, but will inform the parents as quickly as possible. Parents are expected to be aware of the expiry dates of long-term medication held in school.

### **Asthma**

Parents should supply an inhaler if their child uses one at home, even on an occasional basis. As with all medication, parents will be asked to sign a form giving permission for their child to have an inhaler in school.

Labelled inhalers will be kept where the children can have access to them. A pupil will be allowed access to their inhaler whenever they feel they need it.



Inhalers will be taken off site with the children for all activities or visits.

## **Anaphylaxis**

Parents will be asked to discuss the nature of the allergy with school to allow a health care plan to be drawn up which contains clear guidelines on recognising symptoms, and when an epipen should be used.

Parents should ensure that the epipen is always in school from the first day of term.

The epipen will be taken off site with the child for all activities and visits.

Staff who have volunteered to administer the epipen will be trained annually.

The epipen will be kept in the office in a labelled container.

## **Policy on Health Care Plan**

### **Aim**

To allow a child with a medical need to attend regularly and with support from the school to be able to take part in most normal school activities.

### **Objectives**

To help schools to identify the necessary safety measures to support pupils with medical needs.

To ensure that pupils and staff are not put at risk.

1. An individual care plan for a pupil with long-term medical needs should be made **before** the pupil attends school or as soon as a pupil develops a condition.
2. There should be a uniform care plan which can be adapted to each child's individual needs (Appendix 3).
3. Parents, pupil, staff involved and health professionals should agree each pupil's needs on an individual basis to identify the level of support needed in school.



4. All staff who will contribute to the child's care in school should be involved in drawing up the health care plan.
5. Parents and school should agree how often to review the care plan, but no less than once a year.
6. A named member of staff should be responsible for co-ordinating and disseminating information on individual pupil medication needs.
7. If a health care plan identifies that school staff need further information or training, advice should be sought from the named health professional for the school or from the Health Authority, who will be able to advise or give relevant information.
8. Care plans are confidential. The Headteacher should agree with parents who may have access to the information. If information is withheld from staff, they cannot be held responsible for giving medical support or assistance.
9. If a care plan identifies that a pupil needs invasive or intimate treatment, the Headteacher should arrange appropriate training with the named health professional for school staff willing to give medical assistance.
10. A separate record should be kept for each child of medication to be given, times given, and by whom.

Link to DFE Guidance:- <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>



## PUPIL MEDICATION REQUEST

<b>Child's Name :</b>			
<b>Address :</b>			
<b>Parent's Home Tel :</b>		<b>Work :</b>	
<b>G.P. Name :</b>		<b>G.P. Tel No:</b>	
<b>CONDITION or ILLNESS :</b>			

*Please tick the appropriate box below*

My child will be responsible for the self-administration of medicines as directed below.

I agree to members of staff administering medicines/providing treatment to my child as directed below or in the case of an emergency, as staff consider necessary.

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Parent/Guardian)**

Name of medicine	Dose	Frequency/times	Completion date of course (if known)	Expiry date of medicine
<b>Special Instructions</b>				
<b>I give consent for my child to use the <u>SCHOOL</u> inhaler in cases of emergency:</b>				<b>YES /No / Not applicable</b>
<b>Allergies</b>				
Other prescribed medicines child takes at home				

**NOTE: Where possible the need for medicines to be administered at school should be avoided.  
Parents are therefore requested to try to arrange the timing of doses accordingly.**





Allergy and Anaphylaxis

Treatment Plan

This child is at risk of Anaphylaxis

Name:

DoB:

Current Year/Class:

GP/Local Hospital No:

Name: ..... may suffer from an anaphylaxis reaction if he/she is exposed to .....

Name: ..... has (other medical conditions)

.....

His/her usual allergic symptoms are:

Empty rectangular box for symptoms.

Procedures

In the event of an acute allergic reaction where there is no alternative explanation, staff will follow this procedure:

- Contact Ambulance Service – 999
One adult will inform the headteacher immediately who will direct a member of staff to:
Then inform the following contact numbers in order of priority:

Table with 2 columns and 4 rows. Header: Contact No 1. Rows: Name, Telephone No, Relationship.



<b>Contact No 2</b>	
Name	
Telephone No	
Relationship	
<b>Contact No 3</b>	
Name	
Telephone No	
Relationship	

One adult to stay with the child who assess the severity of symptoms and in case of:

- Itchiness
- Tingling of lips and face
- Tummy cramps
- Vomiting
- Blotchiness of skin

In cases of:

**Give ..... (oral antihistamine) at once**

- Wheeziness
- Swelling of face and throat
- Difficulty in breathing/swallowing
- Feeling faint

**Place child in recovery position (safe airway position)**

**Give Epipen injection to outer thigh**

**(this can be administered through light clothing)**





- If no breathing/pulse initiate mouth to mouth resuscitation and cardiac massage (one breath to five chest compression)
- If no improvement to above management within 10 minutes and symptoms of weakness/floppiness pallor

**Repeat Epipen if 2<sup>nd</sup> Epipen is available**

- Hand over child’s care to Ambulance Team/Parents on their arrival
- Dispose of Epipen in “sharps bin” if available, or hand over to ambulance staff
- Record all all medication given with date and time of administration

### **Awareness**

The Headteacher will arrange for the teachers and other staff in the school to be briefed about his/her condition and about other arrangements contained in this document.

The school staff will take all reasonable steps to ensure that ..... does not eat any food items unless they have been prepared/approved by his/her parents.

.....’s parents will remind him/her regularly of the need to refuse any items which might be offered to him/her by pupils.

In particular .....’s parents will provide for him/her the following food items

.....

### **Medication/Staff training**

The school will hold, under secure conditions, appropriate medication, clearly marked for use by designated staff or qualified personnel and showing an expiry date.

The parents will accept responsibility for ensuring the school has appropriate up-to-date medication.

Volunteers from the school have undertaken to administer the medication. A training session was attended by:



..... **Relevant office and teaching staff**.....

Further advice is available to the school staff at any point in the future where they feel the need for assistance. The medical training will be repeated **annually**.

If there are proposals, which mean that he/she may leave the school site, prior discussions will be held between the school and his/her parents to agree appropriate provision and safe handling of her medication.

**STAFF INDEMNITY**

The County Council provides a staff indemnity for any staff that agrees to administer medication to a child given the full agreement of the parents and the school.

**AGREEMENT AND CONCLUSION**

A copy of these notes will be held by the school and the parents. A copy will be sent to the GP for information.

Any necessary revisions will be the subject of further discussions between the school and parents.

**AGREED AND SIGNED**

On behalf of the school:      Headteacher: ..... Date: .....

Parent of (name) .....

Parent's Signature: ..... Date: .....

Clinical Professional: .....Date: .....



### HEALTH CARE PLAN

Child's Name :		Class :	
Date of Birth :			
Address :			
Medical Diagnosis or Condition :			
Date :		<b>REVIEW DATE :</b>	

### CONTACT INFORMATION

FAMILY CONTACT 1		FAMILY CONTACT 2	
Name :		Name :	
Relationship :		Relationship :	
Mobile :		Mobile :	
Home Tel :		Home Tel :	
Clinic/Hospital Contact		GP	
Name :		Name :	
Tel No :		Tel No :	

Describe medical needs or condition and give details of pupil's individual symptoms:

.....

.....

Daily care requirements (e.g. before sport/at lunchtime):

.....

.....



Describe what constitutes an emergency for the pupil and the action to take if this occurs:

.....  
.....  
.....

I give permission for my child to use the SCHOOL inhaler in cases of emergency :

YES / NO / Not Applicable

Follow-up Care:

.....  
.....  
.....

Who is responsible in an emergency: (state if differs on off-site activities):

.....

Procedures to be followed when transporting the pupil (e.g. home to school transport, off-site visits):

.....  
.....

Form copied to:

- Parent/s  Mrs Atkins – Headteacher  Class Teacher
- First Aider/Front Office

Parent Signature ..... Headteacher Signature: .....

Date: ..... Date: .....