



**We come to a Roman Catholic School and so believe that Jesus was born, died and rose again for everyone. We aim to help, encourage and show God's way to our families, making sure that our Catholic traditions and faith are kept alive. Each year at school, we learn a little bit more about our faith so that we can grow to love God and each other more.**

***At our schools, we seek at all times to be a witness to Jesus Christ. We remember this when putting our policies into practice. Therefore this policy will reflect the Catholic identity and mission of our schools and the values it proclaims.***

### **INTRODUCTION**

This policy has been reviewed by staff, presented & discussed by the Full Governing Body on 2024. This policy was published on 2024 and will be reviewed annually.

We want all children and young people to have successful and fulfilling lives. Section 100 of the Children and Families Act 2014 places a statutory duty on all schools to effectively manage and meet the needs of pupils with medical conditions, medical needs and physical disabilities. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school. The outcome should be that they can play a full and active role in all aspects of school life including trips, educational visits; residential and extended school activities, such that they remain healthy and achieve their academic potential.

This policy document should be considered in conjunction with all other relevant duties, policies and guidance, for example, Health and Safety legislation, the SEND code of practice and the Equality Act 2010 that may impact on support / provision for pupils with medical conditions.

Some children with medical conditions may be disabled. Where this is the case the governing body must comply with the duties under the Equality Act 2010. For example, schools are required to make reasonable adjustments to minimise or remove barriers to access and participation and ensure that individuals are not subject to less favourable treatment because of their disability. Some children may also have special educational needs (SEND) and may have an Education, Health and Care Plan (EHC Plan) which brings together health and social care needs as well as their special educational provision. For children with SEND this policy should be read in conjunction with the school SEND policy.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person and the school's ability to provide effective support will depend on co-operative working with other agencies including healthcare professionals, the local authority, parents/carers, the child and, where appropriate, social care or other outreach professionals. This type of partnership working aims to ensure that the needs of pupils with medical conditions are met effectively.

Medical conditions can sometimes result in short term, frequent or long term absence from school, which can impact on educational attainment. Schools are required to

recognise and consider the potential social and emotional implications associated with a medical condition, as well as the educational impact, when planning to meet the pupil's needs.

## **PURPOSE OF DOCUMENT**

The purpose of this policy is to put in place effective management systems, arrangements and practices to support children and young people with medical conditions to attend school.

This policy also aims to give confidence to parents/carers that the Federation of St Edmund's and St Patrick's will provide effective support for their child's medical condition and support their child to feel safe.

This policy clarifies the range of medical needs that may result in a child requiring support, namely:

- children with long term and/or complex medical conditions who require support to manage their medical needs on a day to day basis to keep them healthy;
- children requiring monitoring and/or intervention in emergency circumstances;
- children whose health needs may change over time in ways that cannot always be predicted.

All staff in schools and early year's settings have a duty to maintain professional standards of care and to ensure that children 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. It is expected good practice that schools 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.

This policy aims to ensure that appropriate support is put in place to limit the impact on educational attainment in the event of a short or long term absence from school. Refer to school policy on managing attendance.

## **ROLES AND RESPONSIBILITIES**

### **1. The Governing Body**

The governing body is responsible for:

- ensuring the Executive Head Teacher develops and effectively implements policy with partners and school staff, including regular policy review;
- ensuring the Executive Head Teacher makes all staff aware of this policy on supporting pupils with medical conditions and all staff understand their role in its implementation;
- designating a named individual who is responsible for effective implementation of this policy (Managing medicines lead: Michelle Shaw, SEND Co-ordinator)
- ensuring this policy clearly identifies how the roles and responsibilities of staff who are involved in the arrangements to support pupils at school with medical conditions are made clear to both staff, parents/carers and the child;
- ensuring that all relevant staff are aware of an individual child's medical condition and needs;

- ensuring that sufficient numbers of staff receive appropriate training to fulfil the roles and responsibilities of supporting children with medical conditions i.e. school is able to deliver against all Individual Healthcare Plans (IHCPs) and implement policy, including for example in contingency or emergency situations and management of staff absence;
- ensuring that a system is in place which identifies procedures to be followed on receipt of notification of a pupil's medical needs; procedures should cover any transitional arrangements or when pupil needs change (see Appendix 1);
- ensuring that cover arrangements are always available in the event of staff absence or staffing changes including briefing for volunteers, supply teachers and appropriate induction for new members of staff;
- ensuring that individual healthcare plans (IHCPs) are in place, where appropriate, and developed in consultation with parents/carers, healthcare professionals, relevant staff and (if appropriate) the child or young person;
- ensuring that individual healthcare plans (IHCPs) are monitored and are subject to review, at least annually, or sooner if needs change;
- ensuring that risk assessments relating to the school environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations;
- ensuring that risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations;
- ensuring that appropriate insurance is in place to support staff to undertake this role;
- ensuring that a complaints procedure is in place and is accessible.

## **2. The Executive Headteacher and Deputy Headteachers**

The Executive Headteacher and Deputy Headteachers are responsible for:

- ensuring that the notification procedure is followed when information about a child's medical needs are received (Appendix 1);
- ensuring that parents/carers provide full and up to date information about their child's medical needs by completion of 'Parent/Carer Information about a Child's Medical Condition' form (Template A)
- deciding, on receipt of a "Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' form (Template B), on case by case basis, whether any medication or medical intervention will be administered, following consultation with staff;
- deciding, on receipt of a 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention (Template C), on a case by case basis, whether any medication will be carried by the child, will be self-administered by the child or any medical intervention will be self-administered by the child, following consultation with staff, if appropriate;
- ensuring that procedures are understood and implemented by all staff, volunteers and pupils.

- The administration of medicines will include arrangement for storage, record keeping and supervision.
- Close co-operation between schools, parents/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.

### **3. Staff**

Any member of staff may be asked to provide support for a child with a medical condition, including the administration of medicine(s) and medical intervention(s) although they cannot be required to do so; this is a voluntary role.

School staff will receive sufficient and suitable training and achieve competency before they take on responsibility for supporting children with medical conditions.

Where children have an Individual Healthcare Plan (IHCP) the roles and responsibilities of staff will be clearly recorded and agreed.

Where pupils have incurred injuries which restrict their mobility for example as a result of fractures, schools 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.

If a child refuses to take medicine, staff will not force him/her to do so. Staff will record the incident and inform the parents/carer on the same day. If refusal to take the medicine results in an emergency, the school's normal emergency procedures will be followed.

At the Federation of St Edmund's and St Patrick's this means that all staff who care for the children will be informed of the arrangements for administering medicine. In each classroom there is a lockable cabinet for medicines to be kept. The key is kept on the top of the cabinet.

### **4 Parents/carers Responsibilities**

Parents/carers are required to:

- provide the school with sufficient written up to date information about their child's medical needs and to update it at the start of each school year.
- complete, if appropriate, a 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions' form (Template B) to gain consent for medicines / medical interventions to be administered at school;
- complete, if appropriate, a 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention' form (Template C) to gain consent for medicines / medical interventions to be administered by the child;
- provide up to date contact information so that parents/carers or other nominated adults are contactable at all times;
- carry out any action they have agreed to as part of the implementation of an Individual Healthcare Plan (IHCP);
- provide any medication in its original packaging, with the pharmacy label stating the following:

- a) the child's name
  - b) the child's date of birth
  - c) name of medicine
  - d) frequency / time medication administered
  - e) dosage and method of administration
  - f) special storage arrangements
- ensure that medicines or resources associated with delivery of a medical intervention have not passed the expiry date;
  - collect and dispose of any medicines held in school at the end of each term or as agreed;
  - provide any equipment required to carry out a medical intervention e.g. catheter tubes;
  - collect and dispose of any equipment used to carry out a medical intervention e.g. sharps box.
  - The Executive Headteacher, Deputy Headteachers or the Designated Lead for Medical Needs (Michelle Shaw, SEND Coordinator) will seek the agreement of parents/carers before passing on information about their child's health to other staff.
  - It requires only one parent/carer to agree to or request that medicines are administered to a child. It is likely that this will be the parent/carer with whom the school has regular day to day contact.

At the Federation of St Edmund's and St Patrick's this means that we will not administer any medicine including that on prescription without prior written permission from the parent/carer. Staff will be asked to consent as to whether they would be happy to administer medicine and good practice will be followed.

### **PUPIL INFORMATION**

Parents/carers are required to give the following information about their child's medical condition and to update it at the start of each school year or sooner, if needs change, by completion of 'Parent/Carer Information about a Child's Medical Condition' form (see Template A):

- a) Details of pupil's medical conditions and associated support needed at school
- b) Medicine(s), including any side effects
- c) Medical intervention(s)
- d) Name of GP / Hospital and Community Consultants / Other Healthcare Professionals
- e) Special requirements e.g. dietary needs
- f) Who to contact in an emergency
- g) Cultural and religious views regarding medical care

At the Federation of St Edmund's and St Patrick's this means that parents will keep school informed of any changes in their child's medical history, particularly in regards to the above information and this information will be kept secure.

### **MANAGING MEDICINES / MEDICAL INTERVENTIONS ON SCHOOL PREMISES**

#### **Administration of Medicines / Medical Interventions**

Medicine / medical interventions will only be administered at school when it would be detrimental to pupil's health or attendance not to do so.

The school will only administer medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

It is expected that parents/carers will normally administer medication / medical interventions to their children during their time at home, where at all possible.

No medication / medical intervention will be administered without prior written permission from the parents/carers. 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' (Template B)

The Executive Head Teacher or Deputy headteachers will decide whether and by whom any medication or medical intervention will be administered in school, following receipt of the above form and after consultation with staff.

No changes to administration method or dosage of medication or changes in procedures relating to medical interventions will be carried out without written authority from parents/carers and recorded amendment to the 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions' form (Template B)

The Executive Head Teacher or Deputy Headteacher will decide whether a child is able to carry and self-administer any medication or self-administer any medical intervention, following consultation with staff as appropriate 'Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention' (Template C);

All medicines / medical interventions will normally be administered during school breaks and/or lunchtime.

If, for medical reasons, medicine has to be taken at other times during the day or a medical intervention delivered at a different time, arrangements will be made for the medicine / medical intervention to be administered at other prescribed times.

Pupils will be told where their medication / medical intervention equipment and resources are kept and who will administer them.

Any member of staff, on each occasion, giving medicine / medical intervention to a pupil should check:

- a) Name of pupil
- b) Written instructions provided by the parents/carers or healthcare professional or as agreed in an Individual Healthcare Plan (IHCP)
- c) Prescribed dose, if appropriate
- d) Expiry date, if appropriate

Any member of staff, on each occasion, will make a written record of medication / medical interventions administered on the 'Record of Administration of Medicines/Medical Intervention to an Individual Child' (Template C)

No child under 16 will be given medicine containing **aspirin** unless prescribed by a doctor.

All medicines must be collected by the parent/carer or nominated responsible adult when no longer required. It is the responsibility of the parents/carers to dispose of the medicine in a safe manner.

The school will not administer non-prescription medicines (e.g. Calpol or Piriton) without prior written permission from the parent/carer or parents/carers must come into school.

At the Federation of St Edmund's and St Patrick's this means that there will be open and honest communication between school and home and an expectation that parents will fully disclose all information and keep this up to date.

### **Child's Role in Managing their own Medical Needs**

After discussion with parents/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and medical interventions.

Written permission from the parents/carers will be required for pupils to self-administer medicine(s) / medical intervention(s). The school's 'Parent/Carer Request for the Child's self-administration of Medication/Medical Intervention (Template C) must be completed by parents/carers.

Written permission from the parents/carers will be required for pupils to carry medicine(s) or resources associated with a medical intervention(s). The school's 'Parent/Carer Request for the Child's self-administration of Medication/Medical Intervention (Template C) must be completed by parents/carers.

Children who can take medicines or manage medical interventions independently may still require a level of adult support e.g. in the event of an emergency. In this situation agreed procedures will be documented in an IHCP.

At the Federation of St Edmund's and St Patrick's this means that we will support children in being independent and managing their own medical needs.

### **Refusing Medication / Medical Intervention**

If a child refuses to take their medication / medical intervention, staff will not force them to do so.

Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications / medical intervention must also be recorded as well as the action then taken by the member of staff.

Parents/carers will be informed as soon as possible. Where the child is potentially placing themselves at risk by refusal, parents/carers will be informed immediately.

At the Federation of St Edmund's and St Patrick's this means that we will not force a child to take medication but we will make sure appropriate steps are taken such as informing parents.

### **Storage of Medicines / Medical Intervention Equipment and Resources**

All children will know where their medicines / medical intervention equipment/resources are at all times and will be readily available as required.

All medicines will be kept in a locked cabinet in each classroom unless it needs to be kept in the fridge. If it requires to be kept in the fridge it will be kept in the staff room fridge at both schools. Permission from parents/carers will need to be obtained prior to this. All medicine will be logged onto the school's file.

At the Federation of St Edmund's and St Patrick's this means medicines will be available in an emergency but they will be kept in a safe and secure place.

#### **1. Controlled drugs**

A child who is prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence.

Controlled drugs will be easily accessible in an emergency as agreed with parents/carers or described in the child's IHCP.

Where controlled drugs are not an individual child's responsibility, records will be kept of any doses used and the amount kept on the premises.

At the Federation of St Edmund's and St Patrick's this means medicines will be available in an emergency but they will be kept in a safe and secure place.

## **2. Non-controlled drugs and medical resources**

All medicines and medical equipment / resources will be stored safely as agreed with parents/carers or described in the child's IHCP.

At the Federation of St Edmund's and St. Patrick's this means medicines will be available in an emergency but they will be kept in a safe and secure place.

### **Records**

School will keep a record of all medicines / medical interventions administered to individual children on each occasion, including 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 / reactions observed
- g) If authority to change protocol has been received and agreed.

Record of Administration to an Individual Child (Template D) and Record of Medicine Administered to All Children (Template E).

At the Federation of St Edmund's and St Patrick's this means that school will have an up to date record of all medicines administered.

### **Training**

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A First Aid Certificate does NOT constitute appropriate training in supporting children with medical conditions.

All staff will be made aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy through for example whole school awareness training, involvement in development of IHCPs, staff briefing sessions etc.

Specialist training and advice will be provided by appropriate healthcare professionals, e.g. specialist epilepsy nurse, asthma training by school nurse etc., for staff involved in supporting pupils with medical conditions including the administration of relevant medicines / medical interventions.

Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.



Supporting a child with a medical condition during school hours is not the sole responsibility of one person.

Training will be sufficient to ensure staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Induction training will raise awareness of school's policy and practice on supporting pupils with medical condition(s).

School will make every effort to ensure that specialist training will be completed as quickly as possible to ensure that the child is able to attend school safely.

A record of staff training carried out will be kept, identifying the date review or refresher training will be required where appropriate. 'Record of Staff Training' (Template F)

At the Federation of St. Edmund's and St. Patrick's this means that all staff will be provided with the opportunity to undertake CPD which will allow them the knowledge to support children with medical needs such as Paediatric First Aid, asthma awareness, epilepsy, & diabetes.

### **Individual Health Care Plan (IHCP)**

Where appropriate, an Individual Health Care Plan (IHCP) will be drawn up in consultation with the school, parents/carers, health professionals and any other relevant professionals.

The content of an individual child's IHCP will be dependent on the complexity of their needs and may include the following:

- a) an overview (Pen Portrait / One Page Profile) of the child's needs and provision in place in school to manage those needs;
- b) a description of the medical condition, its presentation (signs, symptoms, triggers etc.) and impact on access to the school environment and learning opportunities;
- c) arrangements around administration of medication(s) / medical intervention(s);
- d) arrangements around management of medical emergency situations;
- e) arrangements around management and support for personal care needs, including intimate and invasive care e.g. catheterisation, toileting support, gastro-tube feeding etc.;
- f) risk assessment for access to the school environment and curriculum;
- g) arrangements for evacuation in the event of an emergency;
- h) the level of support required in school, who will provide this support, their training needs and cover arrangements for when they are unavailable;
- i) how, if agreed, the child is taking responsibility for their own health needs;
- j) a reference to staff confidentiality.

Appendix 2 is a Flow Chart to guide schools through deciding which elements of the IHCP are relevant to an individual child.

Individual Health Care Plans will be reviewed annually or sooner if needs change.

At the Federation of St. Edmund's and St. Patrick's this means a child with a long term medical need will be provided with the support of the parent/carer an Individual Health Care Plan. Staff involved with the personal care of pupils will show respect towards their medical condition and ensure privacy at all times.

### **INTIMATE AND INVASIVE CARE**

Cases where intimate or invasive care is required will be agreed on an individual basis. Decisions made about procedure and practice will be recorded within the pupils Individual Healthcare Plan IHCP and take account of safeguarding issues for both staff and pupils.

Information about the types of training required for administration of medicines and medical interventions commonly found in schools is contained in Appendix 3 (Medicines and Medical Interventions).

At the Federation of St Edmund's and St. Patrick's this means all staff will adhere to the school's Intimate Care Policy **October 2022**.

### **OFF-SITE AND EXTENDED SCHOOL ACTIVITIES**

Pupils with medical conditions will be actively supported in accessing all activities on offer including school trips, sporting activities, clubs and residential / holidays.

Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully.

Our schools will consider what reasonable adjustments need to be put in place to enable children with medical conditions to participate safely and fully.

Our schools will carry out a thorough risk assessment to ensure the safety of all pupils and staff. In the case of pupils with medical needs the risk assessment process will involve consultation with child, parents/carers and relevant healthcare professionals to ensure the pupil can participate safely. Please refer to Health and Safety Executive (HSE) Guidance on School Trips.

In some circumstances evidence from a clinician, such as a hospital consultant, may state that participation in some aspects offered is not possible. Where this happens school will make alternative arrangements for the child.

Arrangements will be in place to ensure that an IHCP can be implemented fully and safely when out of school. Risk assessment will identify how IHCPs will be implemented effectively off-site and where additional supervision or resources are required.

At the Federation of St. Edmund's and St. Patrick's this means that staff will endeavour to remove all barriers to all children attending educational visits.

### **MANAGING EMERGENCIES AND EMERGENCY PROCEDURES**

The Executive Head Teacher will ensure that all staff are aware of the school's general risk management processes and planned emergency procedures.

Where a child has an IHCP this will clearly define what constitutes an emergency and describes what to do. This may include:

- a) an Emergency Medical Protocol that details the actions to be taken by staff and supported by specialist training where relevant e.g. seizure management and administration of rescue medication;
- b) a Personal Emergency Evacuation Plan (PEEP) that details the actions to be taken by staff to support the child's evacuation from the building, supported by specialist training where relevant e.g. use of an Evac chair; the Personal Emergency Evacuation Plan should also detail the actions to be taken by staff to support how staff will manage the child's medical needs during the evacuation e.g. ensuring appropriate medication is taken outside and is available whilst at the assembly point.

All children with asthma should have an easily accessible inhaler in school in line with their asthma care plan. Additionally, to address the possibility of a child's own reliever being unavailable, parents/carers should provide the school with a spare inhaler labelled with the child's name. This should be kept by the school in a secure, readily accessible place. Where a pupil is having an asthma attack the pupil should use their own reliever inhaler or the spare kept by the school.

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 (or spare) 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/carer to sign to permit this practice in the case of an emergency in their child's asthma care plan.

At the Federation of St Edmund's and St. Patrick's this means that school emergency procedures will be followed.

### **CONFIDENTIALITY AND SHARING OF INFORMATION WITHIN SCHOOL**

School is aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the child and family at all time.

School will disseminate information to key members of staff involved in the child's care on a needs-to-know basis, as agreed with parents/carers.

Where the child has an Individual Healthcare Plan (IHCP) this will be shared with key staff with regular scheduled re-briefings.

School will ensure that arrangements are in place to inform new members of staff of the child's medical needs.

School will ensure that arrangements are in place to transfer information on a child's medical needs to staff during any transition.

At the Federation of St. Edmund's and St. Patrick's this means that school will always consult with parents regarding sharing information and we will be respectful and sensitive at all times.

### **LIABILITY AND INDEMNITY**

School insurance policies provide liability cover relating to the administration of medicines.

In the case of medical interventions, individual cover may be arranged for any specific healthcare procedures, including information about appropriate staff training and other defined requirements of the insurance policy.

The expectation is that only appropriately trained and insured staff will be involved in supporting medical interventions.

## **COMPLAINTS PROCEDURE**

In the first instance parents/carers dissatisfied with the support provided should discuss their concerns directly with the class teacher, if not satisfied; a discussion with the Deputy Headteacher or SEND Coordinator, if not satisfied; a discussion with the Executive Headteacher.

If, for whatever reason, this does not resolve the issue then a formal complaint can be made in writing to the school's governing body.

At the Federation of St. Edmund's and St. Patrick's this means that all complaints will be dealt with in a professional and timely manner.

## **UNACCEPTABLE PRACTICE**

The Federation of St Edmund's and St Patrick's consider that the **following constitute unacceptable practice:**

- requiring parent/carers to attend or making them feel obliged to attend school to administer medicines / medical interventions or provide medical support to their child, including around toileting issues – no parent/carer should have to give up working because the school is failing to support their child's medical needs;
- preventing children from participating or creating unnecessary barriers to children participating in any aspect of school life, including trips, e.g. by requiring parents/carers to accompany the child.
- preventing children from easily accessing and administering their medicines as and where necessary;
- assuming that every child with the same condition requires the same treatment;
- ignoring the views of the child and/or their parents/carers
- ignoring medical evidence or opinion
- sending children with medical conditions home frequently;
- preventing children with medical conditions from staying at school for normal school activities, including lunch, unless this is specified in their IHCP;
- if the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable;
- penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- preventing children from eating, drinking or taking toilet / other breaks whenever they need to in order to manage their medical condition effectively.

At the Federation of St. Edmunds and St. Patrick's this means that all staff under the guidance of Senior Managements will endeavour to ensure that all practice is acceptable bearing in mind the above points.

## **SICKNESS AND VOMITTING IN SCHOOL**

When a child is sick during school the following will be considered:

- age of the child
- Whether the child is displaying any other symptoms such as temperature.
- Whether the incident of sickness was due to indigestion, a bang on the head or the beginning of a stomach bug.
- Speak to the parents/guardian regarding their child's health and come to an agreement with the parent/carer regarding the best next steps.

At the Federation of St Edmund's and St. Patrick's this means that parents/guardians should contact the school to discuss their child's individual period of sickness. If a child has diarrhoea and vomiting they should remain off school for 24 hours.

### **DEALING WITH MINOR INJURIES**

Injuries must be dealt with as quickly and calmly as possible and the child reassured whilst the treatment takes place.

When dealing with a cut or graze the following should be adhered to:

- Use the disposable gloves provided in the first aid box
- clean the wound under running tap water but do not use antiseptic because it may damage the tissue and slow down healing
- pat the area dry with a clean towel
- apply a sterile, adhesive dressing, such as a plaster

Ensure that gloves are worn at all time and then all first aid waste e.g. rubber gloves etc., must be placed inside a bag and placed in the usual refuse bin for disposal.

At the Federation of St. Edmund's and St. Patrick's this means that staff will follow the above procedure when dealing with a minor injury or contact a trained paediatric first aider should they require further advice.

### **ASTHMA**

Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK. There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK.

Children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. All children diagnosed with asthma should have an inhaler at school at all times. It is the responsibility of the parent to ensure that they provide school with a copy of their current asthma care plan and a spare inhaler with their name clearly labelled on it.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 has allowed schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

The emergency salbutamol inhaler should only be used by children:

- who have been diagnosed with asthma, and prescribed a reliever inhaler;
  - OR who have been prescribed a reliever inhaler;
- AND for whom written parental consent for use of the emergency inhaler has been given.

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

Signs of an asthma attack include:

- Persistent cough (when at rest)

- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted

Guidance on the use of emergency salbutamol inhalers in schools

- A blue / white tinge around the lips
- Going blue

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

### **CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD**

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

### **Responding to signs of an asthma attack**

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

### **Recording use of the inhaler and informing parents/carers**

- Use of the emergency inhaler should be recorded.
- This should include where and when the attack took place (e.g. PE lesson, playground, classroom).
- How much medication was given, and by whom.
- Supporting pupils requires written records to be kept of medicines administered to children.
- The child's parents must be informed in writing so that this information can also be passed onto the child's GP.

## **Templates**

- A. Parent/Carer Information about a Child's Medical Condition
- B. Parent/Carer Request and Agreement for School to Administer Medicines/Medical Interventions' form
- C. Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention
- D. Record of Administration of Medicines/Medical Intervention to an Individual Child
- E. Record of Administration of Medicines Administered to All Children
- F. Record of Staff Training
- G. Procedure for Contacting Emergencies Services

## **Appendices:**

- 1. Sample Procedure following notification of a pupil's medical needs
- 2. Individual Healthcare Plan (IHCP) Flow Chart to Guide Schools on the Development of an IHCP for a Child
- 3. Medicines and Medical Interventions