



Surfleet Primary School

MEDICAL NEEDS POLICY

RESPONSIBLE PERSONS

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SPECIAL EDUCATIONAL NEEDS & DISABILITIES COORDINATOR (SENCO)

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Rationale

The number of pupils attending mainstream schools who have specific medical needs is increasing. Many children and young people have their participation in school affected by illness or a specific medical condition. This may result in a minor disruption or it may cause regular or permanent limitation to their access to education. Most children with medical needs are able to attend school regularly, and with appropriate support from family and school can take part in the normal school activities. However for children with long term, complex or very individualised medical needs, there needs to be careful planning by school, parents/carers, medical and other professionals and where appropriate the child to maximise curriculum access, their inclusion and to safeguard the child's health and safety. It is crucial that all involved have an understanding of the policy and procedures the school is operating.

Guidelines

Advice and guidelines for the pupil's individual needs and procedures can be found on the Scholar Pack system and paper copies in the main school file. Our school will do all it can to encourage, support and care for children with medical needs in order to ensure they maintain maximum attendance at school and have full access to the curriculum. We recognise that there are an increasing number of conditions such as hay fever, allergies and asthma affecting many school age children and positively welcome all pupils with these conditions. A copy of the procedures around administration of medication and support for pupils with these conditions will be available for staff and parents. We will work with parents/carers of children with complex or long term medical needs to agree and implement individual healthcare plans. We will provide whole school training on health issues affecting all children and appropriate training for staff volunteering to support individual healthcare plans.

Our school will review its procedures around the administration of medication, the development of healthcare plans and support for pupils with asthma in consultation with parents/carers and staff and on a regular basis.

This policy and its related procedures provide the framework within which the medical needs of pupils will be managed.

Record keeping

At the beginning of each school year or when a child joins the school parents/carers are asked whether their child suffers from any medical condition including asthma. Parents are reminded of the vital importance of providing this information to school and of updating the school should there be any changes or new conditions diagnosed. Parents who indicate that their child has asthma will be asked to provide further information regarding their child and the medication they are taking. This information should be updated by parents during the school year as necessary.

Asthma

Children who suffer with asthma need to be able to gain quick access to their inhalers (or spacers in the cases of some younger children). Parents sign a form to acknowledge that an inhaler has been provided. Both the inhaler (with child's name clearly displayed) and form are kept in classrooms. Members of staff ensure that inhalers are taken on off-site visits. However, as children with asthma get older it is very much the expectation that they should take the lead on remembering to take their inhalers. It is the parent's/carer's responsibility to check that inhalers are replenished when needed.

Diabetes

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes).

Each child may experience different symptoms and this should be discussed when drawing up the health care plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. The diabetes nurse team will provide school training.

Epilepsy

The specialist nurse, John Gowan, will provide epilepsy training when needed, that is bespoke to the pupil in school. Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. Epilepsy is a very individual condition.

Seizures can take many different forms and a wide range of terms may be used to describe the particular seizure pattern that individual children experience. Parents and health care professionals should provide information to schools, to be incorporated into the individual health care plan, setting out the particular pattern of an individual child's epilepsy. If a child does experience a seizure in a school, details should be recorded and communicated to parents including:

- any factors which might possibly have acted as a trigger to the seizure, e.g. visual/auditory stimulation, emotion (anxiety, upset)
- any unusual "feelings" reported by the child prior to the seizure parts of the body demonstrating seizure activity e.g. limbs or facial muscles
- the timing of the seizure – when it happened and how long it lasted whether the child lost consciousness whether the child was incontinent

What the child experiences depends whether all or which part of the brain is affected. Not all seizures involve loss of consciousness. After a seizure a child may feel tired, be confused, have a headache and need time to rest or sleep. Recovery times vary. Some children feel better after a few minutes while others may need to sleep for several hours. Another type of seizure affecting all of the brain involves a loss of consciousness for a few seconds. A child may appear 'blank' or 'staring', sometimes with fluttering of the eyelids. Such absence seizures can be so subtle that they may go unnoticed. They might be mistaken for daydreaming or not paying attention in class. If such seizures happen frequently they could be a cause of deteriorating academic performance.

A child's individual care plan should be followed – paper copy in main school file and electronic on Scholar Pack under the child's profile and support documents.

Anaphylaxis and administration of epipens

Anaphylaxis is an extremely dangerous allergic reaction. It can be triggered by foods (e.g. nuts, seafoods) or nonfoods (e.g. wasp and bee stings, certain medicines, even exercise). The symptoms of anaphylaxis can be identified by effects on the respiratory system, cardiovascular system, gastrointestinal system, skin, nervous system, genitourinary system.

In the event of an attack it is important to administer an epipen as soon as possible (can be done over clothing) and call 999 for an ambulance.

Each child should have an epipen stored in the 'Children's Medication' box in the staff room. We request the parents leave two epipens with school. If an additional epipen is supplied, it will be stored in the child's classroom in an unlocked cupboard/drawer. Each epipen is stored in a plastic wallet that also contains the name of the child, her/his photograph, and a copy of the child's individual plan that has been written by a doctor.

An individual plan is either drawn up by the medical profession or an action plan can be created by school and parents with the support of the medical profession. These allergy action plans can be found on the www.bsaci.org website (<http://www.bsaci.org/Default.aspx?PageID=13325790&A=SearchResult&SearchID=1362531&ObjectID=13325790&ObjectType=1>)

Administration of Medicines

Occasionally, it is necessary for medicines to be administered at school. Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

If a parent wishes a child to take a prescribed medicine during school time they should either arrange with the Headteacher to come to school to administer the medicine or complete a request form, giving permission for the Headteacher or his/her nominee **only** to administer the medicine and deliver the medicine with instructions to the school office where it will be kept in a labelled container either in the mini-fridge or 'Children's Medication' box in the staff room. The medicine should be in date and clearly labelled with:

- Name of medication
- The owner's name
- Dosage, time and frequency
- The prescribing doctor's name.
- The date of issue
- The expiry date

A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.

For those children that require emergency medicine, e.g. an epipen, Buccal Midazolam for epilepsy, a red card with their name on it will be kept within easy reach in the classroom or on the class teacher if they leave the classroom, e.g. PE lessons. This red card will be sent via a child (KS2 responsible child) or adult (if child is in KS1) to the school office which will trigger an adult to take the correct medication up to the child **immediately**.

The Headteacher/Head of School or his/her nominated person to administer the medicine will require one other person to witness the medication being taken and that all medication instructions have been followed through accurately with the date and time recorded. This person will also be required to sign the medicine form.

Where a child is able to take the medicine themselves, staff will only need to supervise. This will need to be recorded on the medicine request form.

Details of possible side effects should also be given. Where possible, no more than one week's supply should be sent at one time. It is important that an up-to-date record of the parent's home and work telephone numbers be kept so that they can be contacted at any time.

If a child refuses to take their medication, staff will not force them to do so and will note this on the records. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed

Medicines no longer required will be handed back to the parent. If parents do not collect medicines after a reasonable period of time they will be given to a pharmacist for disposal.

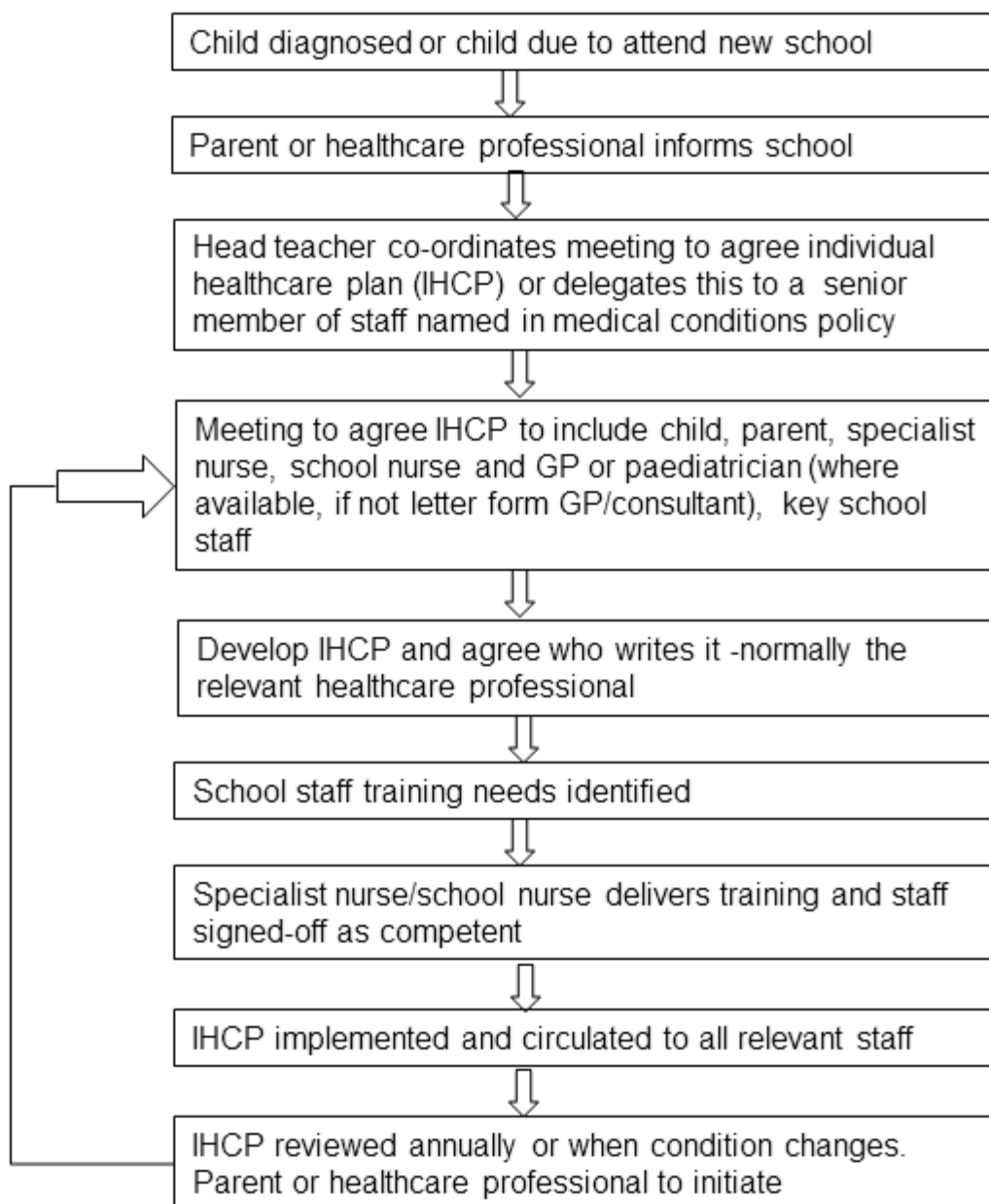
Procedures for the development of an individual healthcare plan

When a pupil has a long term or complex medical need that requires specialist medication or protocols, the school will work with the parent to agree an individual healthcare plan for that child. Where appropriate, the drawing up of the healthcare plan will involve school/community nurse, health visitor. Advice will be sought from health practitioners e.g. GPs, consultants, specialist nurses, physiotherapists etc. The healthcare plan is a confidential document and will be signed by the parent and the school.

Each healthcare plan will be different, because each child's circumstances will be different. The following list describes some of the possible actions that could be included in a plan:

1. After filling in a request form, the child may go to a hospital that has a hospital school. If the child has special educational needs, a copy of their IEP (individual education plan) will also be provided to ensure that the child's needs are met at a level appropriate to her/his medical condition.
2. A child may have a long-term absence and be at home. If this absence is likely to exceed 15 days, the Education Welfare Team may become involved and home tuition could become a possibility.
3. It is possible that a healthcare plan might also include an element of part-time attendance at school.

A guide to the process of developing individual healthcare plans:



Accidents

- All bumps to the head are taken very seriously. Parents will be informed immediately if a child has had a serious bump where the skin has broken or is marked. Serious bumps will be recorded in the accident book and sent to the LEA. If the bump is minor, parents will still be informed.
- If a child suffers a minor accident, a member of staff will administer first aid and comfort the child. Parents will be notified in writing/phone call of the incident.
- In a more serious accident where a child may become unconscious, bleed profusely, or damage their limbs, an ambulance will be called, first aid administered and parents informed.
- Parents of any child exhibiting signs of health deterioration will be informed.

Non prescribed medication. Surfleet School will only administer non prescribed medication including pain relief with written consent from the parent detailing clearly why it is required. Non prescribed medication and pain relief will only be administered for a maximum of **3** days. Pain relief prescribed by a Medical Practitioner will be given for the duration of the prescription once written consent has been given. Consent must clearly state the time that medication has been given at home prior to school attendance and when any further doses are due. For residential visits a consent form for pain relief is requested in advance. Parents will be contacted by phone prior to medication being given, only in the event of parents/carers not being contactable and the pupil being in distress will pain relief be given without speaking with the parents/carers.

Emergency Inhalers

For circumstances whereby a pupil with known asthma requires assistance and their own inhaler is not available. See DfE guidance.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

Where parents/carers have given consent for their own inhalers to be used, they will be requested to consent that in the absence of their own inhaler being available the “emergency inhaler” can be used.

The school has emergency spacer devices available for the assistance of administering medication in emergency situations, these are once use items in these circumstances. Following use of the emergency inhaler, the inhaler will be thoroughly cleaned.

Emergency Medication. If there is an emergency situation whereby consent has not been received either for a pupil with diagnosed asthma or allergy or for a pupil with no previous history or knowledge of asthma or allergies and symptoms suggest an asthma or anaphylaxis attack is occurring, the emergency services will be called. **If advised to do so by the emergency services** a) the emergency inhaler will be used even where consent has not been received and full details of the advice given and dosage administered will be recorded b) if available another person’s epi-pen will be administered even where consent has not been received and full details of the advice given and dosage administered will be recorded

Use of Defibrillators. Surfleet School have sited an Automated External Defibrillator (AED) in line with the DfE guidance

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/519994/AED

[guide for schools.pdf](#) . Devices are designed to be used with no or minimal training. The school have briefed staff on how the equipment works using the manufacturers guidance. The emergency services must be contacted as a first step prior to use of the AED. The emergency services will usually talk through giving cardiopulmonary resuscitation (CPR) prior to any external defibrillation.

The school will designate a member of staff to undertake regular checks on the device in line with the manufacturers guidance and ensure appropriate device consumables are available, these checks will be recorded.

Management arrangements for Pupils with food allergens having school meals

Surfleet School has a contract with **Farm Kitchens** to provide a school meal service. As part of this service contract and in line with Food Standard Agency requirements the contractor must provide information on the relevant allergens within the ingredients used and products served. This allergen information is shown on menus allowing parents/carers to review and choose what meals their children will have.

Occasionally due to suppliers changing products based on availability, information relating to allergens may change after parents/carers have chosen meals. If this happens the Catering contractor must inform the school immediately and the school check the revised allergen contents against the pupils known allergies. As required the school would then contact the parent/carer to discuss/change meal choices. If a parent/carer cannot be contacted, the school will take the decision to change the pupils meal choice to one where it can be confirmed allergens contained within the meal will not be detrimental to the pupil health and well-being.

Roles and Responsibilities:

Governing Body

The governing body has the general responsibility for defining, monitoring and reviewing the school policy with respect to the support of pupils with medical needs. Governors will usually consult the Headteacher and school staff in the formulation of this policy.

Headteacher/Head of School

The Headteacher/Head of School is responsible for the operation of the policy on the support of pupils with medical needs. He will ensure that there are appropriate procedures in place for the administration of medication, including those for agreeing with parents/carers exactly what support the school can provide to pupils with more complex medical conditions. The Headteacher/Head of School can authorise a named member of staff to manage these procedures. This member of staff would then become the 'Authorised Person'.

The Headteacher/authorised person will make sure that parents/carers and staff are aware of the school policy on supporting children with medical needs.

The Headteacher/authorised person will make sure that staff receive relevant information on specific medical support needs of individual pupils on a need to know basis.

The Headteacher/authorised person will ensure that staff are appropriately trained.

The Headteacher/authorised person will ensure that appropriate links are maintained with specialist health professionals.

Parents/carers

Parents/carers are responsible for informing the school of any medical conditions their children suffer from and that the school has sufficient information to manage their child's medical needs while at school. If their child has a more complex medical condition, they should work with the school to develop a healthcare plan which will include an agreement on the role of the school in managing any medical needs and potential emergencies.

Whilst school will make every effort to remove unnecessary medically related barriers to attending school, parents/carers should not expect that a child can attend school if he/she is infectious or contagious and should not return until they have been clear of the sickness and/or diarrhoea for 48 hours. Parents/carers should agree to make arrangements to collect children from school if they present such conditions while at school.

Staff

Staff should inform a senior member of staff and the welfare officer if they become aware that a child has a medical condition.

Staff should ensure that they seek information/guidance regarding the medical needs of pupils with whom they work from designated school staff.

All staff should know about the likelihood of an emergency arising in connection with the children with whom they are working.

All staff should know what to do should an emergency arise in connection with the children with whom they are working.

Staff should know how to summon the emergency services and what the school's recording procedures are in such a situation.

Staff are entitled to appropriate training.

Class teachers are responsible for notifying all adults who regularly come into contact with their class about pupils medical needs.

Teachers employed to cover P.P.A. (planning, preparation and assessment) time for regular class teachers should find out information regarding the medical needs of pupils within classes they regularly teach.

It is the school administrator's responsibility to maintain an up-to-date 'Health Needs' on the front page of Scholar Pack and of ensuring this is readily available for all staff who work in their classroom.

Should a supply teacher take responsibility for a class without opportunity for liaison with the class teacher, other year group staff should ensure they are informed of medical needs of pupils in the class.

Other Health Professionals

A range of health care professionals, including the school nurse, the child's General Practitioner, specialist staff within the Primary Care Trust and the Community Pharmacists, may have a role in the medical care of a pupil.

This role may be:-

- to provide advice in the construction of an individual healthcare plan
- to provide advice and/or support in an emergency situation
- to provide training for staff in specific protocols
- to support school nurses in their work within schools.

REVIEW

The head of school and teaching staff will review this policy in September 2019. Any amendments will be presented to the Governing Body for approval.

Last review June 2019