Scarning VC Primary School

Supporting Children with Medical Needs Policy

(including the management of asthma)

Adopted by FGB: 6.10.26

Review Date: September 2028

Contents:

Statement of intent

1. Key roles and responsibilities
2. Definitions
3. Training of staff
4. The role of the child
5. Individual Healthcare Plans (IHCPs)
6. Medicines
7. Administering medication
8. Emergencies
9. First aid
10. Asthma
11. Asthma and Record Keeping
12. Asthma and exercise and physical activity
13. Asthma and the school environment
14. Avoiding unacceptable practice
15. Insurance
16. Complaints

Statement of intent

Scarning VC Primary School wishes to ensure that pupils with medical conditions receive appropriate care and support at school, in order for them to have full access to education and remain healthy.

This policy has been developed in line with the DfE's guidance reviewed in September 2014: 'Supporting pupils at school with medical conditions.

Ofsted places a clear emphasis on meeting the needs of pupils with special educational needs and disabilities (SEND), including children with medical conditions.

The Scarning VC Primary School is committed to ensuring that parents/carers feel confident that we will provide effective support for their child's medical condition, and make the pupil feel safe.

The main aims of this policy are:

- To provide individualistic, appropriate support for all pupils with medical conditions.
- To make reasonable adjustments within the Scarning VC Primary School to ensure pupils with medical conditions are included in daily activities, school trips and sporting events.
- To provide all parents/carers with the confidence that the Scarning VC Primary School will provide effective support for their child and ensure their safety.
- To establish relationships with relevant local health services in the implementation of effective support, as well as valuing the views of parents/carers and pupils.
- To effectively manage absences caused by medical conditions, to limit the impact on a child's educational attainment.

1. Key roles and responsibilities

1.1. **The LA is responsible for:**

- Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
- Working with schools in order to encourage pupils with medical conditions to attend full-time.
- Providing support, advice and guidance to schools and their staff.
- Making alternative arrangements for the education of pupils who need to be out of school for 15 days or more due to a medical condition.
- Providing suitable training to school staff in supporting pupils with medical conditions to ensure that Individual Healthcare Plans (IHCP) can be delivered effectively.

1.2. **The governing body is responsible for:**

- Ensuring a named person, Nick King has responsibility for the overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of Scarning VC Primary School .
- Reviewing this policy on an annual basis, and ensuring it does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- Ensuring that relevant training provided by the LA is delivered to staff members who take on responsibility to support children with medical conditions.
- Arranging appropriate cover in the event of staff absence or turnover to ensure someone is always available, and that supply staff are appropriately briefed.
- Ensuring that all relevant staff are made aware of pupils' individual conditions.
- Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions, are available to members of staff with responsibilities under this policy.
- Keeping written records of any and all medicines administered to individual pupils and across the school population.
- Ensuring the level of insurance in place reflects the level of risk.

1.3. **The headteacher (with support from the SENDCo) is responsible for:**

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures Scarning VC Primary School

- Making any necessary changes to the policy, as discussed with the governing body upon review.
- Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of this policy.
- Liaising with healthcare professionals regarding the training required for staff.
- Making the relevant members of staff aware of a child's medical condition.
- Developing individual IHCPs.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Contacting the school nursing service in the case of any child who has a medical condition.
- Organising first-aid training.
- Carrying out appropriate risk assessments when making reasonable adjustments for pupils with medical conditions, to ensure the inclusion of pupils in activities.

1.4. **Staff members are responsible for:**

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- Administering medication, if they have agreed and are qualified to undertake that responsibility.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.

1.5. **Parents and carers are responsible for:**

- Keeping the school informed about any changes to their child/children's health.
- Completing a parental agreement for school to administer medicine form before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up-to-date.
- Collecting any leftover medicine at the end of the course or year.

- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- Where necessary, developing an IHCP for their child in collaboration with the headteacher, other staff members and healthcare professionals.

1.6. **Pupils are responsible for:**

- Being actively involved in discussions about their child's medical support.
- Contributing to the development of, and complying with, their child's IHCP.
- Being sensitive to any other pupils with medical conditions.

2. Definitions

2.1. "Medication" is defined as any prescribed or over the counter medicine.

2.2. "Prescription medication" is defined as any drug or device prescribed by a doctor.

2.3. A "staff member" is defined as any member of staff employed at the school.

3. Training of staff

3.1. The school adopts a whole-school approach to training, ensuring that all staff employed by the school are aware of this policy and of their role when implementing the policy.

3.2. The clinical lead for this training is dependent on situation.

3.3. No staff member may administer prescription medicines or undertake any healthcare procedures that training specific to the responsibility is necessary e.g. administering insulin to a diabetic child

3.4. Under normal circumstances no staff member may administer drugs by injection unless they have received training in this responsibility.

3.5. The office will keep a record of training undertaken and a list of staff qualified to undertake responsibilities under this policy.

4. The role of the child

4.1. Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures, following a discussion with their parents/carers.

4.2. If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.

4.3. Where appropriate, pupils will be encouraged to take their own medication under the supervision of relevant staff.

5. Individual Healthcare Plans (IHCPs)

5.1. Where necessary, an IHCP will be developed in collaboration with the pupil, parents/carers, headteacher, special educational needs coordinator (SENCO) and medical professionals.

5.2. IHCPs will be easily accessible to those who need to refer to them, whilst also preserving confidentiality.

5.3. IHCPs will be reviewed on an annual basis, or when a child's medical circumstances change, whichever is sooner.

5.4. Where a pupil has an education, health and care (EHC) plan or special needs statement, the IHCP will be linked to it or become part of it.

5.5. Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

5.6. The school will develop transport health care plans for pupils with life-threatening conditions, which effectively manages home-to-school transport for the pupil.

6. Medicines

6.1. Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.

6.2. No child will be given any prescription or non-prescription medicines without written parental consent, except in exceptional circumstances.

6.3. Where a pupil is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.

6.4. No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.

6.5. Parents will be informed of any given medication.

6.6. Medicines MUST be **in date, labelled**, and provided in the **original container** (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.

6.7. A maximum of four weeks supply of the medication may be provided to the school at one time.

6.8. Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.

6.9. All medications will be stored safely in a locked cabinet in the office or EYFS building, as well as a locked fridge.

6.10. Medicines and devices such as asthma inhalers, blood glucose testing and adrenaline pens will always be readily available to pupils and will not be locked away.

6.11. The school cannot be held responsible for side effects that occur when medication is taken correctly.

6.12. Any medications left over at the end of the course will be returned to the child's parents.

7. Administering medication

7.1. When operationally important teachers and support staff will receive training on the Administering Medication Policy as part of their new starter induction and will receive regular on-going training as part of their development.

7.2. All staff will receive a copy of this policy on induction, or as part of the annual policy distribution at the start of the year.

7.3. Medications will only be administered at school if it would be detrimental to the child not to do so.

7.4. Prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement.

7.5. Staff members may refuse to administer medication. If a member of staff refuses to administer medication, the headteacher will delegate the responsibility to another staff member.

7.6. Where appropriate, pupils will be encouraged to take their own medication under the supervision of a member of staff.

7.7. Written records will be kept of any medication administered to children, stating what, how, and the quantity administered, when and by whom.

8. Emergencies

8.1. Medical emergencies will be dealt with under the school's emergency procedures.

8.2. Where an IHCP is in place, it should detail:

- What constitutes an emergency?
- What to do in an emergency.

8.3. Pupils will be informed in general terms of what to do in an emergency, such as telling a teacher.

8.4. If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

9. Performing first aid

9.1. The headteacher will ensure that an annual risk assessment of first-aid needs is undertaken, appropriate to the circumstances of the school and the supporting of pupils with medical conditions.

9.2. The headteacher is responsible for organising first-aid training.

9.3. New staff members are offered first-aid training as part of their induction.

9.4. Lunch-time supervisors will also undertake first-aid training.

9.5. We have a first aid room, stocked with appropriate equipment to enable the administration of first-aid. As mentioned before the school also has a locked medicine cabinet and a locked fridge.

9.6. First-aiders will be made aware of any pupils with medical conditions and treat them accordingly, should the need for first-aid arise.

9.7. First aiders will give immediate help to casualties with common injuries and those arising from specific hazards or medical conditions at the school, and ensure that an ambulance or other professional medical help is called where appropriate.

9.8. The school has on site two defibrillators as part of their first aid equipment, in order to effectively manage any incidents where a pupil may experience sudden cardiac arrest.

9.9. The school will notify the local NHS service of its location at the front of the school outside the main entrance, the code is kept in the first aid room. Another DFE defibrillator is located in the 1st Aid room.

9.10. The headteacher will ensure that procedures are in place to report any major or fatal injuries without delay (e.g. by telephone), as required by the Reporting of Injuries, Diseases and Dangerous

Occurrences Regulations 2013 (RIDDOR). Other reportable injuries will be reported in no more than 10 days.

10. Asthma

1.1. Reliever inhalers kept in the school's charge are held in the pupil's classroom in a designated storage area.

1.2. Parents/carers must label their child's inhaler.

1.3. Members of school staff are not required to administer medicines to pupils (except in emergencies).

1.4. Staff members will let pupils take their own medicines when they need to.

1.5. All use of inhalers must be communicated to parents via online first-aid reporting.

1.6. Members of school staff will look for the following symptoms of asthma attacks in pupils:

- *Persistent coughing (when at rest)*
- *Shortness of breath (breathing fast and with effort)*
- *Wheezing*
- *Nasal flaring*
- *Complaints of tightness in the chest*
- *Being unusually quiet*
- *Difficulty speaking in full sentences*

Younger pupils may express feeling tight in the chest as a 'tummy ache'.

1.7. In the event of an asthma attack, staff will follow the procedure outlined below:

- Keep calm and encourage pupils to do the same.
- Encourage the child to sit up and slightly forwards – **do not hug them or lie them down**.
- If necessary, call another member of staff to retrieve the emergency inhaler – do not leave the affected pupil unattended.
- If necessary, summon the assistance of a senior first-aider (names and photos in medical room), to help administer an emergency inhaler.
- Ensure the child takes two puffs of their reliever inhaler (or the emergency inhaler) immediately, preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the child.

1.8. If there is no immediate improvement:

- Continue to ensure the child takes two puffs of their reliever inhaler every two minutes, until their systems improve, but only up to a **maximum of 10 puffs**. Unless directed otherwise by a parent.

1.9. If there is no improvement before you have reached 10 puffs:

- Refer to child's asthma care plan (if they have one)
- Call 999 for an ambulance.
- If an ambulance does not arrive in 10 minutes, administer another 10 puffs of the reliever inhaler as outlined in 6.2.

1.10. Call 999 immediately if:

- The child is too breathless or exhausted to talk.
- The child is going blue.
- The child's lips have a blue/white tinge.
- The child has collapsed.
- You are in any doubt.

1.11. Never leave a pupil having an asthma attack unattended.

1.12. In an emergency situation, members of school staff are required to act like a 'prudent parent' – known as having a 'duty of care'.

1.13. Reliever medicine is very safe. Do not be overly concerned a pupil may overdose.

1.14. Send another pupil to get a teacher/adult if an ambulance needs to be called.

1.15. Contact the pupil's parents/carers immediately after calling an ambulance.

1.16. A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent/carer arrives.

1.17. Generally, staff will not take pupils to hospital in their own car. However, in some extreme situations Scarning VC Primary School understands that it may be the best course of action.

1.18. If a situation warrants a staff member taking a pupil to hospital in their car, another adult must accompany them.

2. Asthma record keeping

2.1. At the beginning of each school year, or when a child joins Scarning VC Primary School, parents/carers are asked to inform the school if their child has any medical conditions, including asthma, on their enrolment form.

2.2. The school keeps a record of all pupils with asthma, complete with medication requirements, in its Asthma Register.

2.3. Parents must inform the school of any changes to their child's condition or medication during the school year via an Asthma form.

3. Asthma and exercise and physical activity

3.1. Games, activities and sports are an essential part of school life for our pupils. All teachers know which children in their class have asthma and are aware of any safety requirements.

3.2. Outside suppliers of sports clubs and activities are provided with information about pupils with asthma taking part in the activity via the school's Asthma Register.

3.3. Pupils with asthma are encouraged to participate fully in PE lessons when they are able to do so. Pupils whose asthma is triggered by exercise will be allowed ample time to thoroughly warm up and cool down before and after the session.

3.4. During sports, activities and games, each pupil's labelled inhaler will be kept in a box at the site of the activity.

3.5. Classroom teachers will follow the same guidelines as above during physical activities in the classroom.

3.6. Scarning VC Primary School believes sport to be of great importance and utilises out-of-hours sports clubs to benefit pupils and increase the number of pupils involved in sport and exercise.

3.7. Pupils with asthma are encouraged to become involved in out-of-hours sport as much as possible and will never be excluded from participation.

3.8. Members of school staff or contracted suppliers will be aware of the needs of pupils with asthma during these activities and adhere to the guidelines outlined in this policy.

4. Asthma and the school environment

4.1. Scarning VC Primary School does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep any furry or feathered animals and has a definitive no-smoking policy throughout school grounds.

4.2. As far as possible, the school does not use any chemicals in art or science lessons that are potential triggers for asthma.

4.3. If chemicals that are known to be asthmatic triggers are to be used, asthmatic pupils will be taken outside of the classroom and provided with support and resources to continue learning.

11. Reasonable adjustments

11.1. The school will meet its duties under the Equality Act 2010.

11.2. The school will make reasonable adjustments for pupils with medical conditions, including the provision of auxiliary aids.

11.3. With consideration to day trips, residential visits and sporting activities, the school will make reasonable adjustments to promote flexibility and encourage pupil participation.

11.4. The school will conduct risk assessments prior to the arrangement of any of the above, to ensure planning arrangements take into account the inclusion of pupils with medical conditions.

12. Avoiding unacceptable practice

12.1. The school understands that the following behaviour is unacceptable:

- Assuming that pupils with the same condition require the same treatment.
- Preventing pupils from easily accessing their inhalers and medication.
- Ignoring the views of the pupil and/or their parents/carers.
- Ignoring medical evidence or opinion.
- Sending pupils home frequently or preventing them from taking part in activities at school.
- Sending the pupil to the medical room or school office alone or with an unsuitable escort, if they become ill.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

13. Insurance

13.1. Staff who undertake responsibilities within this policy are covered by the school's Public Liability insurance. A copy of the PL insurance is available in the office.

13.2. Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the NCC insurance team: Insurance@norfolk.gov.uk

14. Complaints

The details of how to make a complaint can be found in the Complaints Policy: