

Whitby Heath Primary School



Administration of Medicine Policy (Including Supporting Children with Medical Conditions)



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Head teacher	Mr S Wright 
Chair of Governors	Mr N Lacey

1. Introduction

Policy Aims

This policy aims to describe the effective management systems and measures in place at Whitby Heath Primary School to support individual children with medical needs. Whilst it is recognised that children who are acutely unwell should be kept at home, we also recognise that positive responses by school to a child's medical needs not only benefits the child directly by improving their attendance and access to the curriculum, but can also positively influence the attitude of their peers.

Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995.

The DDA defines a person as having a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on his/her abilities to carry out normal day to day activities. Whitby Heath Primary School does not discriminate against disabled pupils in relation to their access to education – this includes all aspects of school life including school clubs and activities. We will make reasonable adjustments for disabled children including those with medical needs at different levels of school life.

Responsibilities

The Headteacher is responsible for the implementation of this policy, which has been agreed with the governing body. Staff, parents/carers and children will be made aware of this policy. Outside providers covering for teachers' PPA time will also be issued with a copy of this policy as will supply staff on extended contracts.

Children with Medical Needs

Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children, however, have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.

Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

In line with the DfE guidance 'Supporting Pupils at School with Medical Conditions', we are committed to all staff being aware of any child's medical condition and ensure that in the case of staff absence or supply cover relevant/trained staff are briefed and available.

Most children with medical needs can attend school or a setting regularly and take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk. This includes Risk Assessments for school visits and activities outside of the normal school timetable.

An individual healthcare plan is used for individual children when necessary and these also help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk.

Supporting pupils at school with medical conditions

At Whitby Heath Primary School we place an emphasis on gaining sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school.

We need to know about any particular needs before a child is admitted to our school, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. We will develop a written health care plan for such children, involving the parents and relevant health professionals.

Through Individual Health Care Plans, pupils at Whitby Heath Primary School with medical conditions are properly supported so that they have full access to education, including school trips and physical education. We consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

The Headteacher is the named contact in school who has overall responsibility for ensuring pupils with medical conditions are properly supported. In addition, our First Aid Lead, Mrs D Bell, is the designated member of staff specifically trained to support pupils with medical conditions. This member of staff is the key lead to support and advise staff working with children with medical needs and is responsible for ensuring the administration of medicines is undertaken in-line with the policy.

Together, the Headteacher and First Aid Lead are responsible for ensuring that sufficient staff are suitably trained, having a commitment that all relevant staff will be made aware of the child's condition, planning cover arrangements in case of staff absence or staff turnover to ensure someone is always available, briefing for supply teachers, compiling and supporting other staff to compile risk assessments for school visits and other school activities outside of the normal timetable, and monitoring of individual healthcare plans.

Our SENCO (Special Educational Needs Co-ordinator) assists the Headteacher and First Aid Lead to co-ordinate and share information on an individual with medical needs and will be the first contact for parents and staff, and liaise with external agencies. As children move to different classes as the years pass, the SENCO will ensure that information in individual health care plans is passed on to the new teacher.

Procedure to be followed when notification is received that a pupil has a medical condition

- Child diagnosed or child due to attend as new starter
- Parent or health care professional informs school

- First Aid Lead coordinates a meeting to agree individual healthcare plan
- Meeting to agree Individual Healthcare Plan to include parent, (child if appropriate), relevant healthcare professionals, key school staff
- Agree and write down the Individual Health care plan, including identification of any staff training needs
- Plan implemented and circulated to all relevant staff
- Plan reviewed regularly or when the health needs change

For children starting school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, this should normally take no more than two weeks.

Individual healthcare plans

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. Plans are reviewed at least annually or earlier if the child's needs change. They should be developed in the context of assessing and managing risks to the child's education, health and social well being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan is linked to the child's EHCP where they have one.

Drawing up a Health Care Plan

The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. A short, written agreement with parents/carers may be all that is required to administer medicines.

An individual health care plan clarifies for staff, parents/carers and the child the help that can be provided. Staff will be guided by the child's GP or paediatrician.

When staff agree to assist a child with medical needs, appropriate training in collaboration with local health services may be necessary. Our school will ensure that this is put in place and work with outside agencies to achieve this wherever it is practically possible. All training will be documented and records retained in the Health and Safety records.

An **Individual Healthcare Plan** includes the following information:

- the medical condition, its triggers, signs, symptoms and treatments, including:
 - the pupil's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues e.g. movement around school
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, use of rest periods or additional support in catching up with lessons.

- the level of support needed, including in emergencies.
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional.
- who in the school needs to be aware of the child's condition and the support required.
- written permission from parents and the head teacher for medication to be administered by a member of staff, or self-administered by individual pupils during school hours. Written records are kept of all medicines administered to children.
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g. risk assessments.
- what to do in an emergency, including whom to contact, and contingency arrangements. The plan should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Staff never take children to hospital in their own car. In addition, and in line with their safeguarding duties, the governing body could not place other pupils at risk or accept a child in school where it would be detrimental to the child and others to do so. Anyone wishing to make a complaint concerning support provided to pupils with medical conditions will be directed to the school complaints policy.

Support for Children with Medical Needs

Parents have the prime responsibility for their child's health and should provide us with information about their child's medical condition. Parents/carers should obtain details from their child's General Practitioner (GP) or paediatrician, if needed. The school doctor or nurse or a health visitor and specialist voluntary bodies may also be able to provide additional background information for staff.

Some children with medical conditions have complex health needs that require more support than regular medicine. Whitby Heath Primary School will endeavour to support all children, and further training and personnel issues will be addressed as these complex needs arise.

Administration of Medicine

Only one member of staff at any one time will administer medicines to a young person (to avoid the risk of double dosing). However, there may be circumstances where an additional member of staff may check doses before they are administered.

If more than one person administers medicines a system will be established to Avoid the risk of double dosing.

Staff with a young person with medical needs in their class or group should be informed about the nature of the condition and when and where the young person may need extra attention

Staff administering medication will always check the name of the child is the same as the name on the prescribed medicines. They will check the dosage and ensure the correct amount is administered.

At Whitby Heath there are two key staff who support the administration of medicines. **Mrs. D. Bell is the lead First Aider and has responsibility to oversee the administration of medicines. In her absence Mr R Biddle** takes responsibility for this. On the rare occasions that these two members are absent the Headteacher and / or Deputy Head Teacher will take on the responsibility.

Over the Counter Medicines

NHS West Cheshire Clinical Commissioning Group has agreed a policy supporting self-care for minor or self-limiting conditions. The policy states that for these conditions, patients (or their parents) are encouraged to self-care, and are expected to buy over-the-counter (OTC) medicines when appropriate.

Therefore, GPs do not now routinely prescribe these medicines. OTC medicines include those medicines on the General Sale List (GSL) that may be bought from retail outlets without medical supervision, or Pharmacy (P) medicines that can be purchased from registered pharmacies under the supervision of a pharmacist.

Examples of medicines that do not require a prescription and which parents can give permission to administer include:

- Paracetamol, ibuprofen or antihistamines - provided they are supplied in packaging with clear dosage instructions that are age appropriate for the child
- Moisturising / soothing preparations for minor skin conditions
- Sunscreen for routine protection while playing / learning outside

These examples are illustrative only and not a comprehensive list of medicines that can be administered.

To help determine whether a child is well enough to attend school parents are advised to review the NHS Choices website and the NHS guidance document on our school website. Schools are, therefore, advised that parental permission is sufficient for the administration of OTC medicines to a child for minor conditions. GPs should not be asked to write prescriptions for OTC medicines.

At Whitby Heath Primary School, medicines (prescribed or over the counter) should always be provided in the original container with written parental consent for administering. This will include the child's name, exact dosage and times to be taken. Medicines will be kept in a safe place, in the staffroom, according to the prescriber's instructions. For example, if needed 4 times (3 at home one in school at 12 o'clock)

It is helpful, where clinically appropriate, if medicines are planned in dose frequencies, which enable it to be taken outside school hours. It is to be noted that medicines that need to be taken three times a day could be taken **in the morning, after school hours and at bedtimes.**

If medicines have to be given in school time, we ask parents to complete a form giving details of the medication and authorising the school to administer medicine. Staff will complete a written record each time medicines are given and the record will be retained in the school office for school records. These forms are kept in the staffroom or are obtainable from the Office. **(Appendix 1 & 2)** Administrative staff will check that the medication lists the child's name, the prescribed dose, the expiry date and any written instructions on the label or container.

School **does not expect** any young person to bring their own medication into school, **if a young person brings to school any medicine for which we have not received written notification, school will not be responsible for that medicine or administration of medication. It will be taken from the child and their parents will be contacted immediately. If written notification has been given it is still expected that the medicine will be handed to an appropriate member of staff by the parent or nominated adult.**

Whitby Heath Primary School keeps an accurate record of each occasion an individual pupil is given or supervised taking medicines. Details of the supervising staff member, pupil, dose, date and time are recorded.

We will ensure that medicines are stored appropriately whilst they are on the school Premises (medicines will be kept in the First Aid cabinet in the staff room) and refrigerated where this is required.

Medication will be returned to the parent when no longer required to arrange for safe disposal.

Residentials/Trips

Parents are sent a medicines form to be completed and returned to school shortly before their child leaves for an overnight or extended day trip. This form requests up to date information about the pupil's current condition and their overall health. This provides up to date information to relevant staff to help the pupil manage their condition while they are away including information about medicines not normally taken during school hours.

The medicines form is taken by the relevant staff member to the off site trip and for all out of school hours activities along with a copy of the pupil's health care plan. The medical form also details what medicines and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away.

Educational Visits

At our school, we encourage children with medical needs to participate in safely managed visits. We will make reasonable adjustments to enable children with medical needs to participate fully and safely on visits. This will be a consideration when the school prepares its Risk Assessments and plans for the visit.

Sometimes additional safety measures may need to be taken for outside visits. It may be that additional supervisors or volunteers might be needed to accompany a particular child. We will ensure that all helpers from school and at the visit site are fully informed of any particular medical needs, and relevant emergency procedures. A copy of any health care plan will be taken on visits in the event of the information being needed in an emergency.

Where staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, we will seek parental views and medical advice from the school health service or the child's GP.

Sporting Activities

Most children with medical conditions can participate in physical activities and extra-curricular sport. Any restrictions on a child's ability to participate in PE will be recorded in their individual health care plan.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Specific health conditions are detailed in this policy.

Staff supervising sporting activities will consider whether risk assessments are necessary for some children, will be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Self-Management

Whitby Heath recognizes that it is good practice to support and encourage Young people, who are able, **to take responsibility to manage their own medicines and schools should encourage this**. This would apply to children who have a long term medical condition such as diabetes or asthma. Because of the age of children at our school, we do not allow children to administer their own medicines without adult supervision. They would always be supervised during administration.

Refusing Medicines

If a child refuses to take medicines, staff will not force them to do so, but will note this in the records. Any individual health care plan may make particular reference to the procedures to be followed, but in the case of medication given by school staff, we will contact the parent/carer on the day to inform them of the refusal.

Disposal of Medicines

Parents are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal. We ask parents to collect medicines held at the end of each term. If medicines are not collected, they will be taken to a local pharmacy for safe disposal.

A named member of staff is responsible for checking the dates of medicines and arranging for the disposal of those that have expired. This check is done at least three times a year. The named person is : **Mrs D Bell**.

Whitby Heath Primary School has clear guidance about record keeping.

Sharps boxes will always be used for the disposal of needles where they have to be used. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes will be arranged with the Local Authority's environmental services.

Hygiene and Infection Control

All staff will be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff have access to protective disposable gloves and will take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment in suitable receptacles. There are a number of fully trained first aiders in the school who are suitably qualified to deal with minor accidents.

Emergency Procedures

Staff are aware of emergency procedures. In the event of an accident, a first aider will assess the situation and take the following graduated steps:

- In the case of a severe accident, an ambulance will be called
- Parents/carers will be informed
- In less severe cases e.g. a cut which might require stitches, parents/carers or the child's emergency contact will be informed and asked to collect their child
- If parents/carers or the child's emergency contact cannot be contacted and the time of the accident is not near the end of the school day, staff will take the child to the local clinic or hospital
- Two members of staff will take the child – one driver and one to tend to the child
- Where only one member of staff is available, a taxi may be called so that the member of staff can care for the child

Individual health care plans will include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example, if there is an accident in the playground our lunchtime supervisors will be clear of their role.

For **head injuries (appendix 5)** there is a four tier response depending upon the severity of the injury, as assessed by a nominated first aider.

Level 1 – Minor scrape/graze – child assessed and monitored and minor scrape/graze slip sent home

Level 2 – Minor bump – child assessed, ice pack applied, if necessary, and Notification of Head Injury Letter sent home with the child

Level 3 – Moderate bump – child attended to, parent/carer called to collect child and Notification of Head Injury Letter sent home.

Level 4 – Severe bump - child attended to, parent/carer called to collect child to take to hospital/doctor and Notification of Head Injury Letter sent home. If parent/carer or emergency contact cannot be contacted an ambulance would be called.

Parental Consent for Medical Treatment

Parental consent does not constitute a problem in the vast majority of cases.

Sometimes a member of staff does meet the problem of a young person belonging to a religious body, which repudiates medical treatment. **Normally the parent will make the decision and this should be regarded as the most desirable course of action.**

However, the problem could be urgent or the parent unavailable. **Parents who have specific beliefs which have implications for medical treatment should make their views and wishes known to the school so that the consequences of their beliefs can be discussed and, if possible, accommodated.** In an emergency a member of staff would have recourse to ordinary medical treatment.

If a young person is being taken on a school journey where medical treatment may be needed and the parent is not prepared to give written instructions and an indemnity on the subject of medical treatment, the school might decide that the young person should not go on the journey, harsh as this may appear to be.

If a member of staff undertakes responsibility for administering medicines and the young person were to have an adverse reaction, in the event of a claim by the parent/guardian then the Authority will indemnify the member of staff concerned, subject to legal liability being established, and if he/she has reasonably applied this policy.

Confidentiality

The Head and staff will always treat medical information confidentially. Agreement will be reached with parents and carers who else should have access to records and other information about a child. However, if information is withheld from staff they will not be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Common Conditions – Our Approach to Asthma, Epilepsy, Diabetes and Anaphylaxis

The medical conditions in children that most commonly cause concern in schools and settings are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). This policy summarises our approach but further information is available from leading charities.

The following notes offer some basic information but it is important that the needs of the young person are assessed on an individual basis – individual Health Care Plans should be developed.

Asthma

Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children has asthma in the UK.

The most common symptoms of asthma are:

- coughing
- wheezing
- whistling noise in the chest,
- tight feelings in the chest
- getting short of breath.

Staff may not be able to rely on the very young to be able to identify or verbalise when their symptoms are getting worse or what medicines they should take and when. Therefore staff in early years/primary school, who have such children in their classes must know how to identify when symptoms are getting worse and what to do when this happens. Children with significant asthmas should have an individual health care plan.

There are two main types of medicines to treat asthma, relievers and preventers:

Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms of shortness of breath, tight feeling in the chest, coughing and wheezing.

They are taken during an asthma attack. These quickly open up narrowed airways and help breathing difficulties. They are sometimes taken before exercise. Whilst

Preventers (brown, red, orange or green inhalers, sometimes tablets) are taken daily to make airways less sensitive to the triggers and are usually used out of school hours.

Children with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the child may need some help to do this. Staff will support children with asthma to take charge of and use their inhaler from an early age.

Young people with asthma need to have immediate access to their reliever inhalers when they need them. Staff should ensure they are stored safe but in an accessible place, clearly marked with the young persons name and always available during physical education, sports activities and educational visits. Pupils with asthma are encouraged to carry their reliever inhalers as soon as the parent/carers, Doctor or Asthma Nurse and class teacher agree they are mature enough.

In this school, inhalers and relievers are stored:

- ✓ In the classrooms: children who are able to use their inhalers themselves are allowed to.
- ✓ If the child is too young or immature to take personal responsibility for their inhaler, staff will make sure that it is stored in a safe but accessible place (normally in the classroom), and clearly marked with the child's name.
- ✓ Inhalers will always be available during physical education, sports activities and educational visits.

All school staff have been informed that they are required, under common law duty of care, to act like any reasonably prudent parent. In an emergency situation, this may include taking action such as administering medicines

When a child has an attack, they should be treated according to their individual health care plan or asthma inhaler information sheet (**Appendix 4 & 5**). Parents should regularly review their child's asthma with their GP or other relevant healthcare professional. Copies of their child's management plan should be made available to school. This will be stored centrally and shared with staff.

From 1st October 2014 the Human Medicines Regulations 2014 allows schools to keep a salbutamol inhaler for use in emergencies.

School's emergency salbutamol inhaler and spacer is kept in the School Office. The inhaler is for emergency use only and we follow the guidance agreed with the dispensing pharmacist of:

- ✓ **One puff for any child aged below 6 years of age**
- ✓ **Two puffs for children between 6 and 11 years of age**

The inhaler is not to be used with a child with any diagnosed heart conditions.

STAFF MUST RECORD THE USAGE OF AN INHALER IN THE MEDICINES LOG BOOK LOCATED IN THE SCHOOL OFFICE STATING THAT IT IS THE SCHOOLS EMERGENCY INHALER THAT HAS BEEN USED.

The spacer will be washed in warm soapy water after use.

Staff Responsibilities

Asthma Lead 1 (Mrs D Bell) and Asthma Lead 2 (Mr R Biddle) are responsible for ensuring that:

- Asthma Lead/s are available to support in an emergency situation
- Inhalers are checked monthly
- Replacement inhalers are obtained before the expiry date
- Replacement spacers are re-ordered and replaced after use
- Empty/out of date Inhalers are disposed of at the local Pharmacy.

All Staff responsibilities:

Staff must inform the Asthma Lead/s if a school emergency inhaler has been used so that a new spacer can be ordered

STAFF MUST RECORD THE USAGE IN THE MEDICINES LOG BOOK LOCATED IN THE SCHOOL OFFICE STATING THAT IT IS THE SCHOOLS EMERGENCY INHALER THAT HAS BEEN USED

Drawing up School Asthma Health Care Plans

Whitby Heath Primary School uses an adapted School Health Care Plan from "Managing Medicines in Schools and Early Years Settings" guidance to record important details about individual children's medical needs, their triggers, signs, symptoms, medicines. A school health care plan accompanied by an explanation is sent to all parents of children with asthma for completion:

- at enrolment
- when a diagnosis is first communicated to the school

The parents are asked to fill out the pupil's school Asthma Health Care Plan. Parents then return these completed forms to the school. Parents may need to liaise with their child's health care professionals to complete the form. Our school ensures that a relevant member of school staff is available, if required to help complete the health care plan for children with particularly complex healthcare needs.

All parents of children with asthma attending a school trip or overnight visit are asked to give consent for staff to administer medicines at night or in the morning if required.

The parents of children at Whitby Heath Primary School who have asthma have a responsibility to:

- Tell the school if their child has asthma
- Ensure the school has a complete and up-to-date school healthcare plan for their child
- Inform the school about the medicines their child requires during school hours
- Inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports
- Tell the school about any changes to their child's medicines, what they take and how much
- Inform the school of any changes to their child's condition
- Ensure their medicines and medical devices are labelled with their full name
- Ensure that their child's medicines are within their expiry dates
- Keep their child at home if they are not well enough to attend school
- Ensure their child catches up on any school work they have missed
- Ensure their child has regular reviews with their doctor or specialist healthcare professional
- Ensure their child has a written self-management plan from their doctor or specialist healthcare professional to help them manage their child's condition.

All staff at Whitby Heath Primary School have a responsibility to:

- Be aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency

- Understand the school's asthma policy
- Know which children have asthma and be familiar with the content of their individual health plan
- Allow all children to have immediate access to their emergency medicines
- Maintain effective communication with parents including informing them if their child has been unwell at school
- Ensure children who carry their medicines with them, have them when they go on a school trip or out of the classroom
- Be aware that long term conditions can affect a pupil's learning and provide extra help when children need it
- Be aware of children with asthma who may need extra social support
- Liaise with parents, the child's healthcare professionals, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition
- Use opportunities such as PSHE to raise pupil awareness about asthma
- Understand asthma and the impact it can have on children. (Children should not be forced to take part in activity if they feel unwell)
- Ensure all children with asthma are not excluded from activities they wish to take part in
- Ensure children have the appropriate medicines with them during activity or exercise and are allowed to take it when needed.

School Asthma Register

The school Asthma Health Care Plans are used to create a centralised register of children with asthma.

An identified member of staff has responsibility for the register at this school, this staff member is Mrs D Bell. The responsible member of staff follows up any of the details on a pupil's Asthma Health Care Plan or if permission for administration of medicines is unclear or incomplete.

Parents at Whitby Heath Primary School are regularly reminded to update their child's Asthma Health Care Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse) or their medicines and treatments change.

Staff at Whitby Heath Primary School use opportunities such as teacher-parent interviews to check that information held by the school on a pupil's condition is accurate and up to date.

Health care plans are kept in a secure central location at school- the school office. All members of staff who work with groups of children, have access to the health care plans of children in their care.

When a member of staff is new to a pupil group, the school makes sure that they are made aware of (and have access to) the health care plans of children in their care. Whitby Heath Primary School ensures that all staff protect pupil confidentiality. Our school seeks permission from parents to allow the health care plan to be sent ahead to emergency care staff should an emergency happen during school hours or at an out of school hours school activity.

We use the health care plans to:

- Inform the appropriate staff and supply teachers about the individual needs of a pupil with a medical condition in their care
- Identify common or important individual pupil triggers at school that bring on symptoms and can cause emergencies
- Ensure that all medicines stored at school are within the expiry date
- Ensure this school's local emergency care facilities have a timely and accurate summary of a pupil's current asthma management and healthcare in the event of an emergency
- Remind parents of children with asthma to ensure that any medicines kept at school for their child are within their expiry dates.

Children with asthma should participate in all aspects of the school day including physical activities. Physical activity benefits children with asthma in the same way as other children. Swimming is particularly beneficial. All staff are aware of the need for warm-up activities before any sudden activity especially in cold weather. Particular care may be necessary in cold or wet weather.

The school is asthma friendly and we remove as many triggers as possible so that children's asthma is not exacerbated by the environment.

Epilepsy

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. At least one in 200 children have epilepsy and around 80 per cent of them attend mainstream school. Most children with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition.

Since epilepsy takes so many different forms, our school will work closely with health care professionals and parents to draw up an individual health care plan, setting out the particular pattern of an individual child's epilepsy. If a child does experience a seizure in school, details will 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
- 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

In this way, we hope to give parents more accurate information to the child's specialist.

The individual manifestations of the child's particular epilepsy will be discussed at length with the parents so that staff are aware of triggers, medicines and issues of safety. Staff will need to be made aware of what actions to take in the event of a seizure.

In some circumstances, an ambulance will be called if:

- It is the child's first seizure
- The child has injured themselves badly
- They have problems breathing after a seizure
- A seizure lasts longer than the period set out in the child's health care plan
- A seizure lasts for five minutes if we are unaware of how long they usually last for that child
- There are repeated seizures, unless this is usual for the child as set out in the child's health care plan.

Most seizures last for a few seconds or minutes, and stop of their own accord. Some children who have longer seizures may be prescribed diazepam for rectal administration. This is an effective emergency treatment for prolonged seizures. The epilepsy nurse or paediatrician will provide guidance as to when to administer it and why.

Should the child require administration of rectal diazepam training will be given. Staying with the child afterwards is important as diazepam may cause drowsiness. Where it is considered clinically appropriate, a liquid solution midazolam, given into the mouth or intra-nasally, may be prescribed as an alternative to rectal diazepam. Instructions for use **must** come from the prescribing doctor.

In the event that rectal diazepam needs to be administered, training will be given to two adult staff and no staff member will administer this alone. Both will be present at administration to ease the practical considerations and to minimize the potential for accusations of abuse. Children will be given privacy when intimate care is being provided.

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).

About 1 in 550 school-age children have diabetes. The majority of children have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone.

Each child may experience different symptoms and these will 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 draw such signs to the parents' attention.

The diabetes of the majority of children is controlled by injections of insulin each day. Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection. Older children may be on multiple injections and others may be controlled on an insulin pump. Most children can manage their own injections, but if doses are required at school, supervision may be required, and also a suitable, private place to carry it out.

The individual health care plan will identify the approach in each case and this may include provision for regular snacks during the day, even during class times and sometimes prior to exercise. When staff agree to administer blood glucose tests or insulin injections, they will be trained by an appropriate health professional.

Staff will be made aware that the following symptoms, either individually or combined, may be indicators of low blood sugar – **hypoglycaemic reaction** (hypo) in a child with diabetes:

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking or trembling
- Lack of concentration
- Irritability
- Headache
- Mood changes, especially angry or aggressive behaviour

The different symptoms experienced by children will be discussed when drawing up a health care plan.

If a child has a hypo, they will not be left alone and a fast acting sugar, such as glucose tablets, a sugary drink will be brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, will be given once the child has recovered, some 10-15 minutes later.

An ambulance will be called if:

- The child's recovery takes longer than 10-15 minutes
- The child becomes unconscious

Anaphylaxis

Anaphylaxis is an acute, severe allergic reaction requiring medical attention. It usually occurs within second of minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately this is rare among young children below teenage years. More commonly among children

there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.

Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalized flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present, the child will be watched carefully. They may be heralding the start of a more serious reaction.

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription.

Should a severe allergic reaction occur, the adrenaline injection will be administered into the muscle of the upper outer thigh. **An ambulance will always be called.**

All staff complete annual refresher training in the use of these devices, led by the School Nurse, where they are reassured that they are simple to administer. In cases of doubt it is better to give the injection than to hold back.

The child's individual health care plan will detail:

- What may trigger anaphylaxis
- What to do in an emergency
- Prescribed medicine
- Food management
- Precautionary measures

Communication with catering staff is crucial so that the child's particular requirements can be met.

Whilst we will endeavour to reduce any food triggers, it is not always feasible to exclude certain foods from the premises. However, appropriate steps to minimize any risks to allergic children will be taken.

In line with the Department of Health's guidance to schools (September 2017) our school has a 'spare auto injector (AAI) for use in emergencies.

Schools may administer their "spare" adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, **but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.**

The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.

If someone appears to be having a severe allergic reaction (anaphylaxis), you MUST call 999 without delay, even if they have already used their own AAI device, or a spare AAI.

In the event of a possible severe allergic reaction in a pupil who does not meet

these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

The following guidance is taken from the Department of Health's September 2017 guidance on the use of adrenaline auto-injectors in schools:

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction: Abdominal pain or vomiting • Swollen lips, face or eyes • Itchy/tingling mouth • Hives or itchy skin rash • Sudden change in behaviour.

ACTION:

Stay with the child, call for help if necessary • Locate adrenaline autoinjector(s) • Give antihistamine according to the child's allergy treatment plan • Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

Airway: Persistent cough, Hoarse voice, Difficulty swallowing/swollen tongue

Breathing: Difficult or noisy breathing, Wheeze or persistent cough

Consciousness Persistent dizziness, Becoming pale or floppy, Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:



(if breathing is difficult, allow child to sit)

2. Use Adrenaline autoinjector* without delay

3. Dial 999 to request ambulance and say ANAPHYLAXIS

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do **NOT** stand child up

2. Commence CPR if there are no signs of life

3. Phone parent/emergency contact

4. If no improvement after 5 minutes, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs:

ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Practical points:

- When dialling 999, give clear and precise directions to the emergency operator, including the postcode of your location.
- If the pupil's condition deteriorates and a second dose adrenaline is administered after making the initial 999 call, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Tell the paramedics: if the child is known to have an allergy; what might have caused this reaction e.g. recent food; the time the AAI was given.

Appendices to this Policy

- 1. REQUEST FOR THE SCHOOL TO GIVE MEDICATION***
- 2. Administered medicine slip***
- 3. Health Care Planning***
- 4. Medicine in school – INHALERS***
- 5. Administered asthma medication***
- 6. Head injury note***
- 7. Model Process for developing Individual Healthcare Plans***

Appendix 1

WHITBY HEATH PRIMARY SCHOOL

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

I request that (Full name of Pupil) be given the following medicine(s) while at school:

Date of birth Year

Medical condition or illness

Name/type of Medicine

(as described on container)

Expiry date..... Duration of course.....

Dosage and method Time(s) to be given.....

Other instructions

Self administration Yes/No (mark as appropriate)

The above medication is clearly labelled indicating contents, dosage and child's name in FULL.

Name and telephone number of GP

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

SignedPrint Name

(Parent/Carer)

Daytime telephone number

Address

.....

Note to parents:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal carer of the child and that the administration of the medicine is agreed by the Headteacher.
2. Medicines must be in the original container.
3. The agreement will be reviewed on a termly basis.
4. The Governors and Headteacher reserve the right to withdraw this service

Appendix 3

**ADMINISTRATION OF MEDICINES FOR YOUNG PEOPLE
HEALTH CARE PLAN**

SCHOOL

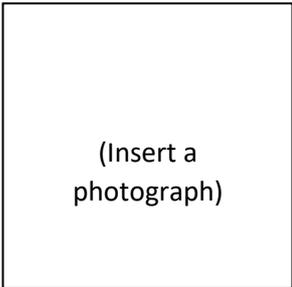
Young person's name

Date of birthGroup/class/form

Young person's address
.....

Medical diagnosis or condition
.....

Date Review date



Family Contact Information

Name Phone no. (work)
(home)..... (mobile)

Name Phone no. (work)
(home)..... (mobile)

Clinic/Hospital Contact

Name Phone no.
G.P Name..... Phone no.

Describe needs and give details of young person's symptoms.

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

Medicines to be kept in

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

Describe what constitutes an emergency for the child, and the action to take if this occurs.

Follow up care.

Who is responsible in an emergency (state if different for off-site activities)?

Form copied to:

Appendix 4

Whitby Heath Primary School
Medicine in school – INHALERS

This form must be completed and sent to school if your child uses an inhaler

Child's name Year of entry

Parent's/ carer's name Daytime Tel.
No.....

Doctor's name Tel. No.....

Inhaler type – e.g. Ventalin cartridge, disc etc.

How often and when does your child need to use an inhaler?

Is your child likely to have a severe asthma attack?

Where should your child's inhaler be kept? E.g. Green inhaler bag

Any other instructions

Signed _____ **Parent/Carer** **Date** _____

Appendix 6

Whitby Hath Primary School

HEAD INJURY - PARENT NOTIFICATION (example)

Dear Parent/Carer:

Today, _____ (date) _____ (name of pupil) received an injury to the head.

Your child was seen by one of our school first aider and had no problems at that time, however you should watch for any of the following symptoms:

- Severe headache.
- Excessive drowsiness (awaken child at least twice during the night) or difficulty in arousing child.
- Nausea and/or vomiting.
- Double or blurred vision, or pupils of different sizes.
- Loss of muscle coordination such as falling, staggering, or walking strangely.
- Any unusual behaviour such as being confused, irregular breathing, or being dizzy.
- Convulsion (seizure).
- Bleeding or unusual fluid coming from ear, nose, or mouth.

If you notice any of the above symptoms, please **contact your doctor at once**.

Appendix 7

Model process for developing individual healthcare plans

