DEANESFIELD PRIMARY SCHOOL
Medical Needs Policy

Aim

To provide the safeguarding of children with identified medical needs.

1. Introduction

Most children at some time have a medical condition, which could affect their participation in school activities. This may be a short term situation or a long term medical condition which, if not properly managed, could limit their access to education. The Governors and staff of Deanesfield Primary School wish to ensure that children with medical needs receive care and support in our school. We firmly believe children should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should hey be denied access to school or other activities

2. Roles and Responsibility

The role of the Head Teacher and Governing Body
The ultimate responsibility for the management of this policy lies with the Head Teacher and Governing Body. The Inclusion Manager will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained. The Welfare Team will ensure accurate and up to date records are kept for children with medical needs.

3. The role of Staff

Staff 'Duty of Care'. Anyone caring for children, including teachers, other school staff have a common law duty of care to act like any reasonably prudent parent. This duty extends to staff leading activities taking place off site, such as visits, outings or field trips and may extend to taking action in an emergency. Teachers/child care practitioners who have children with medical needs in their care should understand the nature of the condition, and when and where the child may need extra attention. All staff (teaching and non-teaching) should be aware of the likelihood of an emergency arising and be aware of the protocols and procedures for specific children in school through attending training provided and reading individual health plans devised for individual children.

4. The role of Parent/Carers

Parents/carers have prime responsibility for their child's health and should provide school with up to date information about their child's medical conditions, treatment and/or any special care needed. If their child has a more complex medical condition, they should work with the school/other health professionals to develop an individual healthcare plan which will include an agreement on the role of the school in managing any medical needs and potential emergencies. It is the parent/carers responsibility to make sure that their child is well enough to attend school. It is also the parent/carers responsibility to ensure that the correct medication is stored at school and that this is replaced prior to its expiration.

5. Identification

Upon entry to school, parent/carers will be asked to complete admission forms requesting medical information. Throughout the year we request through our newsletter that parents keep us up to date with any changes in

medical information. We also annually send out data sheets for parents/carers to check and amend to ensure all our records are up to date.

6. Individual Health Care Plans (IHCP)

The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. The IHCP clarifies for staff, parents/carers and the child the help the school can provide and receive. These plans will be reviewed annually as a minimum, or more frequently at the request of parents/carers or the school, or as required.

An IHCP will include:
- details of the child's condition
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play
- special requirements e.g. dietary needs, pre-activity precautions
- any side effects of medicines

A copy will be given to parents/carers, class teachers and a copy will be retained in the medical room file in the office. A class list of medical needs will be stored electronically on the shared server as well as on CPOMS [Child Protection Management System].

7. Communicating Needs

A medical file containing class/childcare lists together with an outline of any medical condition and actions to be taken is available to all teaching and non-teaching staff (including Lunchtime Supervisors and Activity Leaders) in the medical room. Individual Health Care Plans for children are kept in the classroom/childcare rooms where they are accessible to all staff involved in caring for the child. A copy is also kept of children with IHCPs on staff notice board as well as the Welfare Room.

8. First Aid

We have a number of school staff who are trained 'first-aiders' and in the event of illness or accident will provide appropriate first aid. In the event of a more serious accident, we will contact the parent/carer as soon as possible. If hospital treatment is required and a parent/carer is not available, 2 members of staff will take the child to hospital and stay with the child until the parent/carer arrives. If the child is required to travel in an ambulance a member of staff will accompany the child in the ambulance if their parent/carer is unavailable.

We will endeavour to inform parent/carers, using a standard letter if their child has had an accident after a bang to the head and received first aid attention.

9. Accident reporting

Details of minor accidents/incidents are recorded in the Accident Book together with any treatment provided. Accidents of a serious nature are reported using the on-line reporting system to the HSE under RIDDOR.

10. Physical Activity

We recognise that most children with medical needs can participate in physical activities and extra curricular sport. Any restrictions in a child's ability to participate in PE or specific physical activities should be recorded in their IHCP. All staff should be aware of issues of privacy and dignity for children with particular needs.

11. School Visits

When preparing risk assessments staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits. Sometimes additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent/carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned or as part of the risk assessment and visit planning process. A copy of IHCP should be taken on trips and visits in the event of information being needed in an emergency.

12. Residential Visits

Parent/carers of children participating in residential visits will need to complete a consent form giving details of all medical/dietary needs. Administration of medicine forms need to be completed prior to the day of departure and all medication which needs to be administered during the course of the visit should be handed directly to the group leader before leaving the school at the start of the visit.

13. Administration of Medicines

The Head Teacher will accept responsibility for members of school staff giving or supervising children taking prescribed medication during the school day where those members of staff have volunteered to do so and have agreed to adhere to this policy.

Prescribed medication provided in its original pharmacy labelled container can only be administered to children where parents/carers provide such medication to the school and parents/carers must specifically request in person that the school administers it. Medication will not be accepted without a completed Administration of Medicines Consent Form with clear instructions as to administration.

Each item of prescribed medication must be delivered in its original, pharmacy labelled container and handed directly to the Welfare Assistant or person authorised by the Head Teacher. The school will not accept medication which is in unlabelled containers.

Staff who volunteer to assist in the administration of medication must receive appropriate training/guidance identified by the Head Teacher in liaison with health professionals. The Head Teacher or representative will seek the advice of healthcare professionals on the type of training required for each authorised member of staff and what types of medication that training covers.

Unless otherwise indicated on the storage instructions, all medication to be administered will be kept in a safe place in the Medical Room.

The school member of staff administering the medication must record details of each occasion when medicine is administered to a child. If children refuse to take medication, the staff should not force them to do so. The school should inform the child's parent/carer as a matter of urgency, and may need to call the emergency services. Parent/carers will be advised that it is their responsibility to notify the school of any changes to a child's medication. Parents/carers should also inform the school of any other circumstances that may affect the administration of medication or of the child's reaction to the medication.

14. Anaphylaxis, Asthma, Diabetes, Eczema, Epilepsy and Head lice.

The school recognises that these are common conditions affecting many children and young people, and welcomes all children with these conditions. The school believes that every child has a right to participate fully in the curriculum and life of the school, including all outdoor activities and residential trips. The school ensures that all staff in the school have a good understanding of these conditions, through relevant training and do not discriminate against any child who is affected.

Anaphylaxis [refer to appendix 1]
We are aware that Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. In school age children the most common allergens are; peanuts, tree nuts, eggs, cow's milk, fish and shellfish, wheat, soy, sesame, latex, some insect stings and medication.
The key to prevention in schools is knowledge of students who have been diagnosed at risk, awareness of triggers (allergens) and prevention of exposure to the triggers. Partnership between schools and parents are vital to ensure that certain foods or items are kept away from the student while at school.
Adrenaline given through an auto injector in the muscle of the thigh is the most effective treatment for anaphylaxis. For more information: www.anaphylaxis.org.uk -schools and setting up a management plan. Also see Managing medicines in schools and early year settings DH/DfES (2005)

Purpose
To provide as far as practicable a safe and supportive environment in which students with anaphylaxis can participate equally in all aspects of school life.
To raise awareness about anaphylaxis and the schools anaphylaxis management policy in the school community.
To engage with parents/carers of students with anaphylaxis in assessing risk, developing risk minimisation strategies and management strategies for the student.
To ensure staff members have adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

Asthma [refer to appendix 2]
We are aware that Asthma is a condition where by the air passages of the lungs become inflamed, swollen and narrowed and as a result, the sufferer finds it difficult to breathe. This sudden narrowing of the air passages is known as an asthma attack.

Common Triggers
These are (a) dusty atmospheres, (b) weather, (c) grass pollen, (d) contact with pets and animals, (e) viral infections, (f) exercise or activity, (g) excitement or vigorous laughing, (h) certain (i) foods (e.g. Peanuts, dairy products), (j) stress and/or (k) cigarette smoke.
If physical exercise is a factor in triggering an attack, things should be taken easy and breaks to be taken during such activity. The pupil may have to take medication before starting the activity. Also medical advice to be sought by the parents before the pupil/student participates in Physical Education and Sports in any case.
If an attack is coming on due to exercise, the sufferer shall stop the exercise, take the inhaler two puffs per minute for 5 min. and if feeling better may carry on with the activity. At the end of the activity, warm down.

How to Recognise an Attack
The sufferer may cough, wheeze, or have shortness of breath. Also the sufferer may complain of tightness in the chest, they may have difficulty speaking, stomach ache and/or may be unusually quiet.

Diabetes [http://www.nhs.uk/Conditions/Diabetes/Pages/Diabetes.aspx]
We recognise that Diabetes should not be taken lightly because it is a very serious condition, and could result in a Hypoglycaemia attack (Hypo) where blood sugar level become too low, or a Hyperglycaemia attack (Hyper) where

blood sugar levels become too high. Prompt medical attention will then be required to rectify the chemical and sugar imbalance in the blood. Children who are diabetic need supervision and careful monitoring so that staff are aware of any changes in the child and are able to take immediate action if they should need to. All children with Diabetes in school will have their own IHCP. Each child with diabetes will have an emergency box labelled with their name and photograph and containing any relevant equipment required to control a hypo or hyper attack.

Eczema [http://www.nhs.uk/Livewell/Allergies/Pages/Stopthescratching.aspx]
We are aware that active (acute) eczema causes constant itching and can mean sleepless nights and daytime drowsiness. We recognise that children who suffer with eczema may need the support of school staff to help them deal with this condition and that they may need help to apply emollients.

Epilepsy Seizures
IN THE EVENT OF A CHILD HAVING AN EPILEPTIC SEIZURE [if known to be epileptic refer to IHCP]
- Stay calm
- If the child is convulsing then put something soft under their head
- Protect the child from injury (remove harmful objects from nearby)
- NEVER try and put anything in their mouth or between their teeth
- Try and time how long the seizure lasts – if it lasts longer than usual for that child or continues
- for more than five minutes then call medical assistance
- When the child finishes their seizure stay with them and reassure them
- Do not give them food or drink until they have fully recovered from the seizure

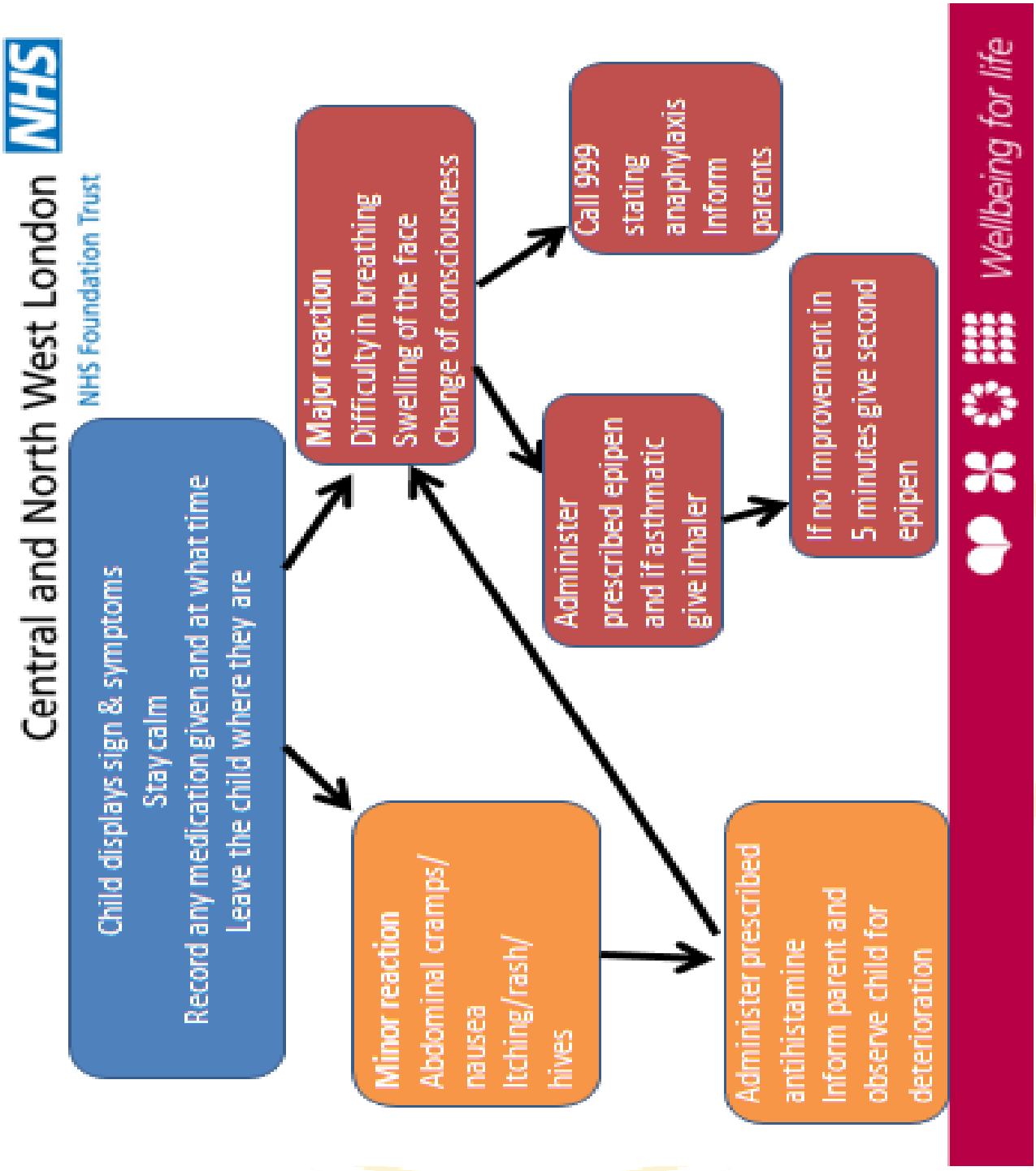
Head Lice
Any case of head lice should be reported to the school. Parent/carers will be advised on an appropriate course of action as advised by the local health authority.

15. Staff training
The school is responsible for ensuring that staff have appropriate training to support children with medical needs. Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school. Arrangements are made with appropriate agencies e.g. School Health to update staff training on a regular basis. Teaching and support staff are directed to attend adrenaline auto-injector [Epipen/Jext/Emerade] and asthma training annually.

16. Confidentiality
Staff must always treat medical information confidentially. Agreement should be reached between parent/carers and the school about whom else should have access to records and other information about a child and this will be detailed in their Individual Healthcare Plan. If information is withheld from staff, they will not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

17. Other agencies
The school nurse, paediatrician or other specialist bodies may be able to provide additional background information for school staff. Any requests or referral to these services will only be made with parental consent.

Appendix 1


Central and North West London
NHS Foundation Trust
NHS
Child displays sign & symptoms
Stay calm
Record any medication given and at what time
Leave the child where they are
Major reaction
Difficulty in breathing
Swelling of the face
Change of consciousness
Call 999
stating
anaphylaxis
Inform
parents
Administer
prescribed epipen
and if asthmatic
give inhaler
If no improvement in
5 minutes give second
epipen
Minor reaction
Abdominal cramps/
nausea
Itching/rash/
hives
Administer prescribed
antihistamine
Inform parent and
observe child for
deterioration
Wellbeing for life

Appendix 2

Asthma

1. Treatment
2. Assisting the Sufferer
3. Training and Awareness

How to Recognise an Attack

The sufferer may cough, wheeze, or have shortness of breath. Also the sufferer may complain of tightness in the chest, they may have difficulty speaking, stomach ache and/or may be unusually quiet.

Treatment

The condition is commonly relieved by inhalers. These either relieve the condition or prevent the attack. Relievers are usually blue in colour and preventers come in a series of colours (e.g. brown, orange, red). The inhalers must be readily accessible otherwise the attack will not be stopped. The inhalers shall state the owner's name for easy identification. The pupil or the student or the school should keep their inhaler at a convenient place where they or the responsible adult may access it easily. A spare one may be kept with the welfare officer. The pupil/student should be allowed to take their medication at the prescribed intervals during the school hours, at the welfare office, if it is recommended by their doctor. This may be a precaution against triggering an attack. These may be tablets, nebulisers and/or inhalers. Such medication may be kept in the school office or welfare office and the welfare office may tell the parents if the medication is running low or if the use by date has passed. The pupil shall bring the prescribed medication during school trips. The school should keep an asthma card, filled in by the parents, which describes the pupil/student's asthma needs in detail. (e. g. triggers, medication type and dosage, emergency contact details). During an attack, the inhaler should be administered by taking two puffs every minute for five minutes and if the symptoms do not reduce and/or if the lips turn blue, an ambulance must be called immediately by dialling 999. Continue to use the inhaler every minute as before, until help arrives.

Assisting the Sufferer

- Do ensure the sufferer is kept calm
- Do not hug the suffer
- Do not let them lie down
- Do let them sit up and stay slightly forward.
- Do not leave them alone
- Do loosen tight clothing
- Do talk to the sufferer and reassure him/her
- Do accompany them to hospital if symptoms are not reduced within five minutes of taking the inhaler
- Do Inform the parents that the pupil/student has suffered an attack
- Do keep records of this incident in the school

Training and Awareness

The school Nurse or the Welfare Office may obtain training on the subject. Contact the Hillingdon Hospital as the first port of call. Then the nurse/welfare officer should brief all staff to take the right actions if and when an attack happens to a pupil or a student. The sufferers shall be informed by their GP or nurse at the GP Practice as to what to do if they sense an attack is coming on. First course of action being, for the sufferer, to inform a responsible adult when an attack is about to happen. The school shall ask the parents to inform them of any allergies or conditions suffered by the children. Also, ask the parents about care to be given the pupil or student during an attack. Any pupil or student with asthma shall have a care plan and it should describe the actions to be taken in case of an `episode'. Also, how to prevent an attack and which medication to be taken and at which intervals.
Any pupil/student should be taught to use the inhaler correctly by their doctor or nurse at their GP Practice.
Any teacher with asthma sufferers in their class must be told about the sufferers.

The school shall take steps to prevent any bullying of the asthma suffers by other pupils and students.

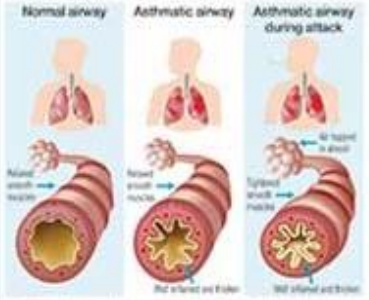
Treating an Asthma Attack

Asthma in Schools

01

When exposed to 'triggers' such as dust, smoke, physical exercise and cold air, the airways (bronchi) contract, causing breathing difficulties for the child.

The constriction of the airways gradually reduces the amount of oxygen running through the body and affects its ability to function properly.



An attack may become life threatening if it is prolonged.

Prompt first aid response can help to stop an asthma attack in its tracks and may even save a child's life.

02

As a general rule, an asthma attack can be identified by the following symptoms:

A wheezing sound when breathing out.

Distress owing to breathing difficulties.

Difficulty communicating owing to shortness of breath.

Some children will go very quiet.

Nasal flaring.

A child may try to tell you their chest feels tight.

Younger children may express this as tummy ache.

03

Call an ambulance immediately and commence asthma attack procedure if the child:

- Has a blue tinge around extremities such as fingertips and lips.
- Appears to be going blue.
- Is visibly exhausted.
- Has collapsed.
- Or if you feel you are unable to cope with the situation.

04

Let the child adopt a comfortable position, ideally sat up and leaning forward.

If the use of an inhaler is required, the child's own inhaler should be used in accordance with the manufacturer's instructions.

05

If the child's own inhaler is unavailable, does not work or is broken, an emergency Salbutamol inhaler can be used in accordance with guidelines.

Immediately help the child take two separate puffs from the Salbutamol inhaler via the spacer.

Instruct the child to breathe slowly and steadily and to remain calm.

If the child does not improve, continue to give two puffs every two minutes up to a maximum of 10 puffs.

06

If the child does not feel better or you are worried at any time before you have reached the 10 puffs, call for an ambulance.

Stay calm and encourage the child to breath slowly and steadily.

If the ambulance takes more than 10 minutes to arrive, give another 10 puffs in the same way.

On arrival of the ambulance, inform the emergency personnel the number of puffs that the child has taken and the amount of time that has elapsed since the start of the asthma attack.

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