



**St Katharine's CofE Primary School**  
Managing Medical Needs Policy

Date of approval	July 2023
Approved by	N Jones
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## Introduction

Our policy has been drawn up with reference to DFE document (2015), *'Supporting pupils at school with medical conditions Statutory guidance for governing bodies of maintained schools and proprietors of academies in England'*

In line with that policy:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- School leaders must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- School leaders should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported

## Medical information about pupils

Parents are responsible for providing full information about their child's medical needs and care requirements. See also Long-Term Medical Needs below. This is done when a child joins the school either in reception or as an in-year transfer. Parents are responsible for updating the school when medical needs change.

### Pupils who are or become ill

If a child is ill, parents should keep them at home until they are well enough to return to school. Parents are best placed to decide if a child is well enough for school. Our key aim is to prevent the spread of infections to the rest of the school community and ensure that children's well-being is paramount.

- Children suffering from any communicable disease such as sickness or diarrhoea should not return to school until **48 hours** after the last bout.
- If a child has a temperature, they should not return to school until **24 hours** have passed since the temperature returned to normal.

If a child becomes unwell at school, we will make every effort to contact the parents. It is therefore very important that we have up-to-date contact numbers on file, and also details of other available carers. We do not take the decision to call lightly. We only do so if a child's well-being requires them to be at home, where they can receive the best care.

### Accidents at School

Most of the school staff are trained 'emergency first-aiders' and, in the event of an accident, appropriate first aid will be given. In the case of more serious accidents, we will contact the parents as soon as possible. The member of staff who was first on the scene must complete an accident report and submit it to the Headteacher for signing. A decision will be taken by a senior member of staff as to whether or not an ambulance should be called. If hospital treatment is required and a parent is not available, a member of staff will accompany and stay with the child until the parent arrives.

Accidents that result in hospital treatment will also be followed /investigated by the writing up of a *Worknest* accident report

If a child suffers a knock on the head, we always aim to inform parents by telephone, even if there are no apparent physical symptoms. Significant accidents and head injuries (including when a phone call has been successful) are followed up with a letter (sent home with the child) and an accident band on the child's wrist.

- Head injuries – red band
- Other injuries – yellow band



### Head lice

Any cases of head lice should be reported to the School. Parents will be advised on an appropriate course of action by the School as advised by the local health authority.

### Hygiene at School

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves at all times.

### Administration of Medication

**Medication will only be administered by school staff in the case of long-term prescriptions as set out below.** Short term medication, such as anti-biotics, lotions, etc. should be administered by the parent as directed by the doctor/pharmacist. If a medicine requires to be administered 3 times daily, this can be done by a parent in the morning, after school and at bed-time\*. Children should not bring any form of medication into school unless authorised by the School, this can be done by completing the relevant paper work by request in the school office.

*\*There are rare occasions when prescribed medication will need to be taken during the school day. On these occasions the parent will inform the school and complete the relevant permission paperwork.*

**Staff are not able to give any non-prescribed medicine to a child.**

### Asthma (also see Appendix 2 on Asthma)

Recommendations to staff

- Staff should try to ensure that known asthmatics have their inhalers with them.
- A child having an attack should never be left unattended.
- As attacks of asthma often cause panic, staff should stay calm and reassure the child.
- Try to encourage the child to breathe slowly and deeply and to relax.
- If the child does not respond to the inhaler, contact the office for assistance (using the red triangle if necessary)

### Health Care Plans

Children with on-going medical conditions such as Asthma or significant allergies may have an **individual health care plan**. It is the responsibility of parents to inform the School of these plans and to notify the School in writing of any changes. These plans will be readily available to all staff (displayed in the staffroom and kept in the medical needs folder) and detail any special requirements and important medical information.

Children will Care Plans will also be identified on our 'information for Supply Teachers' sheets which are held in the office.

### Long-Term Medical Needs

**Medication will be administered by the School staff as required only if the following criteria are met:**

The 'Administrations of Medicines/Treatment Form has been completed and given to the School Office;  
Parents have provided detailed information as follows:

- Details of the child's condition.
- Special requirements e.g. dietary needs, handling needs.
- Any side effects of the medicines.
- 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.
- Agreement to take full responsibility for the monitoring of this medicine and ensure that it remains in date (e.g. epi pens).

The medicines that are to be administered by school staff, are delivered to the School Office – where they will then be stored as appropriate.

The medicines are provided in the original container as dispensed by the pharmacist with the original prescription label and instructions (including the child's name).

Parents are responsible for the collection of their medicine at the end of each day, if needed. Although staff will make every effort to ensure that children do receive the required medication, **the School is not able to take ultimate responsibility for ensuring that it is taken and parents need to sign a disclaimer to that effect (administration of medicines form).**

Self-administration of certain prescribed medication such as inhalers for asthma and insulin for diabetes is actively encouraged even in younger children. If children can take their medicine themselves, staff will supervise.

If a child refuses to take medicine, staff will not force them to do so, but will note this in the records and inform the parents, contacting them immediately if necessary.

#### **Storage and administration of Medicines**

Medication will be stored securely out of the reach of children (*unless in the case of inhalers and epi-pens which need to be accessible and are stored in our medical bags on the 'red hook' in the classroom and spares on the red hook in the staffroom.*)

One member of staff should administer the medication from the original container, witnessed by another adult, and then sign to say medicine has been given at what time and what dose.

For medication in which training is required to administer it (i.e epi-pen or auto injector) only trained members of staff should be responsible for administering the medicine.

#### **Educational Visits**

Children with medical needs are encouraged to participate in educational visits. Arrangements for extra supervision or for taking necessary medication will be made on an individual basis. Health care plans should be taken on all out of school activities in the event of an emergency. Spare epi-pens are taken on all trips where a child with anaphylaxis is going.

#### **School Spare Inhalers**

Two spare Salbutamol Inhalers are held in the staff room. Parents of children with a prescribed inhaler receive a letter seeking permission for the use of our emergency inhalers if necessary. The child's own inhaler will always be used in the first instance. The school inhalers are only as an emergency precaution should they be required for any reason.



## APPENDIX 1

### Continuing Provision for Pupils with Medical Needs

#### Notification of absence to EWO

When the School becomes aware that a pupil will become absent from school for more than 15 school days because of their medical needs, the School will notify / seek advice from the Education Welfare Officer (EWO) as soon as possible. This will assist the Local Authority with continuity of educational provision.

The School will provide the EWO with such information as is required to make a referral to an appropriate education provider.

In case of long-term or recurrent absence a plan will be put in place for the pupil. This will be written in conjunction with the Local Authority, the parents and the pupil. The aim of any plan is for a successful return to school.

#### Monitoring and Recording of Absence

All pupils who are unable to attend school for more than 15 school days due to medical needs will be regularly monitored and reviewed by the School and the EWO consulted. Ongoing medical advice will be taken into account at all times.

Absence will be recorded on the register as illness **only when** appropriate medical advice has been received. When a pupil commences education with an alternative education provider, the absence will be recorded as educated off site.

This is in accordance with the attendance policy.

#### Pupils with Long-Term or Recurring Absence

Some pupils may be away from school long-term or with recurrent bouts of illness. In these cases the School will liaise with the Local Authority to ensure that alternative education provision is put in place as soon as possible. The School will have the responsibility for ensuring that the education provider has all the information regarding work programmes and curriculum plans. It is acknowledged that continuity of education is important for these pupils. For pupils whose learning progress is being severely affected by long term absence, the Special Educational Needs Coordinator (SENCO) will be advised and consideration will be given as to whether a Statutory Assessment of Special Educational Needs should commence.

#### Reintegration

For pupils who have been absent from School it may be necessary to have a staged reintegration plan. The reintegration will be monitored and reviewed regularly with all parties to ensure success.

#### Contact between School/Pupil

St Katharine's Primary School is committed to ensuring that, even if a pupil is absent for medical reasons, they should retain contact with the school.

## APPENDIX 2

### Asthma Guidelines

#### Background

Our School recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the School. The School positively welcomes all pupils with asthma. Our School encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the local education authority) and pupils. Supply teachers and new staff are also made aware of the policy.

#### Asthma medicines

- Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent, doctor or asthma nurse agrees they are mature enough. The reliever inhalers of younger children are kept in the classroom. These are stored in designated, labelled medical bags which are kept on the red hook in each classroom.
- Parents of children who suffer from Asthma must complete an 'Asthma Inhaler Consent form.
- School staff are not required to administer asthma medicines to pupils (except in an emergency). However some of the staff at our school are happy to do this.

#### Record keeping

At the beginning of each school year or when a child joins the School, parents are asked if their child has any medical conditions including asthma on their enrolment form.

#### Exercise and activity – PE and games

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the school's asthma register.
- Pupils with asthma are encouraged to participate fully in all PE lessons.
- If a pupil needs to use their inhaler during a lesson they will be encouraged to do so by classroom teachers and follow the same principles as described above for games and activities involving physical activity.

#### Out-of-hours sport

- There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the School involves pupils with asthma as much as possible in after school clubs.
- PE teachers, classroom teachers and out-of hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.



#### **When a pupil is falling behind in lessons**

- If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about the pupil's needs.
- The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

#### **Asthma attacks**

- All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.
- In the event of an asthma attack the School follows the procedure outlined by Asthma UK in its *School Asthma Pack*.



# Asthma Inhaler Consent Form

## St. Katharine's C of E Primary School

- I confirm that my child has been diagnosed with asthma/has been prescribed an inhaler **(delete as appropriate)**.
- My Child has a working, in date inhaler, clearly labelled with their name, which they will bring with them to school every day / leave at school **(delete as appropriate)**.
- My child will administer their inhaler / I would like a member of staff to administer the inhaler for my child **(delete as appropriate)**

Details of Pupil:		
Name	DOB	Year Group

Medication Details	
<b>Name of Medication</b>	<i>Please note that we only typically keep salbutamol (blue) in school.</i>
<b>Dosage (number of puffs required)</b>	
<b>Additional information on administration etc...</b>	
<b>Expiry Date</b> <i>(please note that it is a parent's responsibility to ensure that inhalers are kept within use by date)</i>	

- **I agree that my child will** leave their inhaler with the class teacher in the designated medical bag **yes/no** (delete as appropriate)





*If inhalers are not kept in school, it is parental responsibility to check that they are brought to school every day.*

- In the event of my child displaying symptoms of asthma and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies **yes / no** (delete as appropriate)

Parent Contact details:	
Name	
Relationship to Pupil	
Contact telephone number	

- I understand that I must deliver the inhaler personally (clearly marked with my child's name) to the class teacher. I accept that this is a service which school is not obliged to undertake. I will not hold the School or any of its staff responsible if my child is not given their inhaler or does not use the inhaler or if it is not administered/used appropriately.

Signature	
Date	

*Copies to medical file and Class medical bag,*

**We will inform you if your child refuses to use his/her inhaler.**



<b>LSA informed:</b>
<b>Class Teacher informed:</b>

**ADMINISTRATION OF MEDICINES / TREATMENT**

**FORM OF CONSENT (Form 1) - STRICTLY CONFIDENTIAL**

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ MF: \_\_\_\_\_

Home Tel No: \_\_\_\_\_ Work Tel No: \_\_\_\_\_

GP's Practice: \_\_\_\_\_ GP's Tel No: \_\_\_\_\_

Condition/illness: \_\_\_\_\_

I hereby request that members of staff administer the following medicines prescribed for my child by his/her GP/Specialist as directed below. I understand that I must deliver the medicine personally to the school and accept that this is a service which the school is not obliged to undertake.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Medicine	Dose	Frequency/Times	Date of Completion of Course (if known)
A			
B			
C			
Special Instructions/Precautions/Side Effects:			
Allergies:			
Other prescribed medicines child takes at home:			