St Elizabeth's Catholic Primary School

Supporting Pupils with Medical Needs Policy

'Forming Christ-centered pilgrims of hope with kind hearts, questioning minds, a thirst for knowledge and a hunger for justice.'

'I came in order that you might have life –
life in all its fulness.'
John 10:10

Pupils' medical needs may be broadly summarised as being of two types:
(a) Short-term, affecting their participation in school activities whilst they are on a course of medication.
(b) Long-term, potentially limiting their access to education and requiring extra care and support.

School Ethos

Schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils so that they can access their full and equal entitlement to all aspects of the curriculum. In this case, individual procedures may be required. St. Elizabeth's Catholic Primary School is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support that pupils with medical conditions (long or short term) may need.

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. Pupils with medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act 'in loco parentis' and must ensure the safety of all pupils in their care.

Parents/carers retain responsibility for providing the school with accurate and up-to-date information about their child's medical condition and for providing prescribed medication where required. The school has responsibility for making appropriate arrangements to support pupils with medical conditions during the school day and during school activities. The school will work in partnership with parents/carers and, where appropriate, healthcare professionals to ensure that pupils' medical needs are understood and appropriately supported.

Our Aims

- To support pupils with medical conditions, so that they have full access to education, including physical education and educational visits
- To ensure that school staff involved in supporting pupils with medical needs are appropriately informed and, where necessary, appropriately trained to provide support or administer prescribed medication in accordance with the pupil's individual healthcare arrangements.
- To comply fully with the Equality Act 2010 for pupils who may have disabilities or special educational needs.
- To write, in association with healthcare professionals if deemed necessary, Individual Healthcare Plans where necessary
- To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support
- To keep, monitor and review appropriate records

Roles and Responsibilities

- The Governing Body is responsible for ensuring that arrangements are in place to support pupils with medical conditions.
- The Headteacher – Mr Doyle - is responsible for ensuring that this policy is implemented effectively and that appropriate arrangements, resources and trained staff are available.
- The designated member of staff responsible for medical needs is Mrs Carlin who will coordinate Individual Healthcare Plans, medication arrangements, staff training and communication with parents/carers and relevant healthcare professionals.
- All staff have a responsibility to be aware of pupils' medical needs where these affect the pupil's safety, wellbeing or access to education and to follow the arrangements established by the school.

Unacceptable Practice

While school staff will use their professional discretion in supporting individual pupils, it is unacceptable to:

- Prevent children from accessing medication or medical devices that they are entitled to use in accordance with their individual healthcare arrangements and the school's medical needs procedures.
- Assume every child with the same condition requires the same treatment
- Ignore the views of the child or their parents / carers; ignore medical advice
- Prevent children with medical conditions accessing the full curriculum, unless specified in their Individual Healthcare plan
- Penalise children for their attendance record where this is related to a medical condition
- Prevent children from eating, drinking or taking toilet breaks where this is part of effective management of their condition
- Require parents to administer prescribed medicine (unless training is required for staff before they can administer the medicine) where this interrupts their working day
- Require parents to accompany their child with a medical condition on a school trip as a condition of that child taking part

Entitlement

St. Elizabeth's Catholic Primary School provides full access to the curriculum for every pupil wherever possible. We believe that pupils with medical conditions have an equal entitlement to education and must receive appropriate care and support so that they can participate safely and fully.

Staff may:

- Choose whether or not they wish to be involved in supporting pupils with medical conditions, subject to their contractual responsibilities and the school's duty to make appropriate arrangements.
- Receive appropriate information and training.
- Work to clear guidelines and agreed procedures.
- Bring to the attention of the Senior Leadership Team any concern relating to the support of pupils with medical conditions.
- Staff will not be required to undertake medical procedures or administer medication for which they have not received appropriate information, instruction and training. The school will make appropriate arrangements to ensure that suitably trained staff are available to support pupils with medical conditions. Staff cannot be required to administer or supervise medication simply because they are a first aider.

Expectations

It is expected that:

- Parents will inform school of any medical condition which affects their child.
- Parents/carers will provide the school with medication that has been prescribed for their child where the school has agreed that it needs to be administered or available during the school day. Medication must be provided in the original container and, where applicable, with the dispensing label and instructions intact. Parents will ensure that medicines to be given in school are in date and clearly labelled
- Parents will co-operate in training their children to self-administer medicine if this is appropriate, and that staff members will only be involved if this is not possible
- Medical professionals involved in the care of children with medical needs will fully inform staff beforehand of the child's condition, its management and implications for the school life of that individual
- St. Elizabeth's will ensure that, where appropriate, children are involved in discussing the management and administration of their medicines and are able to access and administer their medicine if this is part of their Individual Healthcare plan.

- School staff will check medication held by the school regularly, including expiry dates, storage requirements and remaining quantities. Parents/carers will be contacted when medication is approaching its expiry date or when the supply is becoming insufficient for the pupil's needs.

Parents/carers remain responsible for ensuring that medication supplied to the school is replaced before it expires and for providing replacement medication when requested.

School staff will liaise, as necessary, with healthcare professionals and services in order to access the most up-to-date advice about a pupil's medical needs and will seek support and training in the interests of the pupil.

- Transitional arrangements between schools will be completed in such a way that we will ensure full disclosure of relevant medical information, Healthcare plans and support needed in good time for the child's receiving school to adequately prepare
- Individual Healthcare plans will be written, monitored and reviewed regularly and will include the views and wishes of the child and parent in addition to the advice of relevant medical professionals, if necessary.

Individual Healthcare Plans

An Individual Healthcare Plan will be considered where it is necessary or helpful to ensure that a pupil's medical needs can be effectively supported in school.

An IHP may be appropriate where a pupil:

- requires medication during the school day;
- requires emergency medication;
- requires specific adjustments or support because of their medical condition;
- requires support to manage their condition during PE, educational visits or other activities; or
- has a medical condition where staff require specific information to respond safely.

Not every pupil with a medical condition will require a formal IHP. The school will consider the individual circumstances and needs of each pupil.

IHPs will be reviewed:

- annually, or at another appropriate frequency according to the pupil's needs;
- when there is a significant change in the pupil's medical condition or treatment;
- following a significant medical incident;
- following hospitalisation where this affects the pupil's needs in school;
- when medication or dosage changes; or
- when the pupil, parent/carer or relevant healthcare professional requests a review.

Confidentiality and Information Sharing

Information about a pupil's medical condition will be shared with staff on a need-to-know basis to ensure that the pupil can be supported safely.

Relevant staff will be made aware of the information they need in order to respond appropriately to the pupil's medical needs and any emergency.

Medical information will be stored securely and handled in accordance with the school's data protection and confidentiality arrangements.

Information will be shared with relevant professionals where this is necessary and lawful to support the pupil's health, safety, education or wellbeing.

An Individual Healthcare Plan will be developed with the pupil, where appropriate, their parent/carer and relevant school staff. Where appropriate, the school will seek advice and involvement from specialist nurses, healthcare professionals or other relevant services.

The level of involvement of healthcare professionals will depend on the individual pupil's medical needs and the information required to ensure that the school can safely support the pupil.

All other medical conditions will be noted from children's Arbor records, and this information will be provided to class teachers and support staff annually unless there is a change to a child in their class and then it will be updated

promptly.

Asthma and Asthma Emergency Procedure

The school recognises that asthma is a common long-term medical condition and that, although most children with asthma are able to participate fully in school life, an asthma attack can be serious and may require urgent medical attention.

The school will support pupils with asthma in accordance with the Department for Education's statutory guidance *Supporting pupils with medical conditions at school* and the school's arrangements for supporting pupils with medical conditions.

Individual arrangements

Where a pupil has asthma, the school will obtain appropriate information from parents/carers about the child's condition, prescribed medication and the support they require in school.

Where an Individual Healthcare Plan (IHP) is required, it should record the child's individual needs, including:

- the child's prescribed asthma medication;
- the prescribed dose and circumstances in which it should be used;
- known triggers or symptoms, where relevant;
- whether the child can self-administer their inhaler;
- where the child's inhaler is stored and how it can be accessed;
- any individual arrangements required for PE, educational visits or other activities; and
- any specific emergency arrangements relevant to the individual child.

Where a child does not have a separate written asthma action plan, the school will use the information provided by the parent/carer and, where appropriate, healthcare professionals to establish the arrangements needed to support the child safely.

Access to reliever inhalers

A pupil's prescribed reliever inhaler should be readily accessible to them at all times, including during lessons, PE, breaktimes, lunchtimes and educational visits, in accordance with their individual healthcare arrangements.

The school will ensure that pupils are not unnecessarily prevented from accessing their prescribed inhaler when they need it.

Where a pupil requires assistance to use their inhaler, appropriate staff will provide support in accordance with the pupil's Individual Healthcare Plan, prescribed instructions and the school's arrangements for administering medication.

Staff should ensure that a pupil is not prevented from accessing their prescribed inhaler when they need it.

Where a pupil requires assistance to use their inhaler, appropriate staff will provide support in accordance with the child's IHP and the school's arrangements for administering medication.

Recognising an asthma attack

Staff should be alert to signs that a pupil may be experiencing an asthma attack. These may include:

- coughing;
- wheezing;
- shortness of breath;
- difficulty breathing;
- chest tightness;
- difficulty speaking normally;
- becoming distressed or unusually quiet; or
- symptoms that are worsening rather than improving.

Individual pupils may experience asthma differently. Staff should therefore refer to the pupil's IHP and any information provided by the parent/carer or healthcare professional.

Procedure during an asthma attack

If a pupil appears to be experiencing an asthma attack:

1. **Stay calm and remain with the pupil.**
2. **Stop the pupil's activity** and help them to sit upright in a comfortable position. The pupil should not be left alone.
3. **Obtain the pupil's prescribed reliever inhaler and spacer**, where applicable, and support the pupil to use it in accordance with their prescribed instructions and IHP.
4. **Monitor the pupil closely.** Staff should assess whether the pupil is responding to their reliever medication and whether their breathing is improving or deteriorating.
5. **Seek emergency medical assistance if required.** If the pupil is severely struggling to breathe, is becoming exhausted, is unable to speak normally, is deteriorating, or their reliever medication is not helping, staff should call 999 and follow the instructions of the emergency services.
6. **Do not leave the pupil alone.** One member of staff should remain with the pupil while another member of staff obtains assistance, contacts emergency services or contacts the parent/carer, as appropriate.
7. **Contact the parent/carer** as soon as reasonably practicable in accordance with the school's medical emergency procedures.
8. **Record the incident** in accordance with the school's medication and medical-incident recording procedures.

The school's emergency procedure does not replace the child's prescribed medication instructions. Staff must follow the individual instructions recorded in the child's IHP where these are available.

Emergency salbutamol inhaler

At St Elizabeth's we have an emergency salbutamol inhaler.

The school will:

- maintain an appropriate supply of emergency inhalers and spacers; At least two members of staff will be identified as responsible for overseeing the school's emergency salbutamol inhaler arrangements – Mrs Warner and Mrs Headley, including checking the inhaler and spacer, maintaining appropriate records, monitoring expiry dates and ensuring that the school's emergency inhaler protocol is followed.
- store them safely but ensure they are readily accessible in an emergency;
- check expiry dates and ensure equipment remains in working order;
- maintain appropriate records of pupils who may be eligible to use the emergency inhaler;
- obtain and record written parental consent for its use;
- ensure that only pupils meeting the relevant criteria and for whom the required consent is in place use the emergency inhaler;
- ensure appropriate staff are familiar with the procedure and receive suitable training;
- keep a record whenever the emergency inhaler is used; and
- inform the parent/carer when their child has used the emergency inhaler.

The emergency inhaler is intended for situations where a pupil's own prescribed reliever inhaler is unavailable, for example because it is broken or empty.

Educational visits and activities

Asthma medication must accompany pupils on educational visits and other activities away from the school premises where the pupil may need it.

Staff responsible for the activity must know:

- which pupils have asthma;
- where their medication is kept;
- how the medication can be accessed; and
- what action to take in an emergency.

Individual arrangements identified in a pupil's IHP must be taken into account when planning educational visits and physical activities.

Recording and review

Any significant asthma incident, use of an emergency inhaler or administration of medication will be recorded in accordance with the school's medication-recording procedures. (See Appendix 3 and 4)

In an emergency

In a medical emergency, a sufficient number of staff have been appropriately trained to administer emergency paediatric first aid if necessary.

If an ambulance needs to be called, staff will:

- Outline the full condition and how it occurred
- Give details regarding the child's date of birth, address, parents' names, and any known medical conditions.

Children will be accompanied to hospital by a member of staff if this is deemed appropriate. Staff cars should not be used for this purpose. Parents must always be called in a medical emergency, but do not need to be present for a child to be taken to hospital.

Administration of medicines

The school will make appropriate arrangements for the administration of medicines to pupils where this is necessary to support their health, wellbeing and access to education.

Medication will only be administered where the school has agreed to do so and appropriate arrangements, including parental consent and suitable instructions, are in place.

Where medication is prescribed, it should be provided in its original container with the dispensing label and instructions intact. The school will follow the instructions provided by the prescriber and/or pharmacist and the arrangements recorded in the pupil's Individual Healthcare Plan, where applicable.

Before administering medication, staff will check:

- that the medication belongs to the pupil;
- that the medication is within its expiry date;
- that the medication has been stored correctly;
- that the prescribed dose and instructions are clear;
- that appropriate parental consent has been provided; and
- that the medication has not already been administered by another person, where this information is relevant.

Medication administered by school staff will be recorded in accordance with the school's medication-recording procedures.

A pupil who refuses medication will not be forced to take it. The parent/carer will be informed and, where the medication is essential or time-critical, the school's emergency procedures will be followed.

Staff who administer medication will have received appropriate information, instruction and training for the medication and the circumstances in which it is to be administered. Staff will not be required to administer medication for which they have not received appropriate training or agreed to undertake the responsibility.

Emergency medication, including prescribed asthma inhalers and adrenaline auto-injectors, must be readily accessible when required and must not be stored in a first aid container.

Where appropriate, pupils who are competent to manage their own medication will be encouraged to carry their medication or have immediate access to it, in accordance with their Individual Healthcare Plan and the school's arrangements.

All medication must be clearly labelled with the pupil's name and stored in accordance with any specific storage

requirements.

When a child uses their asthma inhaler (and this isn't daily practice), a record of this must be made (**see appendix 3**), and a letter completed (**see appendix 4**) and sent out to parents. Inhalers are kept in the child's classroom. Children have access to these inhalers at all times, though they must inform a member of staff that they are taking a dose. All inhalers are marked with the child's name. All children with an inhaler must take them on educational visits, however short in duration.

A communal inhaler is kept in the first aid cupboard in the school office. A letter of consent (**see appendix 5**) will be sent to each child with asthma to obtain written consent for them to use the inhaler. A replacement spacer will be provided by the parent (if possible) if their child uses the inhaler. A written record will be made of the use of the communal inhaler and a letter will be sent to parents to inform them of this. (appendix 4)

Allergies and Adrenaline Auto-Injectors

The school will support pupils with allergies in accordance with the school's Allergy Safety Policy and the Department for Education's statutory guidance on allergy safety in schools.

Pupils who have been prescribed an adrenaline auto-injector (AAI) will have appropriate arrangements in place for the storage, accessibility and use of their medication.

Relevant staff will be made aware of pupils at risk of anaphylaxis and will receive appropriate allergy awareness and emergency response training.

Adrenaline auto-injectors will be readily accessible in an emergency and will accompany pupils on educational visits and other activities where required.

Any member of staff who has received appropriate training may administer an adrenaline auto-injector in an emergency, in accordance with the pupil's Individual Healthcare Plan, emergency procedures and relevant training. In the event of suspected anaphylaxis, staff will follow the school's Allergy Emergency Procedure, including administering the pupil's adrenaline auto-injector without delay where indicated, calling 999 and following the instructions of the emergency services.

Any serious allergic reaction, administration of an adrenaline auto-injector or significant near miss will be recorded and reviewed in accordance with the school's Allergy Safety Policy.

Emergency Response – Suspected Anaphylaxis

If a child is showing signs of a severe allergic reaction/anaphylaxis:

1. **Stay with the child and call for help immediately.**
2. **Administer the child's adrenaline auto-injector (AAI/EpiPen) without delay**, in accordance with their individual Allergy Action Plan and the manufacturer's instructions. A trained member of staff should administer the child's prescribed AAI where appropriate.
3. **Call 999 immediately** and state that the child is experiencing anaphylaxis. Where possible, use a mobile phone so that the telephone can be taken to the child and the emergency call handler can provide advice.
4. **Position the child appropriately and do not allow them to stand or walk.**
    - If the child is having difficulty breathing, allow them to sit in a position that makes breathing easier.
    - If the child is showing signs of collapse or circulation problems, lay them flat, with their legs raised where appropriate.
    - If the child is unconscious but breathing normally, place them in the recovery position and continuously monitor their breathing.
    - If the child becomes unresponsive and is not breathing normally, commence CPR and follow the

instructions of the emergency services.

5. **If there is no improvement after 5 minutes, or symptoms worsen, administer a second adrenaline auto-injector if one is available**, in accordance with the child's Allergy Action Plan and the instructions provided for their prescribed device.
6. **Keep the child calm and under continuous observation.** Monitor their airway and breathing until the ambulance arrives.
7. **Inform the parent/carer as soon as practicable**, without delaying emergency treatment or the 999 call.
8. **Record the incident**, including:
    - the time the reaction began (if known);
    - the suspected trigger and events leading up to the reaction;
    - the time each adrenaline auto-injector was administered;
    - any other treatment given; and
    - the child's response.
9. **Give the ambulance crew all relevant information**, including the child's Allergy Action Plan/IHP and details of the adrenaline administered. Give the used auto-injector to the ambulance crew where requested.
10. **Do not allow the child to walk or stand while experiencing an acute anaphylactic reaction.** Continue to reassure and monitor the child until responsibility is transferred to the emergency services.

Complaints

Should parents be unhappy with any aspect of their child's care at St. Elizabeth's, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be managed. If this does not resolve the problem or allay concern, the problem should be brought to the attention of the Senior Leadership Team. In the unlikely event of this not resolving the issue, the parents must make a formal complaint using the school complaints procedure.

Trained Staff

First Aid at Work Qualified Staff
Michael Doyle
Sarah Basson

Paediatric First Aid Qualified Staff
Bethany Parnell
Gurpreet Bachu
Ryan Aston
Lisa Gardner
Mercy Lal
Jake Garratley
Michael Doyle

Appendix 1 – Record of medicines administered
Appendix 2 – Request for administration of medicines
Appendix 3 – Record of use of inhaler
Appendix 4 – Notification to parent
Appendix 5 – Consent for emergency inhaler and accompanying letter
Appendix 6 – administering an epi pen

Appendix 1

FORM 6

Record of medicines administered to all children

Name of school/setting …….. YEAR GROUP

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print Name

Appendix 2

REQUEST FOR ADMINISTRATION OF MEDICINES

NB Medicines must be in the original container as dispensed by the pharmacy.

Name of child	
Class	
Medical condition	
Name of medicine	
Duration of treatment	
Expiry Date	
Dosage and method	
Any other instructions	
Are there any side effects the school needs to know?	

Contact Details

Name	
Telephone Number	
Relationship to child	

The above information is to the best of my knowledge, accurate at the time of writing. I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, if there is any change in dosage or frequency of medication or if the medicine has stopped.

Signature _____ Date _____

Please note the following quotations from the County Code of Practice regarding the administration of medicines at school.

- **Children who are acutely ill and require a short course of medication e.g. antibiotics, will normally remain at home until the course is finished. If it is felt by a medication practitioner that the child is fit enough to return to school, the dosage can usually be adjusted so that none is required at lunch- time.**

- **No medicine should be administered unless clear written instructions to do so have been obtained from the parents or legal guardians and the school has indicated that it is able to do so. It must be understood that all staff are acting voluntarily in administering medicines.**

Appendix 3

Record of use of inhaler: Class

Name	Date	Time	No. of puffs	Where /activity eg. classroom/ PE	Childs own Inhaler y/n	School Inhaler y/n	Parent Letter y/n	Given By

Appendix 4

Notification to parent

Date:

Dear parent/guardian of: ……

Your child has had problems with his/her breathing today which has required the use of their **own inhaler/school's emergency inhaler**. **(delete as appropriate)**

Date	Time	Number of puffs	Where/Activity (eg. classroom/ PE)	Given By

If your child needed to use the school emergency inhaler, please ensure they have their own labelled inhaler and spacer (if they use one) in school.

If your child is needing to use their reliever inhaler more than 4 hourly, please seek an urgent medical review.

Yours sincerely,
Mr Michael Doyle

Headteacher

Appendix 5

Guidance on the use of emergency salbutamol inhalers in schools 2021

CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. 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.

Signed: ……

Date: ……

Name (print)……

Child's name: ……

Class: ……

Parent's address and contact details:

Telephone: ……

E-mail: ……

Appendix 5

Dear Parents / Guardians,

In line with government guidance, we have purchased a Salubtamol Inhaler to be used in an emergency only.

Please complete the attached consent form if you agree that your child could use the inhaler if necessary i.e. if they didn't have their inhaler in school.

If you have any questions, please contact me to discuss this further.

Yours sincerely,

Mr Michael Doyle

Headteacher

How to use an Auto Injector (“Epi-pen”)

JEXT Pens have Yellow Safety Caps

JEXT Pens have black ends

JEXT Pens have black ends

The needle will be covered by the orange (EpiPen®) or black (JEXT) end