



Fixby J&I School



Medical Needs Policy

Preparing our children for their future.

Encouraging them to be confident, successful

and responsible individuals, ready to

thrive in modern society.

Statutory Policy			Website	
No			Yes	
Date Written	Written by..	Ratified by..	Ratified on..	Next Review
January 2021	Saima Ahmed	SEND Gov		January 22
Date of Review	Reviewed by			

Medical Needs Policy

January 2021

1. Rationale:

The purpose of this policy is to ensure that all pupils in our school continue to have access to as much education as their medical condition allows so that they are able to maintain the momentum of their education and to keep up with their studies. The nature of the provision will be responsive to the demands of medical conditions that can sometimes be changeable. It is also to ensure that any medicines administered within school are done so in a safe and monitored environment.

2. Aims of Policy:

It has been written using guidance from the Kirklees Policy. There is no legal duty on schools to administer medicines, however, we believe that where pupils are well enough to attend school but need prescribed medicines within the school day it is appropriate and right that staff administer such medicines with appropriate permission from parents and carers. 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. In line with government guidelines we would ask that children are not sent to school when they are clearly unwell or infectious. As a school, we are strongly committed to safeguarding children. Our goal is to work in close partnership with parents/carers and other agencies.

3. Parental Responsibility:

Parents and carers have the prime responsibility for their child's health and should provide the school with information about their child's medical condition along with any equipment. This should be done upon admission or when their child first develops a medical need. Where a child has a long-term medical need then a health plan (Appendix A) was drawn up with the Parents/Carers and Health Professionals and is reviewed by the SENDCO each year. Parents who declare that their child has a medical condition that requires specialist equipment (such as an inhaler or Epipen) are required to ensure this equipment is provided to school and that it is always in date.

4. Prescribed Drugs

Medicines should only be brought to school where it would be detrimental to a child's health if the medicine were not administered during the school day. Whilst school can only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, there may be occasions where parents request the administration of a paracetamol, these requests will be viewed on a 'case by case' basis. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. Parents or carers must complete a permission form (in the school office and see Appendix B) when leaving prescribed medicines for administration

during the school day. Medicines will be stored in a locked cabinet during the day or in the medical needs fridge where necessary. A record will be held when the medicine was dispensed, by who and who it was witnessed by. All medicine will be dispensed by a member of school staff and be witnessed by a second member of staff. Parents/Carers should make arrangements to collect the medicine from the school office at the end of the day unless alternative arrangements are made with the school staff. Medicines will not be handed to a child to bring home unless agreed.

5. Refusal of Medicine

If a child refuses to take medicine, we will not force them to do so, but will note this in the records and contact the named contact on the medicine record form. If a refusal to take medicines results in an emergency then our emergency procedures will be followed.

6. Self-Management

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when deciding about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

7. Educational Visits

In line with our SEN and Inclusion policies we will make reasonable adjustments to enable children with medical needs to participate fully and safely on visits. Any risk assessments undertaken will allow for such children. Staff supervising excursions will be aware of any medical needs, and relevant emergency procedures. If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they will seek parental views and medical advice from the school health service or the child's GP. The visit co-ordinator is responsible for ensuring all necessary equipment and medication is taken and managed on trips and residential.

8. Known Medical Conditions

A central register of medical needs will be placed in the Office to ensure that all staff have access to the information. Each class has a record that clearly identifies known medical conditions and emergency treatment procedures (such as inhalers and Epipens). Each class also has a green bag which contains inhalers and Epipens etc. Two Epipens must be held in school, one in the green box and the second to be stored in the Office. Any equipment that is dated is recorded on the system and the date is also inserted in the school admin calendar so a reminder can be sent to parents, ultimately it is the responsibility of the parent/carer to ensure that medical equipment is kept in date. The information folder is always to be kept on the system, and the green bag should be kept in the cupboard in the classroom. When supply staff are asked to cover a class, it will be the responsibility of the phase leader/admin staff to ensure the folder and green bags are pointed out. (GP to fill out Allergy form).

9. Sporting Activities

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be enough flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. The school is aware of issues of privacy and dignity for children with particular need. 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. Each class has a green bag containing equipment such as inhalers and Epipens and these will be taken to PE lessons, swimming lessons, and other sporting events. Teachers running an after school club/event are responsible for ensuring that all medical needs are known. When an after school club/event involves physical activity, the teacher running the club or event is responsible for ensuring that all medical equipment is taken to the club (e.g. Epipen/inhaler). The office will provide the club leader with a register that highlights any children who have medical equipment. A medical bag will be issued to staff on the day (external staff will be given a bag upon arrival.) If a child arrives to a club/event without their equipment they should be sent back to the class to collect it. After the club/event, the equipment should be returned by school staff to the classroom. If the club is run by an external provider, the green bag should be returned to the office and the contents will be distributed back to the classroom by the school office.

10. Training

The school will maintain a high proportion of emergency first aid trained staff and a number of fully trained First Aiders. The school arranges further training for staff working with pupils with specific medical needs.

11. Support for Pupils with Medical Needs

The school has a member of staff identified as the Responsible Person for Medical Needs. This is Saima Ahmed, Deputy Headteacher.

12. Equal Opportunities and Access to Education

The National Curriculum Inclusion Statement (2000) emphasises the importance of providing effective learning opportunities for all pupils and the school follows the three key principles for inclusion: a) Setting Suitable learning challenges b) Responding to pupils' diverse needs c) Overcoming potential barriers to learning. The school will not discriminate against disabled pupils, including those with medical conditions and will make reasonable adjustments for such pupils. The reasonable adjustments can be work set remotely/home packs for pupils to complete at home and for parents to have contact with class teacher and SEMH lead.

13. Health and Safety

Due regard will be paid to the health and safety of pupils at all times. Health and safety must always be considered when carrying out any activities. If there is a conflict between a policy, procedure or a scheme of work and a Health and Safety consideration, the latter will always take precedence.

14. Asthma

- The School recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma.
- Ensures that children with asthma participate fully in all aspects of school life including PE.
- Recognises that immediate access to reliever inhalers is vital.
- Keeps records of children with asthma and the medication they take.
- Ensures the school environment is favourable to children with asthma.
- Ensures that other children understand asthma.
- Ensures all staff who come into contact with children with asthma know what to do in the event of an asthma attack.
- Will work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and children to ensure the policy is implemented and maintained successfully.

This policy has been written with advice from the Department for Education and Employment, National Asthma Campaign, the Local Education Authority, the school Health Service and the governing body.

- Fixby school recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma.
- Fixby school encourages children 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. All staff who come into contact with children with asthma are provided with training on asthma regularly, from the school nurse who has had asthma training.

14a. Asthma Medication

Immediate access to an inhaler is vital. Children are encouraged to carry their reliever inhaler as soon as the parents, doctor or nurse and class teacher agree they are mature enough. The reliever inhalers of younger children (primary school) are kept in the classroom medical bag. Parents are asked to ensure that the school is provided with a labelled spare reliever inhaler to be kept in the classroom medical bag.

All inhalers must be labelled with the child's name by the parent and it must be in date (not expired). School staff are not required to administer medication to children except in an emergency however many of our staff are happy to do this. School staff who agree to do this are insured by the local education authority when acting in accordance with this policy. **All school staff will let children take their own medication when they need to.**

14b. Record Keeping

At the beginning of each school year or when a child joins the school, parents are asked if their child has asthma. All parents of children with asthma are given an Asthma Consent Form which they are asked to complete. From this information the school keeps its asthma register which is available for all school staff. Asthma Record Cards are kept with inhalers in the classroom medical bags.

Should the inhaler be taken, the record card is completed by a member of staff and also signed by a parent. This is to log the amount of times the reliever has been taken. If medication changes in between times, parents are asked to inform the school.

Fixby Junior & Infant School does now hold an emergency inhaler and spacer as per

'Guidance on the use of Emergency Salbutamol inhalers in schools' September 2014.

The school holds inhalers for each child and they are regularly checked for expiry dates by the Special Educational Needs Co-ordinator (SENCo). (Parents to complete an Asthma consent form see below).

14c. PE

Taking part in sports is an essential part of school life. Teachers are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in PE. The classroom medical bag containing the inhalers will be taken to the PE lesson (inside PE & Outside PE). If a child needs to use their inhaler during the lesson, they will be encouraged to do so and the Asthma Record Card completed.

14d. The School Environment

The school does all that it can to ensure the school environment is favourable to children with asthma. The school does not keep furry and feathery pets and has a non-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma.

14.e Making the School Asthma Friendly

The school ensures that all children understand asthma. Asthma can be included in Key Stages 1 and 2 in science, design and technology, geography, history and PE of the national curriculum. Children with asthma and their friends are encouraged to learn about asthma; information for children and can be accessed from the following website www.asthma.org.uk.

14f. When a Child is falling behind in lessons

If a child is missing a lot of time from school because of asthma or is tired in class because of disturbed sleep and falling behind in class, the class teacher will initially talk to the parents. If appropriate the teacher will then talk to the school nurse and the Special Educational Needs Co-ordinator (SENCo).

14g. Asthma Attacks

All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the following procedure.

1. Ensure that the reliever inhaler is taken immediately.
2. Ensure the child is sat up (not laying down).
3. Stay calm and reassure the child.
4. Help the child to breathe by ensuring tight clothing is loosened.
5. Complete the Asthma Record Card, signed by staff and parent.

After the attack

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities.

14h. Emergency procedure

Call an ambulance AND the child's parents urgently if:-

- The reliever has no effect after five to ten minutes or 10 puffs of the inhaler.

- The child is either distressed or unable to talk.
- The child is getting exhausted.
- Blue tinge to lips.
- You have any doubts at all about the child's condition.

A child should always be taken to hospital in an ambulance. A member of staff will stay with the child until a parent arrives. School staff should not take them in their car as the child's condition may deteriorate.

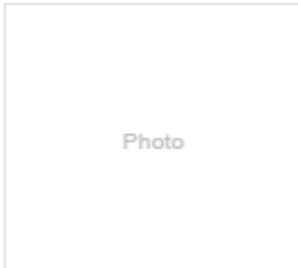


Emergency Inhalers
2014.pdf

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:



Photo

Emergency contact details:

1)



2)



Child's Weight: Kg

PARENTAL CONSENT: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: _____

(PRINT NAME)

Date: _____

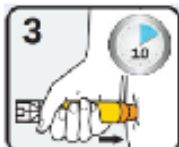
How to give EpiPen®



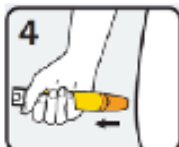
Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®. Massage injection site for 10 seconds

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:
- Phone parent/emergency contact (if vomited, can repeat dose)

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

Anaphylaxis may occur without skin symptoms: **ALWAYS** consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

- AIRWAY:** Persistent cough, hoarse voice
difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing, wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness / pale or floppy
suddenly sleepy, collapse, unconscious

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

1. Lie child flat: (if breathing is difficult, allow child to sit)
2. Use Adrenaline autoinjector (eg. EpiPen) **without delay**
3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** 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 2nd adrenaline dose using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Additional instructions:

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017.

This plan has been prepared by:

SIGN & PRINT NAME: _____

Hospital/Clinic: _____



Date: _____

Fixby Junior and Infant School



Asthma Inhaler Consent Form

Name		Class	
Date of Birth		Male / Female	
Address		Telephone Details:	

Medication Type	
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Dosage	
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Location of Inhaler	<p>All inhalers will be stored in the class First Aid Bag in the classroom and taken with the child on excursions out of the school grounds.</p> <p>This arrangement meets my child's individual needs: <input type="checkbox"/></p> <p>OR this arrangement does not meet my child's specific needs, please advise us below alternative arrangements:</p>
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We will inform you through your child's individual inhaler record when your child has had their inhaler.

Contact details:	Contact 1:	Contact 2:	Contact 3:
Name			
Relationship to child			
Address			
Contact Number			

I understand that: (Please tick)

I must write my child's name clearly on their inhaler

I must deliver the inhaler personally to the class teacher/office staff

I must ensure that an in-date inhaler is in school at all times

Signature		Date	
Print name			
Accepted by: (School Staff)		Date	
Print name			



Fixby Junior and Infant School



Individual Health Care Information

Health Care Plan	
Name	
Year	
Date of Birth	
Address	
Medical diagnosis or condition	
Date Completed	
Review Date	
Family Contact Information	
Contact 1:	
Name and Relationship	
Phone number (mobile)	
Phone number (work)	
Contact 2:	
Name and Relationship	
Phone number (mobile)	
Phone number (work)	
Clinic/Hospital Contact	
Name	
Phone no	
G.P.	
Name	
Phone no	

Describe medical needs and give details of child's symptoms

Describe dietary needs and give details of food to avoid and why ie: intolerance or allergy

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*)

Class teacher, in first instance, then Saima Ahmed SENDCo.

Signatures:

Parent

Date:

Named Person – School : Saima Ahmed

