



# Tuel Lane Infant & Nursery School

**POLICY:** Medical Needs Policy

**REVIEW DATE:** Autumn 2021

## **Supporting Pupils with Special Medical Needs**

### **Definition**

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 (deemed special medical needs).

### **Rationale**

LAs and schools have a responsibility for the health and safety of pupils in their care. The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. In the case of pupils with special medical needs, the responsibility of the school 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 who may be more at risk than their classmates. Individual procedures may be required. The school is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need. Pupils with special medical needs 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 may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

### **Aims**

The school aims to ensure all children with medical conditions, in terms of both physical and mental health, are properly supported in school so they can play a full and active role in school life, remain healthy and achieve their academic potential. We also aim to:

- assist parents in providing medical care for their children;
- support children where there are social and emotional implications associated with their medical conditions, ensuring they can integrate with their peers and are safe in school;
- educate staff and children in respect of special medical needs;
- arrange training for volunteer staff to support individual pupils;
- liaise as necessary with local health services and healthcare professionals in support of the individual pupil;
- monitor and keep appropriate records.
- ensure information is passed quickly and accurately during transition to and from other settings

### **Entitlement**

The school accepts that pupils with medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils.

The school believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support.

The school accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- choose whether or not they are prepared to be involved,
- receive appropriate training;
- work to clear guidelines;

- have concerns about legal liability;
- bring to the attention of management any concern or matter relating to supporting pupils with medical needs.

### **Expectations**

It is expected that:

- parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative;
- the school will consider carefully their response to requests to assist with the giving of medication or supervision of self-medication and that they will consider each request separately. The school will only administer medicines at school when it would be detrimental to a child's health or school attendance not to do so.
- the school will liaise with relevant health practitioners for advice about a pupil's special medical needs, and will seek support from them where necessary and in the interests of the pupil.
- where parents have asked the school to administer the medication for their child, they must supply medication in the original container as dispensed. The prescription and dosage regime should be typed or printed clearly on the outside. The school will only administer medicines in which the dosage is required 4 times a day. The name of the pharmacist should be visible. Any medications not presented properly will not be accepted by school staff. Pupils should not bring in their own medicine. This should be brought into school by the parent and delivered to the school office for secure and safe storage. The school will only accept medication with written authorisation from the parent/ carer on the appropriate forms (3A). Medication will always be administered in the presence of another member of staff and each time it is administered it will be recorded on Form 6. On school trips, the designated trip leader will accept responsibility for the administration (optional) or a senior member of staff. All medication and details of children with medical needs will be fully recorded on the risk assessment.
- any medicines brought into school by the staff e.g. headache tablets, inhalers for personal use must be stored in an appropriate, secure place (offices or staff room) and must be kept out of the reach of the pupils.

### **Responsibilities**

The headteacher (Judy Shaw/ Lorraine Booth) is responsible for ensuring this policy is fully implemented in school.

She will ensure:

- the school policy is known by staff and parents and accessible to all
- sufficient staff are suitably trained, competent and confident in their ability to support pupils with medical conditions and fulfil requirements in ihcps (individual health care plans)
- all relevant staff are fully informed about the child's medical condition and needs
- pupils themselves are fully involved and informed (if this is appropriate)
- cover arrangements are in place in the case of staff absence
- new and temporary (supply) staff are fully briefed and the policy is included in induction training
- risk assessments for school trips off-site are fully compliant
- records of administered medication and individual health care plans are regularly and routinely monitored
- in the absence of the headteacher, senior teaching staff and school administrators are fully informed, trained in policy and procedures. Named staff are: Lorraine Booth (Assistant Headteacher); Jane Clayton (Senior Teacher and SLT member); Lindsay Hibbert and Janine Murphy (School Administrators)

### **Individual Health Care Plans (IHCPs)**

The headteacher is responsible for the development of IHCPs that help ensure school effectively supports pupils with medical conditions, provide clarity about what needs to be done, when and by whom. Relevant

partners may be involved in the writing of the plan but responsibility for ensuring it is finalised and implemented rests with the school.

When deciding what information should be recorded on individual healthcare plans, schools in partnership with healthcare professionals will consider the following:

- the medical condition, its triggers, signs, symptoms and treatments and what constitutes an emergency for that child
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. where medical intervention will take place
- specific support for the pupil's educational, social and emotional needs e.g. how absences will be managed, requirements for extra time to complete tasks, use of rest periods or additional support in catching up with learning
- the level of support needed (as some children may be able to take responsibility for their own health needs). if a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- staff that support pupils with medical needs (what their training needs are, the expectation of their role and confirmation of their proficiency). Cover arrangements should also be in place for when they are unavailable. This requirement demands: careful consideration, agreement between all parties and clarity; it is essential to provide 'appropriate' support for the child's medical condition. Agreement on what is the 'appropriate' level of support should be the responsibility of the relevant healthcare professional, not the school
- who in the school needs to be aware of the child's condition and the support required for their needs
- arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.
- procedures should be put in place for action in emergency situations, including whom to contact and contingency arrangements
- dates and arrangements for review

## **Management of Asthma**

Tuel Lane Infant School recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma.

The school:

- Ensures that pupils with asthma can and do participate fully in all aspects of school life, including PE, visits or outings and other out of hours school activities
- Recognises that pupils with asthma need immediate access to reliever inhalers at all times
- Keeps a record of all pupils with asthma and the medicines they take in main medical file and in all class files
- Ensures that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack
- Will work in partnership with all interested parties including parents and carers, the school's governing body, all school staff, school nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

## **Explanation of condition**

People with asthma have sensitive air passages which are quick to respond to anything that irritates them (triggers). This results in the air passages of the lungs becoming narrow, making it difficult to breathe in and out. Narrowing of air passages produces ONE or ALL of the following: coughing, breathlessness, wheezing. Sudden, severe narrowing of air passages may result in an 'Asthma Attack'.

Identification of pupils affected:

All parents of children on roll must notify school of current treatment details. Treatment details should be accessible at all times.

Treatment consists of two main forms Reliever inhalers (usually blue) & preventer inhalers (usually brown). Children should have access to their relief inhalers (usually blue) at all times. They should be clearly labelled with indelible pen and kept in an agreed place in the classroom. The child and all staff should know where they are kept and the regular dosage. With our youngest pupil, staff must find out if the child is able to administer their own inhaler or if adult support is needed with spacers etc.

All children will be supervised when taking their inhalers.

### **Prevention**

It is important to be aware that many factors provoke narrowing of the air passages.

Some of these factors are avoidable within the school environment; therefore appropriate steps should be taken. Trigger factors include: - coughs & colds, cigarette smoke, furry animals, cold weather, chemical paints - sprays and vapours, grass pollens and spores, extremes of emotion and exercise.

Treating worsening symptoms of asthma:

A reliever inhaler (blue) should be given:

- if requested by the child
- If the child is coughing, wheezing or breathless.

If this is effective, the child can return to normal classroom activity.

### **What to do in the case of an asthma attack.**

The main symptoms of an asthma attack are coughing continuously, wheezing or shortness of breath.

Support the child to inhale once or twice with the blue inhaler. Wait for 5 minutes - the inhaler should have been effective. Using the inhaler with a spacer device may be easier when the child is having an attack. This may be available in the school's emergency equipment. But remember

- Sit the child comfortably - do not let the child lie down
- Do not crowd the child
- Speak quietly and calmly to the child - encourage slow deep breaths.
- Do not put your arms around the child's shoulders - this restricts breathing.

If this does not work, then the child may be having a severe asthma attack. This constitutes an emergency situation. An emergency situation is recognisable when:

Blue inhaler does not work or the child has difficulty speaking - e.g. can only say 2 or 3 words before taking a breath or the child is breathing quickly. Child can look pale - lips can turn blue.

**DIAL 999 - telephone for an ambulance to:**

**Tuel Lane Infant School**

**Clay Street, Sowerby Bridge, Halifax.**

**HX6 2ND**

**01422 831221**

**Tell the operator you have a child aged X having an asthma attack. In the meantime, a blue inhaler can be given every 5 minutes. You cannot overdose the child by doing this. DO inform the paramedic how much inhaler has been used.**

### **Out of hours- clubs/ activities and off site activities**

It is important that the school involve pupils with asthma as much as possible in after school clubs.

Supporting staff should always know who has asthma and where their inhalers are kept. Designated Trip Leaders will know which children have asthma and take appropriate inhalers with them on every trip.

### **School environment**

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definite no smoking policy. School does not use chemicals in science or art lessons.

### **Asthma – School Emergency Inhaler**

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

*The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.*

**STAFF MUST ALSO RECORD THE USAGE IN THE ASTHMA REGISTER LOCATED IN THE STAFF ROOM STATING THAT IT IS THE SCHOOLS EMERGENCY INHALER THAT HAS BEEN USED**

### **Staff Responsibilities**

- Asthma Lead/s are available to support in an emergency situation (Judy Shaw, Lorraine Booth Lindsay Hibbert, Janine Murphy)
- Inhalers are checked monthly
- Replacement inhalers are obtained before the expiry date
- Replacement spacers are re-ordered and replaced after use
- Empty/out of date Inhalers are disposed of at the local Pharmacy

### **Complaints**

Should parents be dissatisfied with the support provided they should discuss their concerns directly with the Headteacher(s) Judy Shaw and Lorraine Booth [head@tuellane.calderdale.sch.uk](mailto:head@tuellane.calderdale.sch.uk)

If this does not resolve the issue, they may make a formal complaint using the school's complaints procedure which is available on the school website or from the school office.

This policy will be reviewed annually by the Curriculum and Pupil Support Committee of the Governing Body and agreed formally by the Full Governing Body.