SUPPORTING CHILDREN WITH MEDICAL CONDITIONS

Our Vision:

We are committed to quality learning in a positive, happy and Christian atmosphere where everyone within the school community is valued as an individual. We expect everyone to, 'Treat others as you want them to treat you.' (Matthew 7:12-14). We have high expectations of all and strive to provide a safe, challenging, exciting and stimulating environment.

Our Values:

To ensure the health, safety and wellbeing of our pupils with medical conditions, are met through our school values of:

Respect – by respecting the individual needs of our pupils with medical conditions and ensuring that barriers to inclusion are removed.
Compassion – by considering the individual needs of our pupils with medical conditions, expecting everyone to look after each other and keep one another safe.
Creation – creating a safe and secure environment which allows children with medical conditions to thrive and flourish.
Perseverance – Following all policies and procedures at all times. Ensuring a safe, inclusive environment for all.
Service – by building trusting relationships with the families of children with medical conditions as we serve to help to keep each individual child safe.

At Willaston Church of England Primary School we believe it is ideally preferable that parents administer medicines to their children. However, there may occasionally be instances when pupils may have short-term medical needs i.e. finishing a course of antibiotics. Some young people will also have longer term medical needs and may require medicines on a long-term basis such as controlled epilepsy etc. Others may require medicines in particular circumstances, such as those with severe allergies who may need an adrenaline injection. Young people with severe asthma may have a need for inhalers or additional doses during an attack.

In most cases young people with medical needs can attend school and take part in normal activities but staff may need to take care in supervising such activities to make sure such young people are not put at risk. An individual Health Care Plan can help staff identify the necessary safety measures to help

support young people with medical needs and ensure that they, and others, are not put at risk.

The following safeguards should be observed in any case where a Headteacher or nominated member of staff agrees to accept responsibility for the administration of medicines to children:

- Medication may only be administered when school receives a written request from the parent giving clear instructions regarding the required dosage and a doctor's note is received to the effect that it is necessary for the child to take medication during school hours.
- School must receive informed consent from the parent in favour of the Headteacher or a nominated adult to administer medicines. It must, however, be remembered that in spite of any form of disclaimer, the Headteacher must continue to exercise the duty of care. The necessary form (sample attached in Appendix 1) should be completed by the parent whenever a request is made for medication and be reviewed termly.
- Long-term illnesses, such as epilepsy or diabetes should be recorded on the child's record card, together with appropriate instructions given by the school doctor or nurse.
- Consent from parents for long-term illnesses will be renewed annually.
- Medicine must be brought to school by the parent or nominated responsible adult, not the child and should be delivered personally to the office staff.
- Prescribed medicines must be clearly labelled with contents, owner's name and dosage, and must be kept in a safe and secure place appropriate to the contents, away from the children, unless they may be needed urgently (e.g. for asthma) and must be documented for receipt administration and dispatch.
  We will not accept medicines that have been taken out of the original packaging nor make changes to dosage on parent's instructions.
- Non-prescribed medicines - Staff will never give a non-prescribed medicine to a young person. If a young person suffers from frequent or acute pain the parents should be encouraged to refer the matter to their GP. However, staff will administer over-the-counter (OTC) medicines (paracetamol, ibuprofen, antihistamines) if written parent's consent has been given and the medicine is supplied in original packaging with clear dosage instructions that are age appropriate for the child and record the dosage/time given.
- Large volumes of medicines should not be stored. Medicines should be stored strictly in accordance with the product instructions and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the young person, name and dosage of the medicine and the frequency of administration.
- A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to refrigerators holding medicines.
- The child should know where their own medicines are being stored. All emergency medicines, i.e. asthma inhalers and adrenalin pens should be readily accessible to the child with parental consent but with restricted access.

- School nurses or the district pharmacist can advise on the design and position of safe storage of medicines. They can also offer advice on suitable temperatures required for certain items, possible damage by exposure to light and the life span of certain medications.
- Only one member of staff at any one time should administer medicines and record dosage in central book (to avoid the risk of double dosing). Arrangements should be made to relieve this member of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed).
- At Willaston CE Primary we ensure that sufficient members of support staff are employed and adequately trained to manage medicines as part of their duties. Any member of staff who agrees to accept responsibility for administering prescribed medicines to a young person is given the appropriate training, guidance and support from the health professionals. They should be aware of any potential side affects of the medicines and what to do if they occur. A written record of training and authority to carry out procedures is kept both by the school and the member of staff.
- If a pupil brings to school any medication for which the school has not received written notification the staff of the school will not be held responsible for that medication.
- In all cases where following the administration of medication there are concerns regarding the condition of the child, medical advice will be sought immediately.
- School keeps written records each time medicines are given and staff complete and sign an individual record book kept in a locked cupboard with the medication. Good records help demonstrate that staff have followed the agreed procedures. In early years settings such records must be kept and parents should be requested to sign the form to acknowledge the entry. If a young person refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. Parents should be informed of the refusal on the same day.

<u>Exception:</u>

Inhalers for children with asthma need to be readily available. Where children are of a sufficient maturity they should be fully responsible themselves for the inhalers and keep them at all times. Inhalers should be kept by teachers in a readily accessible place and available for PE.

Should there also be any evacuation, whether planned or otherwise, all medication (inhalers, epi-pens etc…) should be taken out with a responsible adult. In addition to this, during an evacuation, a responsible adult must take out our school defibrillator from the First Aid Room (next to the Reception Classroom).

<u>Long-Term Medical Needs</u>

It is important to have sufficient information about the medical condition of any young person with long-term medical needs. We request parents inform us about any particular needs before the young person attends for the first time or when they first develop a medical need. It is helpful for parents to develop a written Health Care Plan

for such a young person, involving relevant health professionals. Such plans would include the following:-

- Details of the young person's condition
- Special requirements i.e. dietary needs, pre-activity precautions
- Any side affects of the medicines
- What constitutes an emergency
- What action to take in an emergency
- Who to contact in an emergency
- The role staff can play

Controlled Drugs (Controlled by the Misuse of Drugs Act)

Any nominated member of staff may administer a controlled drug to the young person for whom it has been prescribed (in accordance with the prescriber's instructions). It is permissible for schools to look after a controlled drug, where it is agreed that it will be administered to the young person for whom it is prescribed.
We keep controlled drugs in a lockable non-portable container and only named staff have access to it. A record is kept for audit purposes. Two members of staff will count them in and count them out.

Disposal of Medicines

All medicines, including controlled drugs, should be returned to the parent, when no longer required, for them to arrange for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines they are taken to a local pharmacy for safe disposal.

Emergency Procedures

All schools should have arrangements in place for dealing with emergency situations. This may be part of the school's First Aid procedures. Individual Health Care Plans should include instructions as to how to manage a young person in the event of an emergency and identify who is the responsible member of staff, for example if there is an incident in the playground a lunchtime assistant needs to be very clear of their role.

Should there also be any evacuation, whether planned or otherwise, all medication (inhalers, epi-pens etc…) should be taken out with a responsible adult. In addition to this, during an evacuation, a responsible adult must take out our school defibrillator from the First Aid Room (next to the Reception Classroom).

Circumstances Requiring Special Caution

Whilst the administration of all medicines requires caution, there are certain circumstances which require special attention before accepting responsibility for administering medicine when the parents are unable to come to school themselves.

These are:

- Where the timing and nature of the administering are of vital importance and where serious consequences could result if a dose is not taken;
- Where some technical or medical knowledge or expertise is required;
- Where intimate contact is necessary.

In such circumstances the Headteacher will consider the best interests of the child as well as considering carefully what is being asked of the staff concerned. The Headteacher will seek advice from the consultant community paediatrician or school doctor. This policy for administration of such medication requires that there must be clear written instructions, which are agreed by the parents, teachers and advisory medical staff. Clear records should be kept of any medication administered in school and parents should be informed whenever a child is given such medication, which is not part of a regular regime.

Invasive Procedures

Some children require types of treatment which school staff may feel reluctant to provide e.g. the administration of rectal Valium, assistance with catheters, or the use of equipment for children with tracheotomies. There is no requirement for school staff to undertake these responsibilities and in such circumstances the matter will be referred to the LA.

Only staff who are willing and have received appropriate training are to administer such treatment. This must be in accordance with instructions issued by the paediatrician or GP. Training in invasive procedures should be conducted by qualified medical personnel. For the protection of both staff and children a second member of staff must be present while more intimate procedures are being followed.

The regular injection of children by teaching staff is not supported. Where it is known in advance that a child may be vulnerable to life-threatening circumstances the school will need to have in place an agreed plan of action. This should include the holding of appropriate medication and appropriate training of those members of staff required to carry out the particular medical procedures.

Whether or not the school agrees to administer medication or other treatment, the school should devise an emergency action plan for such situations after liaising with the appropriate community paediatrician. This has implications for school journeys, educational visits and other out of school activities. Every effort will be made by the school to enable all children to attend.

Staff Competence in Administering Medicines

Under Health and Safety legislation, it is necessary to ensure that staff are competent to perform the tasks which might confront them. This includes reacting to an emergency. Staff whose pupils may have conditions such as asthma or diabetes

sufficiently severe to cause an emergency are entitled to proper instructions. If a school undertakes responsibility for the administration of special treatment it is essential that adequate training is provided for the nominated persons. The Headteacher will approach the appropriate community paediatrician who is willing to provide the necessary training.

A written record of the training and authorisation to carry out procedures should be kept both by the school and the member of staff concerned.

Guidance For Teachers On Parental Consent For Treatment

Parents are contacted for any medical emergency. For younger pupils parental consent does not constitute a problem in the vast majority of cases. Sometimes a teacher does meet the problem of a pupil belonging to a religious body, which repudiates medical treatment. Normally the parent will have made the decision and this should be regarded as the most desirable course of action. However, the problem could be urgent or the parent unavailable. Parents who have specific beliefs which have implications for medical treatment should make their views and wishes known to the school so that the consequences of their beliefs can be discussed and, if possible, accommodated. In an emergency a teacher would have recourse to ordinary medical treatment.

If a child is being taken on a school journey where medical treatment may be needed and the parent is not prepared to give written instructions and an indemnity on the subject of medical treatment, the school will make every effort to ensure all children are included.

If a teacher undertakes the responsibility for administering medicines and a child were to have an adverse reaction, in the event of a claim by the parent/guardian then the Authority will indemnify the teacher concerned, subject to legal liability being established, and if he/she has reasonably applied this policy.

COMMON CONDITIONS AND PRACTICAL ADVICE

The medical conditions in young people that most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reactions (anaphylaxis). The following notes offer some basic information but it is important that the needs of the young person are assessed on an individual basis – individual Health Care Plans should be developed.

Asthma

Asthma is common, one in ten young people have asthma in the UK. The most common symptoms of asthma are coughing, wheezing or a whistling noise in the chest, tight feelings in the chest or getting short of breath.

Staff may not be able to rely on the very young to be able to identify or verbalise when their symptoms are getting worse or what medicines they should take and when. Therefore staff in early years/primary school, who have such children in their classes

must know how to identify when symptoms are getting worse and what to do when this happens. This should be supported by written asthma plans, individual Health Care Plans and training and support for staff.

There are two main types of medicines to treat asthma, relievers and preventers:

Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an attack. These quickly open up narrowed airways and help breathing difficulties.

Preventers (brown, red, orange or green inhalers) taken daily to make airways less sensitive to the triggers. Usually preventers are used out of school hours.

Young people with asthma need to have immediate access to their reliever inhalers when they need them. Staff should ensure they are stored safe but in an accessible place, clearly marked with the young persons name and always available during physical education, sports activities and educational visits. Pupils with asthma are encouraged to carry their reliever inhalers as soon as the parent/carer, Doctor or Asthma Nurse and class teacher agree they are mature enough.

Epilepsy

Young people with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Around one in 200 children have epilepsy, but most children with diagnosed epilepsy never have a seizure during the school day.

Seizures can take many different forms. Parents and health care professionals should provide information to schools, setting out the particular pattern of individual young person's epilepsy. This should be incorporated into the Health Care Plan.
If a young person experiences a seizure in school the following details should be recorded and relayed to the parents.

- Any factors which might have acted as a trigger to the seizure e.g. visual/auditory, stimulation or emotion.
- Unusual 'feelings' reported by the young person prior to the seizure.
- Parts of the body showing signs of the seizure i.e limbs or facial muscles.
- Timing of the seizure – when it began and how long it lasted.
- Whether the young person lost consciousness.
- Whether the young person was incontinent.

After a seizure the young person may feel tired, be confused, have a headache and need time to rest or sleep.

Most young people with epilepsy take anti – epilepsy medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours. Triggers such as anxiety, stress, tiredness and being unwell may increase the chance of having a seizure. Flashing and flickering lights can also trigger seizures (photosensitivity), but

this is very rare. Extra care may be needed in some areas such as swimming or working in science laboratories. Such concerns regarding safety of the young person should be covered in the Health Care Plan.

During a seizure it is important to make sure the young person is in a safe position. The seizure should be allowed to take its course. Placing something soft under the person's head will help protect during a convulsive seizure. Nothing should be placed in the mouth. After the seizure they should be placed in the recovery position and checked for vomiting and stayed with until fully recovered. Emergency procedures should be detailed in the Health Care Plan.

Diabetes

One in 550 school age children will have diabetes. Most have Type 1 diabetes. Diabetes is a condition where the level of glucose in the blood rises. This is either due to lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the young persons needs or the insulin is not working properly (Type 2 diabetes).

Each young person may experience different symptoms and this should be detailed in their Health Care Plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control. Staff noticing such changes will wish to draw these signs to parents' attention.

Diabetes is mainly controlled by insulin injections with most younger children a twice daily
injection regime of a longer acting insulin is unlikely to involve medicines being given during school hours. Older children may be on multiple injections or use an insulin pump. Most young people can manage their injections but supervision and a suitable private place to administer the injection, at school, may be required.

Young people with diabetes need to ensure their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor. They
may need to do this during school lunch break, before PE or more regularly if insulin needs adjusting. Most young people will be able to do this themselves but younger children may need supervision to carry out/interpret test and results. Appropriate training for staff should be provided by health care professionals.

Young people with diabetes need to be allowed to eat regularly during the day i.e eating snacks during class time or prior to exercise. Staff in charge of physical education or other physical activity should be aware of the need for young people with diabetes to have glucose tablets or a sugary drink to hand.

The following symptoms, individually or combined, may be signs of low blood sugar – a hypoglycaemic reaction: i.e hunger, sweating, drowsiness, pallor, glazed eyes, shaking or trembling, lack of concentration, mood swings or headache. Some young people may experience hyperglycaemic (high glucose level) and have a greater need to go to the toilet or drink. The individual's Health Care Plan should detail their expected

symptoms and emergency procedures to be followed.

Anaphylaxis

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It visually occurs within seconds or minutes of exposure to certain food or substances. Occasionally this may happen after a few hours. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruit i.e kiwi fruit and also penicillin, latex or stinging insects (bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. More commonly among young people there may be swelling in the throat which can restrict the air supply or severe asthma. Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea or vomiting.

The treatment for a severe allergic reaction is an injection of adrenaline. Pre-loaded injection devices containing one measured dose of adrenaline are available (via prescription). Should a severe allergic reaction occur the adrenalin injection should be administered into the muscle of the upper outer thigh. An Ambulance should always be called.

Adrenaline injectors, given in accordance with the prescribed instructions, are a safe delivery mechanism. It is not possible to give too large a dose using, this device. In cases of doubt it is better to give the injection than hold back.

Day to day policy measures are needed for food management, awareness of the young person's needs in relation to diet, school menu, individual meal requirements and snacks in school.

Parents may often ask for the Headteachers to exclude from the premises the food to which their child is allergic. This is not always feasible, although appropriate steps to minimise any risks to allergic young people should be taken.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

Emergency Anaphylaxis Kits

The school maintains emergency anaphylaxis kits containing adrenaline auto-injectors (AAIs) for use in emergency situations. These kits are stored in readily accessible location, outside the school office, clearly displayed and known to all staff.

Each kit contains:

- Two in-date adrenaline auto-injectors (300mcg)
- Two in-date adrenaline auto-injectors (150mcg)
- Instructions for use

Staff Training

All staff members receive specific anaphylaxis training online at kittmedical.com to ensure they are able to recognise and respond to anaphylaxis. Training can be refreshed at any time by the user and is required to be refreshed annually as a minimum.

A record of all staff training is maintained by the School Business Manager.

Equipment Monitoring and Replacement

To ensure emergency medication is always available and in date:

- The School Business Manager and Mrs Sperring is responsible for checking all adrenaline auto-injectors
- Expiry dates are recorded on the Kitt Medical portal
- Replacement auto-injectors are automatically ordered in advance of expiry dates to ensure there is no gap in provision
- After any emergency use, replacement devices are ordered immediately

RELATED PUBLICATIONS

DfES Publication
'Managing Medicines in Schools and Early Years Settings'.

Asthma UK
'School Policy Guidelines'.

Approved by Governors October 2025



Signed Chair of Governors