



**Together We Can**

**MEDICAL POLICY**

**Compliance statement**

Every policy is reviewed at regular intervals and where applicable, as stipulated by law.

Each policy is also available in additional formats including Braille and in additional languages upon request, within reasonable timescales as stipulated by the school.

Reviewed by: FGB Review date: November 2020 Next review: November 2021
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This school is an inclusive community that aims to support and welcome pupils with medical conditions. We understand the responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future. We aim to provide all children with all medical conditions the same opportunities as others at school.

We will help to ensure they can: Be healthy, stay safe, enjoy & achieve, and make a positive contribution.

We aim to include all pupils with medical conditions in all school activities.

We ensure all staff understand their duty of care to children and young people in the event of an emergency. All staff are confident in knowing what to do in an emergency.

The school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.

Pupils with medical conditions are encouraged to take control of their condition. Pupils feel confident in the support they receive from the school to help them do this.

## **Communication**

The medical conditions policy is supported by a clear communication plan for staff, parents, and students to ensure its full implementation:-

### **a. Parents are informed about the medical conditions policy:**

- At the start of the school year when communication is sent out about contact details.

At this time healthcare plans, where necessary are put in place. In addition, parents sign administration of medicines consent forms for long term conditions. As the need arises consent forms can be signed for short term conditions.

- In the school newsletter at intervals in the school year
- When their child is enrolled as a new pupil
- Via the school's website, where it is available all year round

### **b. School staff are informed and reminded about the medical policy**

- Via online school medical register (written register in staff room)
- At scheduled medical conditions training

## **First Aid**

First Aid trained staff are aware of, understand and are trained in, what to do in an emergency for the most common serious medical conditions at this school.

All staff understand their duty of care to pupils in the event of an emergency. In an emergency school staff are required under common law 'duty of care' to act like any reasonably prudent parent. This may include administering medication. Training is refreshed for first aiders regularly at least once a year. Action for staff to take in an emergency for asthma/epilepsy/anaphylaxis and diabetes is displayed in the staff room and main teaching areas.

## **Emergency Procedures**

All staff understand the school's general emergency procedures  
All staff know what action to take in the event of a medical emergency.

This includes:

- How to contact emergency services and what information to give
- To contact a first aid member of staff

Action to take in a general medical emergency is displayed in prominent locations for staff.

If a pupil needs to be taken to hospital, a member of staff will accompany them if parents are unavailable or school will ask a parent to meet the ambulance at casualty. Staff should not take pupils to hospital in their own car.

## **Administration-emergency medication**

All pupils at this school with medical conditions have easy access to their emergency medication which is kept securely in the class medical bag or other appropriate place.

Pupils who do not carry and administer their own emergency medication know where their medication is stored and how to access it.

## **Medication Administration - general**

All use of medication defined as a controlled drug, even if the pupil can administer the medication themselves, this is done under the supervision of a designated member of staff.

The School understands the importance of medication being taken as prescribed. Prescribed medicines are administered in the presence of two adults, recorded on the healthcare plan and signed.

All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so.

Designated members of staff are happy to take on the voluntary role of administering medication both prescribed and non-prescribed, where no specific training is necessary, to pupils under the age of 16, but only with the written consent of the pupil's parent. There will always be two members of staff present.

Training is given to all staff members who agree to administer medication to pupils, where specific training is needed. Training needs are regularly assessed, and suitable training arranged when required.

Parents MUST inform the school immediately if their child's medication changes or is discontinued, or the dose or administration method changes.

### **Safe Storage – emergency medication (EpiPen's and asthma inhalers)**

Emergency medication is readily available to pupils who require it, at all times during the school day.

Emergency medication in the **junior school** is kept in the classrooms. All year groups have TA's and many of these are first aiders. In addition, there is always a member of the staff available for additional support, they can be contacted on the internal phone system.

In the **infant school** medicines are kept in locked classroom cupboards. All year groups have a first aider, including nursery.

At lunch time, in both schools, medication is taken to the dinner hall and then on to the playground. They are carried in suitable containers that are easily identifiable.

### **Safe Storage /Disposal – general**

All non-emergency medication is kept in a lockable cupboard in the school office or in the fridge if it needs to be re-frigerated. Pupils with medical conditions know where their medication is stored and how to access it. Staff ensure that medication is only accessible to those for whom it is prescribed

The designated staff member ensures the correct storage of medication at school. Three times a year the designated staff member checks the expiry dates for all medication stored at school. In the infant school this is Mrs Foley Brown, in the junior school Mrs Parry takes on this role.

The parents of pupils with medical conditions, ensure that all emergency and non-emergency medication brought into school is clearly labelled with the pupil's name, the name and dose of medication and the frequency of dose. All refrigerated medication is stored in an airtight container and is clearly labelled.

This is in a secure area, inaccessible to unsupervised pupils.

The designated staff member ensures the correct storage of medication at school. Three times a year the designated staff member checks the expiry dates for all medication stored at school.

It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

Parents are asked to collect out of date medication.

### **Record Keeping**

**Contact Forms** - Parents are asked if their child has any health conditions on the contact form, which is filled out at the start of each school year. Parents of

new pupils starting at other times during the year are also asked to provide this information.

**Healthcare Plans** – Where a child has a long-term medical condition our school uses a healthcare plan to record important details about individual children’s medical needs at school, their triggers, signs, symptoms, medication, and other treatments. Information for the healthcare plan is provided by the parents or healthcare professionals as appropriate. These healthcare plans are held in the school office.

A healthcare plan, accompanied by an explanation of why and how it is used, is sent to all parents of pupils with a long-term medical condition. This is sent:

- At the start of the school year
- At enrolment
- When a diagnosis is first communicated to the school or when any changes to the medical condition/treatment are communicated to the school.

Mrs Flegg and Mrs Gallagher are responsible for developing and reviewing the healthcare plans.

**Medication Form** - If a pupil has a short-term medical condition that requires medication during school hours, a short-term medication form, plus explanation is sent home for completion.

Parents are regularly reminded to inform the school if their child has a medical emergency or if there have been changes to their symptoms, or their medication and treatments change. This is to ensure the healthcare plans can be updated accordingly.

### **School Medical Register**

Healthcare plans and long-term medication forms are used to create a centralised register of pupils with medical needs. The SENCO and Deputy Headteacher have responsibility for the register at The Federation of St Joseph’s. In the junior school Mrs Parry and in the infant school Mrs Foley Brown, organise the collection of the medical forms and produce a register. The register has the child’s name, their class, and their condition.

The School ensures that the whole school environment is inclusive and not discriminatory to pupils with medical conditions. This includes, wherever possible, the physical environment, as well as social, sporting, and educational activities.

### **Off Site Provision**

A risk assessment is written for all off site visits by the teacher in charge of the visit.

All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional

medication or equipment needed. At least one member of staff on any off-site visit/activity must be a registered first aider.

## **Responsibilities**

### **Parents**

The parents of a student at this school have a responsibility to:

- Tell the school if their child has a medical condition.
- Ensure the school has a complete and up-to-date information for the Healthcare plan for their child.
- Inform the school about the medication their child requires while taking part in visits, outings or field trips and other out-of-school activities.
- Tell the school about any changes to their child's medication, what they take, when and how much.
- Immediately inform the school of any changes to their child's condition.
- Ensure their child's medication and medical devices are labelled with their child's full name.
- Ensure medication is within expiry dates.
- Keep child at home if they are not well enough to attend school.
- Ensure their child catches up on any schoolwork they have missed.
- Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional.

\*The term 'parent' implies any person or body with parental responsibility such as foster parent or carer

### **Pupils**

The pupils at this school have a responsibility to:

- Treat other students with and without a medical condition equally.
- Tell their parents, teacher, or nearest staff member when they are not feeling well.
- Let a member of staff know if another pupil is feeling unwell.
- Treat all medication with respect.
- Know how to gain access to their medication in an emergency.
- Ensure a member of staff is called in an emergency.

**The SENCO and Deputy Headteacher** at this school have the responsibility to:

- Help update the school's medical condition policy, arranging training of staff and ensuring that the policy is implemented.
- Know which pupils have a medical condition and which have special educational needs because of their condition.
- Ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or coursework.

**Local doctors and specialist healthcare professionals** - Individual doctors and specialist healthcare professionals caring for students who attend this

School, have a responsibility to:

- Where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours.
- Ensure the child or young person knows how to take their medication effectively.
- Ensure children and young people have regular reviews of their condition and their medication.
- Provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parents).

### **Provision of Work**

For pupils who are unable to attend school due to a medical condition, work is provided for the pupil by the class teacher. The work is usually provided via Google classroom or is collected by the parent or family member; however, alternatives can be used as appropriate.

## **EMERGENCY INFORMATION FOR STAFF**

### **ANAPHYLAXIS**

Anaphylaxis awareness for staff

Symptoms of allergic reactions:

Ear/Nose/Throat - Symptoms:

Runny or blocked nose, itchy nose, sneezing, painful sinuses, headaches, postnasal drip, loss of sense of smell/taste, sore throat/swollen larynx (voice box), itchy mouth and/or throat and blocked ears.

Eye - Symptoms:

Watery, itchy, prickly, red, swollen eyes. Allergic 'shiners' (dark areas under the eyes due to blocked sinuses).

Airway - Symptoms:

Wheezy breathing, difficulty in breathing and or coughing (especially at night-time).

Digestion:

Swollen lips, tongue, itchy tongue, stomach-ache, feeling sick, vomiting, constipation and/or diarrhoea.

Skin:

Urticaria - wheals or hives-bumpy, itchy raised areas and or rashes.

Eczema -cracked, dry, weepy, or broken skin. Red cheeks.

Angioedema - painful swelling of the deep layers of the skin.

#### ***Symptoms of Severe Reaction/ Anaphylaxis:***

These could include any of the above together with:

- Difficulty in swallowing or speaking.
- Difficulty in breathing -severe asthma
- Swelling of the throat and mouth
- Hives anywhere on the body or generalized flushing of the skin
- Abdominal cramps, nausea, and vomiting
- Sudden feeling of weakness (drop in blood pressure)
- Alterations in heart rate (fast Pulse)
- Sense of Impending doom (anxiety/panic)
- Collapse and unconsciousness

#### **TREATMENT ANAPHYLAXIS:**

Ring Office and ask for first aider to come to the child with EpiPen for that child.

Ask

them to ring for an ambulance and parents.



If student is conscious keep them in an upright position to aid breathing. If unconscious, then place in recovery position.  
Trained member of staff to administer EpiPen as per training. Record time of giving.

If no improvement within 5 minutes, then 2<sup>nd</sup> EpiPen to be administered.  
Keep used EpiPen's and give to paramedics when they arrive.

## **ASTHMA**

Asthma awareness for school staff

What to do in an asthma attack

- Keep calm.
- Encourage the child or young person to sit up and slightly forward. In the junior school contact the office immediately for the child's inhaler. In the infant school the inhaler will be kept in the classroom.

\*If a child has particularly severe attacks or they are regular the junior school staff will arrange to have an inhaler in the classroom.

- Make sure the child or young person takes two puffs of reliever inhaler (usually blue)

immediately – preferably through a spacer.

- Ensure tight clothing is loosened.
- Reassure the child.
- Organise a first aider to come to the student. Ring the office if a first aider is not in the vicinity at the time of the attack.

### **If there is no immediate improvement**

- Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

### **Call 999 or a doctor urgently if:**

- The child or young person's symptoms do not improve in 5–10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue.
- You are in doubt.

Adhere to the child's individual care plan until the ambulance or doctor arrives. It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.

Common signs of an asthma attack are:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Sometimes younger children express feeling
- Tight in the chest as a tummy ache.

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school.
- When the pupil feels better, they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.

### Important things to remember in an asthma attack

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
- In an emergency school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send another pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.

## **EPILEPSY**

Epilepsy awareness for school staff

### **COMPLEX PARTIAL SEIZURES - Common symptoms**

- The person is not aware of their surroundings or of what they are doing
- Plucking at their clothes
- Smacking their lips
- Swallowing repeatedly
- Wandering around

**Ask for a first aider to come to the student or ring the office for a first aider  
Call 999 for an ambulance if...**

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- The person is injured during the seizure
- You believe the person needs urgent medical attention

### **Do...**

- Guide the person from danger
- Stay with the person until recovery is complete
- Be calmly reassuring

### **Do not...**

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round
- Explain anything that they may have missed

### **TONIC CLONIC SEIZURES - Common symptoms:**

- The person goes stiff,
- Loss of consciousness
- Falls to the floor

**Do...**

- Protect the person from injury (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card/identity jewellery
- Aid breathing by gently placing the person in the recovery position when the seizure has finished
- Stay with them until recovery is complete
- Be calmly reassuring

**Do not...**

- Restrain the person's movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

**Call 999 for an ambulance if...**

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- One seizure follows another without the person regaining consciousness between seizures
- The person is injured
- You believe the person needs urgent medical treatment

**DIABETES**

Diabetes awareness and treatment for staff

What is it?

Abnormal fluctuations in blood sugar can lead to someone with diabetes becoming unwell

and, if untreated, losing consciousness.

There are two conditions associated with diabetes - hyperglycaemia (high blood sugar)

and hypoglycaemia (low blood sugar).

Hypoglycaemia is the more common emergency which affects brain function and can lead to unconsciousness if untreated.

Signs and symptoms:

Hypoglycaemia:

- Hunger
- Feeling 'weak' and confused
- Sweating
- Dry, pale skin
- Shallow breathing

Hyperglycaemia:

- Thirst
- Vomiting
- Fruity/sweet breath
- Rapid, weak pulse
- Fatigue
- Lack of concentration
- Shortness of breath

### **First aid aims**

Hypoglycaemia:

- Raise blood sugar level - follow medical plan
- Get casualty to hospital, if necessary

Hyperglycaemia:

- Get casualty to hospital as soon as possible

### **Treatment**

Hypoglycaemia:

- Sit casualty down
- If conscious, give them a sugary drink, chocolate, or other sugary food
- If there is an improvement, offer more to eat or drink. Help the casualty to find their glucose testing kit to check their level. Advise them to rest and see their doctor as soon as possible.
- If consciousness is impaired, do not give them anything to eat or drink. Dial 999 for an ambulance

Hyperglycaemia:

Call 999 immediately

Further actions

If the casualty loses consciousness

- Open airway and check breathing

- Place them in recovery position
- Prepare to give resuscitation