

# St Mary's Church of England Primary School



*Learn. Grow. Achieve. Flourish.*

## Medical Conditions Policy

POLICY: Medical Conditions Policy  
APPROVED BY: Headteacher  
APPROVED DATE: 22 March 2023  
REVIEW DATE: March 2024  
This policy is reviewed annually as recommended  
by Gov UK

### **Our School Vision**

St Mary's school vision is to embrace a Christian like way of living, learning and teaching.

**As a Church of England primary school, we value and are ambitious for all children and are committed to providing a positive, happy, safe and stimulating environment for them to enjoy and excel in their learning; grow in confidence, resilience and independence; achieve their full potential and flourish as individuals.**

## **Introduction & Definition**

At St Mary's our belief is that every child deserves to succeed regardless of his or her ability. Most pupils will, at some time have a medical condition that may affect their participation in school activities, for many this will only be short term.

Other pupils may have medical conditions, which if not properly managed, could limit their access to education. These children are regarded as having medical conditions. Most pupils with medical conditions are able to attend school regularly and with some support from the school, take part in most normal school activities.

School staff may need to exercise extra care in supervising some activities, to ensure that these pupils with medical conditions and others are not put at risk.

## **Equal Opportunities Statement**

This policy applies to all and does not unlawfully discriminate because of the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race (including colour, nationality, and ethnic or national origin), religion or belief, sex (gender) and sexual orientation.

## **Individual Healthcare Plan (IHCP)**

An INDIVIDUAL HEALTH CARE PLAN can help schools to identify the necessary safety measures required to support pupils with medical conditions if and when required. This includes an Asthma action plan and an anaphylaxis action plan. A medical conditions school health care plan is available in the appendices. This should be completed by the school and parent and shared with the class teacher and/or support staff (if assigned one). They are also required on offsite activities with any medication.

## **Sporting Activities**

- Most pupils with medical conditions can participate in extra-curricular sport or in the PE curriculum, which is sufficiently flexible for all pupils 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
- Some pupils may need to take precautionary measures before or during exercise and-or may need immediate access to their medication, special care and support if necessary
- Staff and visitors supervising sporting activities should always be aware of any medical needs and relevant emergency procedures

## **School Trips**

- All pupils are encouraged to participate in school trips where ever safety permits
- Staff supervising excursions and overnight trips should always be aware of any (additional) medical needs and relevant emergency procedures
- Pupils with medical conditions should where possible, wear a wrist band highlighting their condition

- The IHCP and medication with instructions should accompany the individuals
- On occasion it may be advisable/appropriate for an additional supervisor or parent to accompany a particular pupil Governing Board
- Has general responsibility for all school policies
- Follows the Health and Safety policies and procedures produced by the Local Authority

### **Parents**

- It is the parent's responsibility to make sure that their child is well enough to attend school. If the child is unwell, the parents should keep the child at home and inform the school
- Parents should provide sufficient information about their child's medical condition, treatment and/or special care needed at school and let the school know of any changes to the prescription or the support needed.
- Parental agreement should be sought before any information about the pupil's health is shared with school staff
- Ensure that medication is clearly labelled – on medication itself this should include: name of child, name of medication, dose and frequency
- It is the responsibility of the parent/guardian to ensure that their child's medication is in date

### **The School**

- The school's designated person is the medical officer who works closely with the SENCO
- The designated person is responsible for ensuring that willing staff have appropriate training to support pupils with medical conditions which is updated annually, (The NHS delivers specific training in areas such as auto injector procedures, asthma, diabetes, epilepsy and cystic fibrosis or can liaise with other health care professionals for provision of other specific or appropriate training for school staff)
- All staff are expected to use their best endeavours at all times, particularly in emergencies
- The school must make sure that correct procedures are followed, keeping accurate records for each child and each incident and liaise with parents accordingly
- The Headteacher is responsible for the day to day decisions about administering medication to children who have medical needs
- The Headteacher should make sure that staff follows the school's medical procedures and guidance, from the education authority. The school should be fully covered by their employer's public liability insurance should a parent make a complaint School Staff (Teaching and Non-teaching)
- Teachers who have pupils with a medical condition in their class should understand the nature of the condition and when and where the pupil may need extra attention
- Staff should be aware of the likelihood of an emergency arising and what action to take if one occurs

- Back-up cover should be arranged for when the member of staff responsible is absent or unavailable
- At different times of the day other staff may be responsible for pupils (i.e. Lunchtime controllers). It is important that they are provided with training and advice
- If staff notice a deterioration in a pupil's health rapidly or over time (or changes to regular routine), they should inform the office staff, who will in turn inform the parents and the Headteacher

### **Administering Medication**

There is no legal duty which requires school staff to administer medication; this is a voluntary role which supports pupil welfare and wellbeing while at school. The school recognises that pupils with medical conditions require a quiet place for treatment and if appropriate, recovery. The school has a medical room which holds medication, first aid resources, emergency kits, a computerised system with personal details of pupils with medical conditions and staff who are specifically trained to support those pupils.

At St Mary's school non-prescribed medicines, e.g. pain relief are never administered without first checking maximum dosages and when the previous dose was taken. The prior consent of parents is required if possible and they will, in any case, be informed. Aspirin is never given unless prescribed by a doctor.

Staff will only administer prescribed medication. Any member of staff who agrees to accept responsibility for administering prescribed medication to a pupil should have proper training and guidance and should check the following:

- The pupil's name
- Written instructions provided by parents or doctor
- Prescribed dose and frequency
- Expiry date
- He or she should be aware of possible side effects of the medication and what to do if they occur
- School staff should not give any non-prescribed medication to pupils i.e. aspirins, paracetamol, cough sweets. A child under 12 should never be given aspirin, unless prescribed by a doctor
- No pupil should be given medication without his/her parents' written consent
- It is good practice to have the dosage and administration witnessed by a second adult
- It is good practice to allow pupils who can be trusted to manage their own medication from a relatively early age (parents should state this on the individual health care plan). If doing so, staff should supervise them at all times
- If a pupil refuses to take medication, staff should not force them to do so. The school should inform the parent as a matter of urgency, and if necessary call the emergency services
- Some medicine needs to be refrigerated. All refrigerator medication must be stored in the medical room refrigerator only
- Medicines will be stored safely but accessible to those it is prescribed for

- Parents should collect medicines held at school and are responsible for the disposal of date expired medication

**Hygiene/Infection Control**

- All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures
- Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids
- Disposing of dressings or equipment should be in the yellow bin

**Emergency Procedures**

- All staff should know how to call the emergency services
- All staff should know who is responsible for carrying out emergency procedures in the event of need. This includes the use of the school defibrillator (located in the medical room)
- A pupil taken to hospital by ambulance should be accompanied by two members of staff who should remain until the pupil’s parents arrive
- Staff should only take pupils to hospital in their own cars if an ambulance cannot be summoned. However, in an emergency it may be the best course of action. That member of staff should be accompanied by another adult and have public liability vehicle insurance i.e., for business use . A copy of the individual healthcare plan should accompany the child to A&E

This policy was adopted by St Mary’s CE Primary School and agreed by the Curriculum Committee and ratified by the Full Governing Board.

APPENDIX 1: Asthma Action Plan – Parent complete

APPENDIX 2: Allergy Action Plan – Parent complete

APPENDIX 3: Parent Agreement to administer Medicine at school

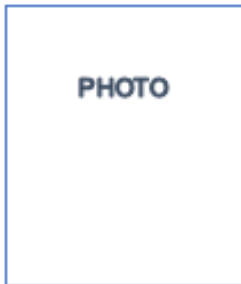
Approved by.....on behalf of the School Governing Board.

Signature:..... Date:.....



# ASTHMA ACTION PLAN

**CHILD'S NAME:** \_\_\_\_\_ **SCHOOL** \_\_\_\_\_  
**LOCATION OF INHALER.....** \_\_\_\_\_ **TYPE OF INHALER.....** \_\_\_\_\_



**NHS NUMBER .....** **DATE OF BIRTH .....**

**For exercise-induced asthma**

Take \_\_\_\_ puffs of the reliever (usually blue) via spacer 10-15 minutes before physical exercise

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**In the event of any of the below:**

<input type="checkbox"/> WHEEZE	<input type="checkbox"/> TIGHT or SORE CHEST
<input type="checkbox"/> COUGH	<input type="checkbox"/> SHORTNESS OF BREATH

- Administer reliever medication (usually blue) via Spacer
- Give 2 puffs of reliever every 2 minutes (maximum 10 puffs)
- If reliever is needed more than 4-hourly, medical advice/attention should be sought and parents contacted.

**EMERGENCY CONTACTS**

1. Name.....  
 Number.....

2. Name.....  
 Number.....

**CHILD'S TRIGGERS**

.....  
 .....

**PARENTAL CONSENTS (tick boxes)**

I consent to the administration of the prescribed inhaler by members of staff and will notify school if there are any changes to my child's medication and personal details. I will provide my child's inhaler and spacer in school and will ensure that they are in date.

I consent to school staff administering the emergency school inhaler should my child's personal inhaler be unavailable

I consent for this plan to be on display in school and I will notify the school of any changes for review

*Signature of Parent/Carer*.....

*Date:* .....

**IF NO IMPROVEMENT**

**SIGNS OF AN ACUTE ASTHMA ATTACK**

**If the child's reliever inhaler (usually blue) + spacer are not helping, and/or the child presents with any of the following:**

- They can't talk or walk easily
- They are breathing hard and fast
- Their lips turn blue
- They are coughing or wheezing incessantly

**During this time the child should:**

- Sit up – DO NOT LIE DOWN
- Be encouraged to stay calm
- Be accompanied by a member of staff
- Give 2 puffs of reliever every 2 minutes (maximum 10 puffs)

**IF NO IMPROVEMENT AFTER 10 PUFFS**


**CALL 999 IMMEDIATELY**

- ❖ CONTINUE TO ADMINISTER THE INHALER IN CYCLES OF 10 PUFFS, AS ADVISED ABOVE, EVERY 10 MINUTES UNTIL THE AMBULANCE ARRIVES
- ❖ CONTACT PARENT/CARER AND ACCOMPANY CHILD IN THE AMBULANCE UNTIL PARENT/CARER ARRIVES



## Allergy Action Plan

**CHILD'S NAME:** \_\_\_\_\_  
**EARLY YEARS SETTING (EYS) / SCHOOL:** \_\_\_\_\_  
**HAS THE FOLLOWING ALLERGIES:** \_\_\_\_\_

**Child's date of birth:** \_\_\_\_\_  
**NHS Number (If known):**  
 \_ \_ \_ / \_ \_ \_ / \_ \_ \_ \_  
  
**Emergency contact number**  
 \_\_\_\_\_  
**Alternative emergency number  
 If parent / guardian unavailable**  
 \_\_\_\_\_

**EMERGENCY TREATMENT**  
 Name of adrenaline auto injector \_\_\_\_\_  
 How many adrenaline auto injector been prescribed for use in school? \_\_\_\_\_  
 Name of antihistamine (medicine for allergies). \_\_\_\_\_ Refer to label for dosage instructions  
 Name of inhaler (if prescribed) \_\_\_\_\_

Mild-moderate allergic reaction:

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

Action:

- Stay with the child, call for help if necessary
- Give antihistamine
- If wheezy, give Salbutamol (blue inhaler) if prescribed; up to a maximum of 10 puffs may be given per reaction.



**Watch for signs of ANAPHYLAXIS**  
**(Life-threatening allergic reaction):**

**Airway:** Persistent cough, hoarse voice, difficulty in 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 of these signs is present:**

1. Lie child flat. If breathing is difficult allow to sit.
2. Give adrenaline auto injector.
3. Dial 999 for an ambulance\* and say ANAPHYLAXIS (ANA-FIL-AX-IS)  
**If in doubt give adrenaline auto injector.**

**After giving adrenaline auto injector**

- 1 Stay with child; contact parent / carer
2. If no improvement after 5 minutes, give a further adrenaline auto injector (if available for that child).
3. If there are no signs of life, commence CPR

\*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**  
 if feeling faint, lie the child down with legs raised.  
 If unconscious place child in the recovery position

**Allergy action plan will be reviewed on notification of any changes**

**CONSENT**  
 I consent to the administration of prescribed emergency treatment by members of staff in schools and Early Years settings (EYS). I will notify school / EYS staff and the school nursing service if there are any changes to my child's medication and personal details as above. I will ensure that the above medication is kept in date and replaced if used. I consent for my child's action plan and photo to be displayed within EYS / school

Your name (Print)  
 \_\_\_\_\_

Your signature  
 \_\_\_\_\_

Please circle Parent /Guardian

Date \_\_\_\_\_





## St Mary's Church of England Primary School

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### Parental agreement to administer medicine at school

NAME OF CHILD	
DATE OF BIRTH	
CLASS	
MEDICAL CONDITION	
NAME OF MEDICINE	
DOSE	
TIME TO BE GIVEN	
SELF ADMINISTER Y/N	
PARENT NAME	
PARENT NUMBER	
PARENT SIGNATURE	
MEDICINE GIVEN TO	

DATE GIVEN			
TIME GIVEN			
DOSE GIVEN			
STAFF NAME			
STAFF SIGNATURE			

DATE GIVEN			
TIME GIVEN			
DOSE GIVEN			
STAFF NAME			
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