

KEMBLE PRIMARY & SIDDINGTON C of E PRIMARY SCHOOLS



Medical Conditions in School Policy

If my child is poorly...

1. Please phone the school as soon as possible and say what is wrong in case it is something the school needs to plan for eg tummy bug, chicken pox etc
2. If your child has a cold, sore throat or cough it is quite ok to send them to school as long as they feel ok and do not have a temperature.
3. If your child has a temperature they are really not well enough to be at school, Calpol and other medicines can make children feel drowsy and they should be resting. Return to school after 24 hours.
4. If your child has either sickness or diarrhoea, or both we are advised that children need to be off school for 48 hours to ensure that the bug has gone. Encourage 2 minute handwashing with soap after toileting and before food (good to do daily!)
5. Look at the following table with guidance about common childhood diseases and what action to take:
- 6.

Disease	Can go to school?
Chicken Pox	Yes when all spots have crusted over.
Cold sores	Yes
German measles (rubella)	Four days from onset of rash
Impetigo	Until lesions are crusted and healed or 48 hrs from start of antibiotic treatment
Measles	4 days from onset of rash
Scarlet Fever	24 hrs after starting antibiotic treatment
Slapped cheek	Yes (once rash has developed)
Conjunctivitis	Yes
Head Lice	Yes

Medical Conditions in School

At Kemble & Siddington Primary Schools we are an inclusive community that aims to support and welcome pupils with medical conditions.

We aim to provide all pupils with all medical conditions the same opportunities as others at school.

We will help to ensure they can through the following:

- ✓ Ensure all staff understand their duty of care to children and young people
- ✓ All staff feel confident in knowing what to do in an emergency
- ✓ This school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- ✓ The school understands the importance of medication being taken as prescribed.
- ✓ All staff understand the common medical conditions that affect children at this school. This school allows adequate time for staff to receive training on the impact medical conditions can have on pupils.
- ✓ Staff receive additional training about any children they may be working with who have complex health needs supported by an Individual Healthcare Plan (IHP).

It is also important to us that:

- ✓ Pupils with medical conditions learn to take control of their condition.
- ✓ Parents/carers of pupils with medical conditions are aware of the care their children receive at this school.
- ✓ The School Nursing Service can provide the updates if the School requests.
- ✓ The medical conditions policy is understood and followed by the whole school and local health community.

Communication:

Pupils are informed and reminded about the medical conditions policy:

- ✓ through the school's pupil representative body
- ✓ in personal, social and health education (PSHE) classes

Parent/ carers are informed about the medical conditions policy:

- ✓ by including a policy statement in the schools' prospectus and signposting access to the policy
- ✓ at the start of the school year when communication is sent out about Individual Health Plans
- ✓ in the School Newsletter at intervals in the year
- ✓ when their child is enrolled as a new pupil
- ✓ via the school's website (policies section)

School staff are informed and regularly reminded about the school's medical conditions policy:

- ✓ through the staff handbook and staff meetings
- ✓ through scheduled medical conditions updates
- ✓ through the key principles of the policy being displayed in several prominent staff areas at this school
- ✓ all teachers, supply and temporary staff are informed of children with Individual Health Plans and how to respond in emergencies

Staff & Procedures:

- ✓ Relevant staff are aware of the most common serious medical conditions at this school.
- ✓ Staff understand their duty of care to pupils both during, and at either side of the school day in the event of an emergency.
- ✓ Duty of care to act like any reasonably prudent parent/carer. This may include administering medication.
- ✓ Staff receive updates at least once a year for asthma and other medical needs and know how to act in an emergency. Additional training is prioritized for key staff members who work with children who have specific medical conditions supported by an Individual Healthcare Plan.
- ✓ The action required for staff to take in an emergency for the common serious conditions at this school are displayed in prominent locations for all staff including classrooms, kitchens in the school staff room, and electronically.
- ✓ Individual Healthcare Plans are used to inform the appropriate staff (including supply teachers and support staff) of pupils with complex health needs in their care who may need emergency help.
- ✓ If a pupil requires hospital care or admission, the pupil's Individual Health Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent or the information on it is communicated to the hospital as soon as possible.
- ✓ If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. This school will try to ensure that the staff member will be one the pupil knows. The staff member concerned should inform a member of the schools senior management.

Administration of medication at school:

Administration - emergency medication

- ✓ The school will seek to ensure that pupils with medical conditions have **easy access to their emergency medication**.
- ✓ We will ensure that all pupils understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their emergency medication safely.

Administration - general

- ✓ This school understands the importance of medication being taken as prescribed.
- ✓ All use of medication is done under the appropriate supervision of a member of staff at this school unless there is an agreed plan for self-medication. Staff should be aware if pupils are using their medication in an abnormal way and should discuss this with the child.
- ✓ 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 or unless the situation is an emergency and falls under their regular duty of care arrangements.
- ✓ Many other members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer medication to pupils under the age of 16, but only with the written consent of the pupil's parent.
- ✓ We will ensure that specific training and updates will be given to all staff members who agree to administer medication to pupils if necessary.
- ✓ All staff in this school have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as assisting in administering medication or calling an ambulance.
- ✓ In some circumstances, medication is only administered by an adult of the same gender as the pupil, and preferably witnessed by a second adult. This will be agreed in the Individual Health Plan.

- ✓ Parents/carers at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately. Parents/carers should provide the school with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital.
- ✓ If a pupil at this school refuses their medication, staff will record this and follow the defined procedures. Parents/carers will be informed of this non-compliance as soon as possible.
- ✓ All staff attending off-site visits are aware of any pupils on the visit who have medical conditions. They will 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.
- ✓ If a trained member of staff, who is usually responsible for administering medication, is not available this school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.
- ✓ If a pupil misuses medication, either their own or another pupil's, their parents/carers are informed as soon as possible. The school will seek medical advice by ringing A+E if this situation arises. In such circumstances, pupils will be subject to the school's usual disciplinary procedures.

Storage of medicines and equipment:

Safe storage - emergency medication

- ✓ Emergency medication is readily available to pupils who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.
- ✓ If the pupil concerned is involved in extended school services then specific arrangements and risk assessments should be agreed with the parent and appropriate staff involved.

Safe storage - non-emergency medication

- ✓ All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place. Pupils with medical conditions know where their medication is stored and how to access it.
- ✓ Staff ensure that medication is accessible only to those for whom it is prescribed

Safe storage - general

- ✓ The school administrator is the designated person who ensures the correct storage of medication at school.
- ✓ The identified member of staff checks the expiry dates for all medication stored at school each term (i.e. three times a year).
- ✓ The identified member of staff, along with the parents/carers of pupils with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labelled with the pupil's name, the name of the medication, route of administration, dose and frequency, an expiry date of the medication.
- ✓ All medication is supplied and stored in its original containers. All medication is labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- ✓ Medication is stored in accordance with the manufacturer's instructions, paying particular note to temperature.
- ✓ Some medication for pupils may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are inaccessible to unsupervised pupils.
- ✓ All medication (including blue inhalers) is sent home with pupils at the end of the school term.

- ✓ It is the parent/carer's responsibility to ensure new and in date medication comes into school with the appropriate instructions and ensures that the school receives this.

Safe disposal

- ✓ Parents/carers at this school are asked to collect out-of-date medication.
- ✓ If parents/carers do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.
- ✓ Sharps boxes are used for the disposal of needles. Parents/carers obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in this school are stored in an area not permissible by pupils.
- ✓ If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy, to school or to the pupil's parent.
- ✓ Collection and disposal of sharps boxes is arranged with the parents.

Record keeping for pupils with medical conditions

Enrolment forms

Parents/carers at this school are asked if their child has any medical conditions when they start school. If a pupil has a short-term medical condition that requires medication during school hours (e.g. antibiotics to cover a chest infection), a medication form is given to the pupil's parents/carers to complete.

Individual Healthcare Plans

Our school uses an Individual Healthcare Plan for children with complex health needs to record important details about the individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments.

Examples of complex health needs which may generate an Individual Healthcare Plan following discussion with the school nurse and the school:

The child has

- diabetes
- gastrostomy feeds
- a tracheostomy
- anaphylaxis
- a central line or other long term venous access
- severe asthma that has required a hospital admission within the last 12 months
- epilepsy with rescue medication

An Individual Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents/carers of pupils with a complex health need. This is sent:

- ✓ at the start of the school year
- ✓ at enrolment
- ✓ when a diagnosis is first communicated to the school
- ✓ transition discussions
- ✓ new diagnosis

It is the parent's responsibility to fill in the Individual Healthcare Plan and return the completed form to the school nurse. If the school nurse does not receive an Individual Healthcare Plan, all school staff should follow standard first aid measures in an emergency. The school will contact the parent/carer if health information has not been returned. If an Individual Healthcare Plan has not been completed, the

school nurse will contact the parents and may convene a TAC (Team Around the Child) meeting or consider safeguarding children procedures if necessary.

The finalised plan will be given to parents/carers, school and school nurse.

This school ensures that a relevant member of school staff is present, if required, to help draw up an individual health plan for pupils with complex health or educational needs.

Drugs Understanding & Education Policy

The rationale for our school's drug policy is to protect all staff and pupils, to determine how the staff respond and deal with drug incidents, to give a clear indication as to the school's view about drugs and to follow national guidance.

It is our aim to help all our pupils to be able to take their place safely in a world where a wide range of drugs exists. We recognise that some drugs can have beneficial effects, but also that every drug has potential for harm. For this reason, all drugs need appropriate and responsible care and management. In order to be able to make informed choices, staff and pupils need to understand the nature of drugs, their social and legal status, their uses and effects.

A drug is any substance that alters the way in which the body functions.

Drugs are: those that are legal and unrestricted, such as caffeine, those that are legal with age restrictions, such as alcohol and tobacco, over the counter and prescribed drugs including insulin for diabetes, substances that lend themselves to abuse, such as:

- solvents
- cannabis
- ecstasy
- heroin
- crack/cocaine
- LSD

Policy background and review

The policy has been developed with careful reference to national guidelines, LA guidance, relevant research data from key support groups and with involved local consultation. It will be reviewed regularly. The review will take into account the usefulness and effectiveness of the policy using comments and observations from personnel within the school:

- staff
- governors
- parents
- pupils

adapting to changes in the local/national situation

- drug prevalence
- patterns of use
- educational guidelines
- identified best practice
- research information
- information from support groups

- information from health promotion service
- and findings from the evaluation of our drug education through monitoring of knowledge, skills, possible offences and sanctions used.

External Guidance

In all our planning and responses to drug issues we take careful account of LA and national guidance, in particular "Managing and Making Policy for Drug Related Incidents in Schools" (SCODA), and the DFE booklet 'Drug Education Curriculum Guidance and framework'.

Aims of the Policy

- To support the school's endeavour to maintain the safety and well-being of all pupils and staff.
- To support all the members of the school community by providing clear guidance and procedures on drug related issues.
- To link drug education to the other policies implemented in school.
- To bring clarity and consistency to the way all staff approach the subject of drugs.
- To provide effective management of any drugs on the school premises.
- To give appropriate attention to all drugs: legal drugs, medicines, solvents, socially disapproved and illegal drugs.
- To set down the basis for a planned drug education programme in accordance with LEA and national guidance.

Role of the School Drug Co-ordinator

The schools have a member of staff designated as Drug Co-ordinator. Currently this is Mrs Anne Newton, PSHCE subject leader, who will act as a focus point for drug issues for the School.

The headteacher will assess quality and availability of in-service drug training and resource materials and keep colleagues up-to-date with developments in the field and act as a hub for the School's management of drug related situations and incidents at School.

They are responsible for ensuring that the drugs policy complements the schools Drug Education Curriculum.

Role of the School Governor

The school always tries to have a Governor with responsibility for drug issues. Currently this is Mrs Anne Ferries (link with SEND).

Curriculum

Key areas of drug education have been mapped into the curriculum. This provides a clear drug education curriculum for our school. It is contained within the PSHCE Scheme of Work which if stopped will be covered

in the Science curriculum. We also have an annual visit from the Life Education caravan which teaches children from 5 - 11 about drugs education.

Drug Education Principles

We aim to bring about understanding about all the drugs with which our pupils may expect to come into contact. We aim to build their self-esteem, their skills and their belief in the significance of their own role in preserving their health and welfare. We also aim to build their confidence in using their knowledge and skills to make informed decisions.

Drug education is a planned and integral element of the PSHCE curriculum. Staff who deliver the programme are offered training and support in awareness of drugs, and the techniques of drug education. Teaching resources are chosen for their appropriate content and their quality. We recognise that all pupils need accurate, up-to-date, credible drug information to enable them:

- to understand what drugs are, their uses and their effects
- to be able to discriminate between categories of drugs and identify both the *differences* and the *similarities* between them.

We recognise that all pupils need:

- to acquire and practise appropriate skills
- to consider and explore the attitudes and values they hold as well as those held by others
- to consider the social, health and legal issues raised by drug use
- the confidence and knowledge of support available to be able to cope with situations where drugs are on offer
- to believe they are unique, valuable and irreplaceable
- to believe in their own mortality
- to develop sufficient knowledge, understanding and skills to be able to preserve their own safety
- to know the boundaries set by parents/carers, school and the law
- to know where and how they can get help.

Also in the school:

We ensure the children know the school rule that all medicines need to be managed at school by adults, and can only be brought to school by an adult. As the children progress through the school, they are made aware of the relevant laws and controls that society places on the supply and use of drugs.

We try to assess the needs of the pupils by working on activities that demonstrate experiences, concerns and questions. We use information from such enquiries to help us determine starting points and to prioritise the content of drug education.

Every class in the school generates its own ground rules to support feelings of safety and security and to promote open expression of views and feelings. These include the right to decline to speak and the right to be listened to, and are reviewed for the effectiveness within the class as required.

We deal with the subject of drugs through a planned programme and also in response to opportunities as they arise in the classroom. We revisit issues as the pupils' awareness, readiness and experience grow with time, to build on previous learning.

The content of drug education is based on guidance in the DFE booklet *Drug Education Curriculum Guidance for Schools* published in May 1995. We adapt according to perceived need.

We try to balance a range of parent friendly teaching strategies and written work with active learning methods to ensure pupil participation in all PSHCE. Active learning techniques include drama, discussion and small group work.

Our pupils are helped to understand clearly that particular decisions about behaviour may lead inevitably to certain consequences. A range of situations, and the pupils' own experiences, are used to illustrate this. This links with the PSHCE policy.

Teachers ensure that the ideas of 'risk', 'danger', and 'harm' are explored progressively through the School so that pupils understand the difference between taking risks and courting danger. This is taught in the clear context of the emphasis we place upon pupil safety and personal responsibility.

Our drug education programme encourages the development of skills and the exploration of attitudes and values as well as ensuring that the drug information provided is accurate and relevant. We are supported in this work by a variety of groups such as The Life Education Caravan.

We aim to monitor and record the drug education work done in each class, and the progress the pupils demonstrate in terms of their knowledge, skills and changing attitudes. This will help us review progress and evaluate the effectiveness of our work.

Use of Outside Speakers and Visitors

We are supported in our drug education work by the School Nurse, the Health Promotion Unit and Education Life Caravan. The class teacher is always present when visitors are working with our pupils.

First Aid/Medical Procedures

First Aid and medical procedures are updated annually and displayed in all key areas of the school. These lay out who is medically trained and how to deal with basic first aid.

All Teachers & TA's have first aid training which is updated every 3 years. Two members of staff have paediatric First Aid Training in each school.

The First Aid provision will be reviewed annually.

Specific procedures and guidance

Each school office has guidance documents for a range of medical conditions including advice for example, head lice and continence. The following guidelines have more detailed information for parents and staff in the Health File.

Epilepsy

Staff have annual training on epilepsy annually even if there are no children diagnosed at school in case any children suffer their first attack in school. Lots of further details on epilepsy are stored in each office. First Aid for Epilepsy:

Do -

- ✓ guide the person away from danger, or place a cushion under them if possible
- ✓ look for an epilepsy card or ID
- ✓ stay with the person until recovery is complete
- ✓ be calmly reassuring
- ✓ explain anything that they may have missed

Don't -

- restrain the person
- act in a way that could frighten 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 around

Call an ambulance if -

- the seizure continues for more than 5 minutes
- one seizure follows another without the person regaining awareness between seizures
- the person is injured during a seizure
- you believe the person needs urgent medical assistance

Diabetes

Diabetes cannot be cured, but it can be treated effectively. Children with diabetes have treatment consisting of insulin injections or appropriate diet.

The aim is to keep the blood glucose level close to the normal range so that the blood glucose is neither too high (hyperglycaemia) or too low (hypoglycaemia).

Most children with diabetes will need injections of insulin (this may be carried out via a pump system).

Staff receive diabetes training specific to a pupil's needs following the Healthcare Plan. Parents are invited to attend the training so that any specific details may be passed over. Teachers and TAs who will be carrying out injections or monitoring have regular training by the pupil's diabetes nurse. The sharps bin will be kept in the staff area at school away from pupils.

Self-harming

Information about self-harming can be obtained from the school nurse.

ASTHMA

Introduction

This has been written with advice from the Department for Education, National Asthma Campaign, the local authority, the school health service, parents, the governing body and pupils. We work closely with the school nurse. We recognise that asthma is an important condition affecting 10-15% of school children. We positively welcome all pupils with asthma.

This 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 authority) and pupils. Supply teachers are made aware of children with asthma via the TA in class. All staff who come into contact with children with asthma are provided with training on asthma from the school nurse. Training is updated once a year and recorded in our office records.

Medication

Immediate access to reliever inhalers is vital. Children are encouraged to carry their reliever inhaler as soon as the parent, doctor or nurse and class teacher agree they are mature enough. The reliever inhalers of children are kept in the classroom in a designated box. All inhalers must be labelled with the child's name by the parent and parents are responsible for checking the inhaler's expiry date and that it has not run out. School staff are not required to administer medication to children except in an emergency, however all of our staff are able to supervise their use. School staff who agree to do this are insured by the local education authority when acting in accordance with this policy. The headteacher and the school nurse check inhalers and 'use by' dates at the start of each year. **All school staff will let children take their own medication when they need to.**

Record Keeping

At the beginning of each school year, or when a child joins the school, parents are asked if their child has asthma. From this information the school keeps its asthma register which is available for all school staff and updated annually. If medication changes in between times, parents are asked to inform the school. Our school nurse monitors the asthma register and the school updates the 'School Asthma Card' system with parents annually.

PE

Taking part in sports is an essential part of school life and teachers are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in PE. The child's inhaler will be labelled and kept in a box at the site of the lesson. If a child needs to use their inhaler during the lesson they will be encouraged to do so.

Absence and progress

If a child is missing a lot of time from school because of asthma or is tired in class because of disturbed sleep and making poor progress, the class teacher will initially talk to the parents. If appropriate the Head teacher will then talk to the school nurse and arrange additional in-class support.

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, which is clearly displayed in designated inhaler box. Staff have yearly asthma training.

1. Ensure that the reliever inhaler is taken immediately
2. Stay calm and reassure the child
3. Help the child to breathe by ensuring tight clothing is loosened

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

The child's parents must be told of the attack.

During an asthmatic emergency the following procedures are undertaken:

1. Keep calm. Talk to the child to reassure them that you will look after them and help them.
2. Give pupil space to breathe. If possible, clear other children from the area.
3. Allow pupils to find a comfortable position, **do not** insist that they lie down, they will probably feel more comfortable sitting upright.
4. Use reliever inhaler, give two puffs. (One puff to child every five breaths they take.)
5. If child's respiration rate returns to normal, continue to observe him/her closely and inform parents of incident.
6. If you feel that the child is becoming more distressed or situation is becoming more serious, give two more puffs of reliever **and** call an ambulance (999), state clearly "**ASTHMATIC ATTACK**". Stay with child, using the routine of one puff of reliever to every five breaths, continue to administer inhaler, until child's condition improves or further help arrives.
7. Try and keep a note of the time of the attack and the number of 'puffs' of inhaler given prior to the ambulance/parents arriving.

At all times trust your instincts when dealing with an incident of this nature. Do not hesitate to call for help if you are worried about the condition of a child experiencing an asthmatic attack.

NEVER use a paper bag to treat an asthmatic attack.