

**Policy for Meeting Medical and Asthma Needs at  
Stewart Headlam Primary School**



**Stewart Headlam  
Primary School**

Chair of Governors ..... Date.....

**Reviewed & adopted: 18<sup>th</sup> October 2018**

**Next review: October 2019**

The governors and staff at Stewart Headlam Primary School are committed to being as inclusive as possible and to ensure that pupils with medical needs receive proper care and support at school.

### **Staff Role**

#### **Headteacher:**

- Will be responsible for ensuring that the medical policy is fully implemented by all partners
- Staff are aware of the policy and understand their role
- Ensure sufficient staff are trained
- Contact the school nursing services in circumstances where the school nurse is unaware that a child has a medical condition that may require support at school

The head teacher will accept responsibility in principle for staff members administering or supervising prescribed medication / treatment during the school day.

Staff, who have volunteered to assist in the administration of medication/treatment or have these responsibilities as part of their job description, have received appropriate training through the school health service. A current list of volunteers is available in the administration office.

The school will make every effort to ensure that at least one trained member of staff is available in school everyday. In the

event of an emergency leading to no trained staff member being available school has made the following arrangements:

- 1) Either a senior member of staff (who has volunteered to do so) will administer medication.
- 2) And/or a trained first aider (who has volunteered to do so) will administer medication.
- 3) And or/parents/carers will be asked to cover this absence. It is the schools responsibility to inform the parents/carers of the alternative arrangements to be made.

Risk assessments for medication at Stewart Headlam have been completed, to ensure compliance with our Health and Safety and insurance policies. Stewart Headlam Key H&S Manager holds these assessments.

The head teacher may refuse to agree to the administration of medicines if the procedures in this policy are not followed, as this would be in breach of our school/setting and LEA health and safety policies. In the case of any dispute the school's usual complaint procedures should be followed.\_

### **The Assistant Headteacher (AH) and Medical Assistant(MA)**

- Will ensure that all relevant staff are made aware of the child's condition.
- Make cover arrangements in the event of staff absence or staff turnover to ensure someone is always available.
- The Admin manager will brief the supply teachers. The supply teachers will be given an induction pack by the Admin manager.

- The AH and Medical Assistant will monitor the individual healthcare plans with the parents and Health professionals.

### **Senior Leaders and Phase Leaders:**

- Risk assessments for school visits, holidays, and other school activities outside the normal timetable will be monitored by Senior Leaders and Phase Leaders
- Teachers will use the LA Evolve system to record school trips\_

### **Staff:**

- Take into account the needs of pupils with medical conditions; and
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### **Healthcare Professional - School Nurse:**

- The school nursing service is responsible for notifying the school when a child has been identified as having a medical condition that requires support at school and wherever possible before the child starts.
- May support staff in implementing a pupils HCP; and
- May provide advice and liaison relating to specific learning programmes.

**Other healthcare professionals, including GPs and paediatricians:**

- Notify the school nurse when a child has been identified as having a medical condition that requires support at school;
- May provide advice on developing individual HCP's; and
- Specialist local health teams may be able to provide support in schools for children with particular conditions e.g. asthma, diabetes or epilepsy.

The named first aiders at Stewart Headlam Primary School are:

**Health and Safety Officer**

Catherine Gillespie

**Paediatric First Aiders**

Rhahana Begum (9/6/2020)

Angie Craig (27/4/2019)

**First Aiders**

Kerry Malone (20/10/2018)

Christina Hornsby (9/02/2019)

Sultana Toropdar (9/02/2019)

Shemina Begum (18/11/2020)

Halima Begum (19/01/2020)

HSE EMERGENCY FIRST AID AT WORK (12/4/2018)

Gillian Doe	Kerry	Jean	Nasima
Thania	Afia Khatun	Shahina	Helen
Martin	Joanne	Menhaz	Clare Grima
Cathy	Cyndy	Bob	Ellen
Shazna	Ruksana	Kulsoom	Asma
Clare B	Shikonder	Neelma	Richard
Firuza	Afia Begum	Konika	Heana
Afia Khanom	Mili	Moin	Nilufar
Nadeem	Sharon	Imrana	Frank
Marzana	Nahida	Carol	Motieur

Relevant staff will have training on how to use Epi pens, inhalers and training on epilepsy (Central Training).

#### **Agreeing to medication requests**

**Medication will only be accepted in school with written instruction from the GP or parent/carer; this must be signed by the parent/carer.** Where the medication required is complex there should be an **individual health care plan**. In the case of long term medication the signature must be renewed at least annually. These documents will be stored with the young person's records. (Inclusion File and in the Administration Office Cabinet)

Medication will only be accepted in school if it is not possible for it to be correctly administered outside the school day. Parents/carers are expected to ask their GP whether this would

be possible, before requesting that the school administers the medication.

### **Register of medicines/medical needs**

The school retains a register of pupils receiving medication or with specific medical needs. Parent/carers are able to see the entry for their own child.

A summary of the medical register is held in each of the Inclusion folders. The Inclusion files are kept in the classrooms in the teacher's cupboard.

Plus a list with children's names will be put up on the wall near the class teacher's chair stating where more detailed information is kept. The care plans with a photo of the child will also be put on the wall near the teacher's chair. This information is put in an envelope for confidentiality. Any confidential information will not be displayed e.g. if the child has HIV or Hepatitis.

The medical register will also be displayed in the Staffroom and in the Medical room. A list of children with food allergies will be given to the cook and displayed and young children will wear a badge at dinner times.

Class Medical Files will be kept in the Administration office. This will contain the medical register and the signed letters from parents.

The school nurse will check the register termly.

There will also be a medical register for staff with medical needs.

### **Parents/carers' responsibilities**

Medication will only be accepted in school if it is in a container that clearly demonstrates it has been prescribed by a doctor. This container **should only be given Jean/Kerry in the administration office**. The provision of a suitable container is a parental responsibility.

Protective clothing is stored in the House. First aid equipment, gloves, nappy wipes and vomit powder (Sanitaire) are in the medical room. Mops and buckets are on each floor. This is checked by Kerry Malone (first aider). A Fridge, accident record book and major injury forms are also in the medical room.

Parents must ensure medication is labelled with the following information:

- Pupil name and class
- Name of medication
- Dosage
- Frequency of dosage
- Date of dispensing
- Storage requirements
- Date of expiry

**Any protective clothing or specialist equipment required**

It is the responsibility of the parent/carer to notify the school of changes in medication or dosage. This should be done in writing and must be handed to the school office.

Parents/carers of children requesting that Stewart Headlam Primary School administers/supervises medication for their child will be given a copy of this policy. Parents/careers are expected

to comply with the policy. If the guidance is not followed the school will not be able to administer/supervise medicines safely.

**It is vital parents/carers with children with allergies** inform the school immediately. Parents/carers should ask their child's GP for a blood test to determine what the child is allergic to. This will ensure accurate information is on the child's Allergy Badge.

**Procedure to be followed when notification is received that a pupil has medical condition**

- For new admission in EYFS the phase Leader will inform the AH. For KS1 and KS2 the admin will inform the AH
- A meeting will be set with the parents and information will be recorded plus medical letters will be photocopied
- A referral will be made to the School Nurse for a Health Care Plan
- A starting date will be arranged for the child so staff can be trained and Healthcare professionals can be contacted
- Information will be given to the Class teacher and TA
- The child's name and photo will be recorded on the Class Medical Register by the Medical Assistant - the information and paperwork will be placed in the class medical folder which is in the office. It will also be given to class teachers to put in the class Inclusion folder and in the envelope on the class wall.
- The HCP will be displayed in the staffroom and medical room
- If the pupil's needs change, parents will inform the school. The AH or Medical Assistant will meet with the parents to update the information and make changes to the HCP

### **Individual Health Care Plan's**

AH, Medical Assistant and Nurse will review the individual HCP's annually or earlier if evidence is presented that the pupils needs have changed.

Individual HCP's are essential where the medical condition fluctuates or there is a high risk that emergency intervention may be needed.

A HCP may not be necessary for a pupil with a medical condition; the schools healthcare professional and parent/carer would agree when the production of a plan is inappropriate.

### **HCP's will have key information and actions;**

- Level of detail (as with all risk assessments) will depend on the complexity of the pupil's medical condition and degree of support needed;
- Easily accessible to all relevant persons, whilst preserving confidentiality;
- Where a child has special education needs (SEN) and not a Statement or EHC plan, this will be recorded in their HCP.
- The individual HCP may be initiated in consultation with the parent/carer, by the AH or Medical Assistant
- AH will contact the healthcare professional

- The HCP will be produced in partnership with the parent/carer, healthcare professional and the pupil where ever appropriate.
- Headteacher will ensure it is finalised and implemented

**Information contained in a HCP, will include:**

- Medical condition(s), triggers, signs, symptoms and treatment;
- Pupil's medication e.g. dose, side effects, storage, other treatments, time, facilities, equipment, testing and access to food or drink to manage their condition, dietary requirements or environmental conditions;
- Level of support needed including in emergencies; where a pupil is self-managing their medical condition this should be recorded in the HCP and procedure for monitoring;
- Named person(s) who will provide support, their training needs, expectations of their role and confirmation of proficiency from a healthcare professional and the cover arrangements when they are on leave.
- Who in the school needs to be made aware of the pupil's medical condition, such as, First Aiders or support staff.
- Written permission from the parent/carer and the Headteacher for medication to be administered by a member of staff or self-administered by the pupil whilst at school.
- Production of a risk assessment for school trips or other school activities outside of the normal school timetable.

- Action to take in an emergency e.g. who to contact and the contingency arrangements.

### **Storage of medicines in school**

All medicines will be stored appropriately. This will normally be in a fridge in the medical room. **Asthma inhalers, epi pens, glucose tablets and other emergency medicines should accompany children at all times in appropriate containers** (including school trips, swimming, PE sessions and playtimes). Mobile containers for these medications should be provided by the parent/carers/GP. The medicine will be stored in plastic containers with clear label and a photo of the child and kept in the classroom.

Keys to the medical room are held by all first aiders and spare, emergency keys are also available from the Head's office and the Administration office. The key to the medicine cabinet is held in the medical room.

The content of the medicine cabinet will be checked regularly by Kerry Malone.

### **Administration of medicines**

After discussion with parents/carers, pupils will be encouraged to **administer their own medication under adult supervision**. Where it is not appropriate for a pupil to self-manage, relevant staff will help to administer and manage procedures.

**Each administration** of medicines will be **recorded** in the **medicines register**. It should be **signed** by a person administering the medicine (this could be the pupil themselves) and witnessed by a member of staff. **The written records will be kept in the class medical folders which are kept in the office.**

If a child receiving medication becomes ill their parents/carers will be contacted. Parents/carers must ensure emergency numbers are available. If a child is extremely ill staff will dial 999 and then contact parents/carers.

### **Emergency procedures**

In an emergency any member of the senior staff, including the school administration officer should dial 999 immediately. The call must be logged in the medicines register. As soon as the call has been made parents should be contacted. If parents have not arrived a senior member will accompany the child to hospital if necessary.

### **Refusing medication**

If a pupil refuses medication they will not be forced to take it. The school will inform parents as a matter of urgency if this occurs. Failure to take medicine must be recorded.

### **Errors/incidents**

If there is an accident when giving medication, or an extreme adverse reaction, or the agreed procedures are not followed this must be recorded through the school incident procedures. The time of the incident should be recorded.

Parents/carers should be advised as soon as possible. The time that they are informed should be recorded.

All such incidents and the action to be taken to avoid repeat incidents must be reported to the Governing Body, as a confidential item. A log of the incidents and copies of the forms should be kept in the medication register.

If more than 4 incidents occur in a 2 year period the advice of the LEA should be sought.

### **Disappearance of medicines**

In the event of medicines going missing, or being stolen the head teacher will be notified immediately and should contact the LEA for advice. If it is clear that there has been a theft, the police should immediately be informed.

### **Disposal of medicines**

Unwanted, unusual or outdated medicines must be returned to parents/carers, who should sign for their receipt.

In the event that parents/carers cannot be contacted or the child has left the school the medicines will be given to the school nurse who will sign for their receipt and arrange disposal or a member of SLT will take it to the pharmacy.

Parents will be advised to take the un-used medicine to the pharmacy too. Sharp bins will be used to dispose needles.

### **Medication/Medical Needs Register-Stewart Headlam Primary School**

The Stewart Headlam Primary School medication/medical needs register contains 4 elements.

1. A copy of the school medical needs policy and any supporting documents
2. Any signed registration forms from parents/carers for administering medication, each countersigned by the responsible member of staff. These can be completed by a parent/carer or a health official but must be signed by the parent/carer.
3. The record of medication/treatment administered.
4. A record of checks made by school nurse and any incidents reported to governing body.

A summary of those on the medical register is contained in each class register and Inclusion file.

Detailed information will be in the children's records and the medical class files in the administration office.

## **Asthma**

Stewart Headlam primary school recognises that asthma can be a serious condition affecting many school children and positively welcomes all pupils with asthma.

The 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, Tower Hamlets LEA and our pupils. Supply teachers and new staff are also made aware of the policy. Asthma training is held for relevant staff (Central Training).

## **Medication**

**Immediate access to reliever inhalers is vital.** Children with severe Asthma are expected to **carry their reliever inhaler at all times in a bum bag.** For children from Year 1 to Year 6 the

inhalers will be kept in the office. Foundation will keep the inhalers in the classrooms for easy access.

All inhalers must be labelled with the child's name by the parent. Emergency inhalers are kept in the admin office.

**All school staff will let children take their own medication.**

### **Record keeping**

At the beginning of each school year, or when a child joins the school, parents are asked if their child has asthma, and for any details of medication taken. Parents are asked to notify the school if these details change. (The medication registration form should be completed). From this information the school keeps the medical needs register. Class teachers keep the medical register in the Inclusion File, and the information is available for all staff. The medical register of children with medical needs is available in all classes. If the child no longer needs an inhaler the parents must give the school a letter from their GP.

### **The curriculum**

All pupils are expected to take part in all activities, which are adapted to meet individual's needs as appropriate, unless alternative arrangements have been agreed as part of an individual programme.

**PE teachers are aware of which children have asthma** (As Teachers will inform them). Students with asthma are encouraged to participate fully in PE. They are expected to keep their inhaler with them if PE is an off-site activity. Staff members provide a safe place to keep inhalers during activities, where they cannot be carried. Pupils should use inhalers as needed during PE lessons.

The school only uses chemicals in science and art lessons that are not potential triggers for children with asthma and when this is a required part of national curriculum. If children are affected by this and need to leave the environment, the school will make alternative arrangements for them.

### **The school environment**

The school does all that it can to ensure the school environment is favourable to children with asthma. The school does not have pets and has a no-smoking policy. However if there is any animal in a class then the teacher will do a Health and Safety risk assessment. The assessment will be given to the Headteacher and a copy will be kept in the medical file.

### **When a pupil is falling behind in lessons**

- If a pupil is missing a lot of time at school or is always tired, because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about the pupil's needs.
- The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

### **Asthma attacks**

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack. The school follows the following procedure, which is clearly displayed in all classrooms:

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
4. If necessary allow the child to go to the quiet room for recovery with an adult.
5. Allow children who have a nebulizer to access this in accordance with their care plan.

### **After the attack**

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 about the attack. The minor attack must be recorded.**

### **Emergency procedure**

The school's trained first aiders are listed on page two.

#### **If:**

- the reliever has no effect after five minutes
- the child is either distressed or unable to talk
- the child is getting exhausted
- there are doubts at all about the child's condition.

**Staff will follow the schools emergency 999 call procedures, and once this call has been made, will contact the child's parents.**

### **What to do in asthma attack:**

- 1) Make sure the child takes two puffs of their reliever (blue) inhaler, preferably through a spacer.
- 2) Sit the child up and ensure any tight clothing is loosened
- 3) If there are no immediate improvements during an attack, make sure the child continues to take one puff of their

reliever inhaler every minute for five minutes or until symptoms improve.

4) If the child's symptoms do not improve in five minutes-or if you are in doubt-call 999.

5) Contact parents (TA)

This attack will be recorded.

The procedure outlined by Asthma UK in its *School Asthma Pack* is visibly displayed in the staffroom and every classroom.

### **Training**

The nurse will show the children how to use the inhaler once a year.

**It is the teachers' responsibility to check the child has come with their medicine.**

- 1) Check each morning if the child has their medicine/inhaler**
- 2) Check the quantity in the inhaler**
- 3) If the child does not come with their medicine, phone the parents so they can bring their medicine/inhaler immediately to school.**
- 3) Check if there are any medicines in their book bags and inform the AH and Medical Assistant**

The Medical Assistant will train the parents and children once a month to allow them to check the quantity in the inhaler and show them how to use the inhaler.

### **Storage**

Inhalers will be kept in a plastic folder with name, HCP and a red cross for foundation children. These will be kept in the classrooms in a cupboard for easy access.

**Older children with severe Asthma will carry the inhalers in a Bum bag at all times.**

Children with moderate to mild Asthma will have their inhalers kept in the school office which will be clearly labelled in plastic folders. Parents will be advised to buy bags so the inhalers can be taken to trips in them.

### **Transition of information**

At the end of the year teachers will make sure all the up to date information is in the Inclusion folder. This information will then be passed on to the next class teacher. Transition between key stages is very important so the class teacher and the AH for Inclusion will make sure all the relevant information is passed on. Allergy badges will also be passed on to the next teacher.

Inhalers will be sent home at the end of the Summer Term. Parents will be asked to bring the inhalers to school in the new term. Parents will be sent a text message to remind them and a reminder will be placed in the school website. Parents will also be phoned to remind them to bring the inhalers to school.

If a child with medical needs is moving to a new school the AH or Phase Leader will inform the school about the child's needs and the medical information will be passed on to the new school. When a child is received from another school with medical needs the

AH will contact the previous school, ask for paperwork, and set up a meeting.\_

### The Governing Body

- The Governing Body will monitor the Medical policy
- A member of the Governing Body will meet annually with the Assistant Headteacher for Inclusion and the Medical Assistant to ensure that the Policy, plans, procedures and systems are effectively implemented
- The Governor will review the HCP processes and procedures annually

### Appendix 1

#### Example of medicine commonly administered in schools

This is not exclusive, but gives example of the medications most commonly administered in Tower Hamlets Schools.

For some pupils such as those with chronic conditions as epilepsy, atopic eczema, asthma or diabetes, medication will need to be taken in the school day, so as not to affect their long term schooling. The Tower Hamlets Asthma Policy and Guidance gives specific advice on supporting children with asthma.

There are some conditions, where it is essential that staff trained in use of emergency intervention, for example epi-pens and rectal diazepam.

Staff may need training in medical support procedures for children with particular disabilities; examples include catheterization, tube feeding, supporting children with cerebral palsy.

<p><b>Non Prescribed Preparations:</b> Parent/carer supplied: Parent/carers may wish to send their children with medicine such as cough mixtures or pain killers. School staff should not give these medicines. Where parents/carers insist, parent/carers should administer them.</p> <p><b>Prescribed Medicines:</b> It is essential that the recommended dosage and administration directions are followed.</p> <p><b>Antibiotics:</b> It is essential that a child complete the prescribed</p>	<p><b>Enzyme:</b> Enzymes supplements are prescribed for some children with cystic fibrosis. This is to help digest their food.</p> <p><b>Anti-Convulsant:</b> A child on this type of maintenance drug for seizures may need to take this during school hours.</p> <p><b>Glucose/Insulin:</b> Diabetic children may need extra glucose or extra insulin during school hours dependent upon the</p>
--	---

<p>course even if they are well enough to return to school. Where 3 doses a day are recommended by the GP these could be immediately before school, immediately after school, and last thing at night. Staff may agree to administer the final doses of antibiotics following an illness so that the pupils can return to school as soon as they are well.</p> <p><b>Inhalers:</b> A child with asthma may have inhaler: these should be clearly labeled and appropriately stored. See Tower Hamlets Asthma Policy.</p>	<p>levels of sugar in their blood stream. The diabetic community nurse will give advice on storage. Most diabetic children have been supported to self-administer, but younger children may require supervision.</p> <p><b>Methylpheniate (Retalin, Equasym)</b> This drug is sometimes given to pupils with attention deficit disorder. It must be given at set times to be effective.</p> <p><b>Skin emollients:</b> For pupils with eczema. See National Eczema Society Schools packs. <a href="http://www.exzema.org">www.exzema.org</a></p> <p><b>This is not a full list and aims only to give examples of the types of medicines that might be administered.</b></p>
---	---

**To be displayed in the class:**

**Medical Overview**

**Year:**

**Class:**

**Teacher:**

Name Of children with medical needs	DOB	Medical need  Allergy Asthma Medical	Care Plan  (If YES date to be reviewed)	Medication in School	Where	Expiry Date of medicine
Name Photo						

**Signed Registration Form:**

1 copy to be kept in pupils file, 1 copy in medical needs register

<b>Pupil Name:</b>	<b>Class:</b>	<b>Date of Birth:</b>
<b>NHS No:</b>	<b>Medication and treatment required:</b>	
<b>Description of Needs:</b>		
<b>Dosage:</b>	<b>Frequency of dosage:</b>	
<b>Date of dispensing:</b>	<b>Storage requirements:</b>	
<b>Expiry Date:</b>	<b>Is able pupil to self-administer? Yes/No</b>	
<b>Protective clothing/specialist equipment requirements:</b>		
<b>Possible side effects:</b>		
<b>Action to be taken if side effects occur:</b>		
<b>GP Name:</b>	<b>Phone No:</b>	
<b>Address:</b>		

<b>Emergency contact numbers for parents/carers:</b>	
Land line: Home:	<b>Mobile:</b>
Work:	
<b>Alternative contact person for emergencies:</b>	
Name:	<b>Relationship to</b>
child:	
<b>Contact details:</b>	
	<b>Address:</b>
	<b>Phone No:</b>
<b>Mobile:</b>	
<b>Any other relevant information:</b>	

**I have read, and agree with, the school policy on medical needs.** The medication for my child cannot be provided outside the school day and I therefore request support from the school.

Parent's careers signature .....

Please also print name ..... Date.....

.....

Any school comments.....

School agreements signature .....

Please also print name .....

Date.....




**Record of school nurse checks, log of incidents reported to governors,  
log of medicine disposed of**

School Nurse Log – to be completed termly

<b>Date</b>	<b>Comments/issues</b>	<b>Signature</b>

**Log of incidents, raised with governors**

<b>Date of incident</b>	<b>Date raised at governing body</b>	<b>Action taken</b>

**If more than 4 incidents are raised with the governing body in a 2 year period the advice of the LEA should be sought.**

Log of medicines disposed of

<b>Medicine</b>	<b>Pupil Name</b>	<b>Action taken</b>	<b>Signature</b>