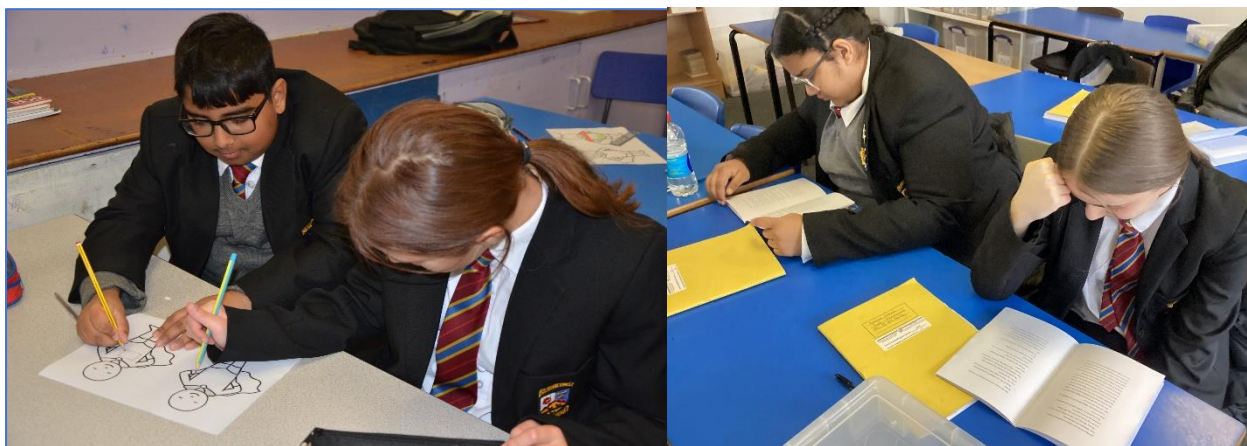




Saint John Wall Catholic School
A Catholic School For All

Mission Statement

'To educate each and every unique child in our care to hear and respond to what God calls them to be'



Medical Policy

“.... though my illness was a trial to you, you did not treat me with contempt or scorn. Instead, you welcomed me as if I were an angel of God, as if I were Christ Jesus himself.”

Galatians 4:13-14

MEDICAL POLICY

1. This school is an inclusive community that aims to support and welcome pupils with medical conditions.
 - a. Saint John Wall Catholic School understands that it has a 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 as well as visiting pupils from other settings.
 - b. Saint John Wall Catholic school aims to provide all children with all medical conditions the same opportunities as others at school.
 - c. 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.
 - d. Saint John Wall Catholic school aims to include all pupils with medical conditions in all school activities.
 - e. Saint John Wall Catholic School ensures all staff understand their duty of care to children and young people in the event of an emergency.
 - f. All staff are supported in knowing what to do in an emergency.
 - g. **IF IN DOUBT AN AMBULANCE SHOULD ALWAYS BE CALLED.**
 - h. Saint John Wall Catholic School understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.
 - Pupils who are dual registered with the school will come under the medical policy.

2. 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 policy:
 - At the start of the school year when communication is sent out about healthcare plans.
 - 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 the school medical folder which is kept in the office.
 - At scheduled medical conditions training.

Once a year when requested to read the medical policy and sign acknowledgment of this on my concern.

3. First Aid trained staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school.
 - a. First Aid trained staff are aware of the most common serious medical conditions at this school.
 - b. Staff at Saint John Wall Catholic School understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.
 - c. First Aid trained staff know what to do in an emergency for the pupils in their care with medical conditions.
 - d. Training is refreshed for first aiders at least once a year.

4. All staff understand the school's general emergency procedures.
 - a. 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.
 - How to use the red medical SOS card in their room to call for emergency first aid assistance.
 - To contact a first aid member immediately in an emergency.
 - b. Training is refreshed for all staff once a year by Birmingham Community Healthcare Nursing Team. This includes training on asthma/allergy/epilepsy emergencies for all staff. Additional training once a year is provided for the First Aid Team and St Francis Centre Staff for diabetic emergencies.
 - c. If a pupil needs to be taken to hospital, a member of staff will accompany them if parents are unavailable. If a parent is not present then health professionals and not the school staff, will be responsible for decisions about the medical treatment that the child requires. Any staff member accompanying a child to hospital should ensure that they have basic medical information about the child.

Administration-general

- a. Where possible, medication should be administered at home.
- b. All use of medication defined as a controlled drug, even if the pupil can administer the medication themselves, is done under the supervision of a trained person in a controlled area.
- c. Saint John Wall Catholic School understands the importance of medication being taken as prescribed.
- d. 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.
- e. Training is given to all staff members who agree to administer medication to pupils, where specific training is needed. The local authority provides full indemnity.
- f. Parents at Saint John Wall Catholic School understand that it is their responsibility to ensure that they notify the school regarding their child's health needs. Parents also it is their responsibility to:
 - Ensure that their child has a sufficient amount of medication which is in date in school.
 - Replace their child's supply of medication on request.
 - Safely dispose of their child's medication when the date has expired or the child leaves the school to go on to further education.
- g. 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.
- h. If a child refuses to take medication as prescribed or requested by parents then the parents will be notified of this

Safe storage – emergency medication (Adrenaline pens, inhalers, insulin)

Saint John Wall Catholic School has clear guidance on the storage of medication at school.

- a. Emergency medication is readily available to pupils who require it at all times in the school office during the school day. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available in the key box in the school office. Only a trained member of staff can give a controlled drug to a pupil.
- b. Pupils who have emergency medication know where it is stored and how to access it.
- c. Pupils who have emergency medication such as adrenaline pens or inhalers are responsible for carrying their own medication. Parents/carers are responsible for ensuring a second adrenaline pen is available in school and stored in the school medical cupboard.

- d. Staff are aware of all pupils who have adrenaline pens and are reminded on a regular basis during staff meetings throughout the school year.
- e. Parents must ensure that their child has an adrenaline pen on site at all times and that their care plan is up to date.
- f. Pupils with asthma are encouraged carry their inhaler on them in school every day. It is the parent's responsibility to ensure that their child has their asthma medication on their person at all times, that their asthma plan is up to date in school. Schools own emergency inhaler stored.
- g. Parents are contacted at the beginning of the school year or when a pupil is enrolled at Saint John Wall regarding one use emergency inhalers. Parents are able to 'opt out' of the use of an emergency inhaler for their child. Emergency one use inhalers will only be used in the event that a child does not have their medication on site. The inhaler will then be safely disposed of.
- h. Pupils with Diabetes should bring their insulin and testing equipment to the Saint Francis Centre. They will be given a pass to allow them to check their blood sugar levels when needed and to use their medication in privacy. Pupils will also be provided with a sharps bin. It is the parent's responsibility to ensure that their child has their medication and testing equipment on site each day as well as updating the school with any changes to their child's care plan. Pupils with diabetes will also be given a toilet pass to use throughout the day and access to refill their water bottles when needed.

Safe storage – non emergency medication

The school has clear guidance on the administration of medication at school with several staff members trained on the administration of medications.

- a. All non-emergency medication is kept in a cupboard in the school office. Pupils with medical conditions know where their medication is stored and how to access it.
- b. Staff ensure that medication is only accessible to those for whom it is prescribed.
- c. When dispensing medication, two trained staff members will be present to sign that this has been received by the pupil and all checks have been made.
- d. Ibuprofen and Aspirin are not allowed on the school site unless they have been prescribed by a medical professional.
- e. Paracetamol will only be administered to a pupil in school for 1 day unless prescribed by a medical professional.
- f. Short term care plans can be arranged in school for short term ailments on discussion with the school. It is the parent's responsibility to contact the school in this case.

Safe storage – general

- a. Once per half term Miss Y Bryan checks the expiry dates for all medication stored at school.
- b. Miss Y Bryan along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought into school is clearly labelled with the following:
 - Child's name and date of birth.
 - Name and strength of medication
 - Dose
 - Any additional requirements.
 - Expiry Date
 - Date of purchase
- c. Some medication at Saint John Wall Catholic School may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled in the school office. This is in a secure area, inaccessible to unsupervised pupils.
- d. 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, and as required thereafter.

Safe disposal

- a. Parents are asked to collect out of date medication.
- b. If parents do not collect out of date medication, within 1 week of request, medication is taken to a local pharmacy for safe disposal.

Enrolment forms

- a. Parents at Saint John Wall Catholic School are asked if their child has any health conditions on the enrolment 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 on enrolment forms.

Healthcare Plans

- a. Saint John Wall Catholic School uses a care plan to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. These care plans are held in the school office and locked in a drawer at the end of each school day.
- b. Referrals are made to the school nursing team for pupils with medical conditions on enrolment or when a new condition arises. The school nursing team liaise with parents and healthcare advisors to provide health care plans for the school.
- c. A care 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. Parents are asked to update the school with any changes to the care plan.

This is sent:

- At the start of the school year
 - At enrolment
 - When a diagnosis is first communicated to the school.
- d. 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 care plans can be updated accordingly.

School Medical register

- a. Care plans are used to create a centralised register of pupils with medical needs. Miss Y Bryan has responsibility for the register at Saint John Wall Catholic School.

Class charts for teacher information

- a. Pupils with medical needs are shown on classcharts.

APPENDIX

ASTHMA - A Physical Condition

Asthma affects at least one in every eight children. An attack is caused by a sudden narrowing of the air passages making it difficult to breathe. The passages are almost continuously inflamed or red or sore. Asthma can be controlled by firstly avoiding known irritants and, secondly, by inhaling specific drugs. Drugs can be self-administered by the child concerned, where appropriate.

Some children with asthma only require occasional medication. Most children need medication every day and may require additional treatment at school, particularly before exercise. All children with asthma should not have any problems taking part in normal physical activities particularly if the asthma is well controlled with treatment.

Saint John Wall:

- Recognises the needs of pupils with asthma;
- Expects and encourages parents to give appropriate information to the school on their child's condition;
- Recognises that immediate access to the pupil's reliever inhaler is vital;
- Will encourage and help children with asthma to participate fully in all aspects of school life;
- Will ensure that all staff have a basic awareness of asthma and the use of inhalers, and that this awareness will come through training by the Birmingham School's Nursing Team each school year;
- All staff will have a clear understanding of what procedures to follow if a child has an asthma attack;
- Will keep written details of pupils with asthma accessible through Bromcom.

1. Common Trigger Factors Which May Cause An Asthma Attack

Staff should be aware that the following irritants might trigger an asthma attack :

- Exercise
- Colds and viral infections
- Sudden changes in temperature such as damp, cold air;
- Stress/anxiety
- Pollen/mould spores;
- Chemicals (including cleaning products and toiletries);
- House dust mite;
- Smoking (passive and active);
- Animal dander.

2. Management of Asthma in Schools

Treatment of Asthma

Most children with asthma will use a combination of inhalers to keep their symptoms under control. These are:

- **Preventer:** Usually in brown/cream/orange devices. They need to be used regularly twice a day to gain control of symptoms. They can take up to seven days to be effective and

therefore are of no benefit in the event of an attack where immediate relief of symptoms is required. These inhalers should not be routinely brought into school, as they should be used in the home in the home situation before and after the school day.

- **Relievers:** Usually in blue devices. These begin to work immediately and should provide relief of symptoms for up to four hours. However, if a child needs to use it more frequently they should be allowed to do so, but it is important to let parents/guardians know in the event of an asthma attack. These inhalers are very important and should always be in school and carried on the pupil. This is the responsibility of the parent/guardian. The parent/guardian should also ensure that a second inhaler is kept in school during the school term. These are to be stored safely in school medical cupboard as per the school medical policy.
- **Emergency Inhaler Use:** All parents/guardians of pupils with asthma will receive a letter regarding emergency inhaler use. The school have several emergency inhalers on site for use when a pupil has left their own emergency medication at home, or if their inhaler malfunctions. Parents are able to 'opt out' of this medication and should return the form to the school if they wish to. A list of any pupils who are not allowed this emergency medication will be kept in the school office. The emergency use inhalers will only be used in the stated events above and will not be given to a pupil without an asthma diagnosis.

3. Recognising An Asthma Attack

During an asthma attack a child may:

- Have a persistent cough which does not settle;
- Have noisy breathing (wheeze);
- Have difficulty breathing;
- Have difficulty talking;
- Complain of a tight chest.

4. Treating An Asthma Attack

In any asthma attack the child should have immediate access to their reliever inhaler. Mild asthma attacks should not interrupt a child's participation in school activities. As soon as they feel better they can return to normal school activities. A parent/guardian should be contact in the event of an attack, even if the child is well enough to return to normal activities.

In the event of an attack:

- Stay calm and reassure the child;
- Help the child to:
 - breathe slowly
 - sit upright or lean forward
 - loosen tight clothing;
- Help the child to use their reliever inhaler;
- Repeat use of the reliever inhaler as required until symptoms are relieved;
- Stay with the child until attack is over;
- If child requires repeat medication within four hours allow them to do so, but always notify parents/guardians and advise the child is reviewed by their GP the same day

In the event of a severe asthma attack always call an ambulance if:

- There is no significant improvement in the child's condition 5 minutes after using the reliever inhaler;

- The child is distressed or gasping/struggling for breath;
- The child can not complete a full sentence
- The child is showing signs of fatigue or exhaustion;
- The child is pale, sweaty and may be blue around the lips;
- The child is exhibiting a reduced level of consciousness;
- There are ANY doubts about the child's condition.

While waiting for the ambulance to arrive

- Stay calm and reassure the child;
- The child should continue to take puffs of their reliever inhaler once every minute. It is important to note that over use of the reliever inhaler in an emergency may cause the child to shake. This is not permanent and is not cause for concern;
- Ensure the child's parents/guardians are contacted.

All information on what to do in the event of an asthma attack is labelled clearly in each classroom/office in our asthma flow charts.

5. Safety and Storage of Asthma Inhalers

It is essential that inhalers are easily accessible when required

- The medication used for the relief of asthma is very safe.
- If too much of the reliever inhaler medication is taken, the child may feel shaky- this will wear off after a short time;
- If a non-asthmatic child uses a reliever inhaler they will not harm themselves;
- The school will ensure that additional inhalers kept on site will be stored in an unlocked medical cupboard where there is not excessive heat or cold.

6. Training

Staff undertake the responsibility of assisting pupils in the administration of asthma treatment on a voluntary basis unless specific reference is included in the job description of a member of staff.

- All staff will receive yearly training on asthma and the use of inhalers, how the devices work and emergency treatment for an acute attack. This will be provided by the Birmingham School Nursing Team.

Training will include information on:

- What is asthma;
- The common triggers for asthma;
- Management of asthma in schools;
- Emergency treatment of child suffering from asthma;
- Demonstration of correct use of an inhaler;
- Safety and storage of inhalers;
- Opportunity for questions and feedback;

Staff will also have regular updates and reminders of pupils with asthma during staff briefings and access to medical condition via Bromcom.

Trips and Medical

- **Double-Check Medication Protocol:** All medications administered during school trips will be double-checked and marked by two staff members to ensure proper dosage and safety.
- **Consent Form Validity:** Signed consent forms provided by parents or guardians will serve as official written consent for the administration of medications during off-site activities.
- **Record Keeping:** A detailed log will be maintained for all medications administered, with signatures from both staff members performing the double-marking.

For decisions regarding medicines on trips, this will be made on a trip-by-trip basis and the risk assessment will reflect this. For residential trips, staff members leading the trip will have training for administering medicine. Consent is given for medicines via MCAS, for adventurous/residential trips, pupils complete a separate consent form with medical information on.

Ratified by Governors: 09/10/2024

Review: 09/10/2025

(This policy will remain in force beyond the review date if no updates are required)