



Queen Elizabeth II School Supporting Medical Needs Policy

Effective from: **September 2023**

Signed by: *Helen Elphick*

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Next review date: **September 2026**

We require staff to be competent and feel confident in carrying out any necessary procedures to ensure that the medical and health needs of all our pupils are met. It is our aim that all members of a class team will be competent in all necessary procedures relating to pupils in their class, where possible.

PROCEDURES FOR MANAGING PRESCRIPTION AND NON-PRESCRIPTION MEDICINES (E.G. CALPOL, ANTIBIOTICS,)

DfE guidance now states;

"It is important to follow the procedures for managing medicines and to work together with families and Health Care Officials to ensure that the pupils requiring medicines receive the support they need. It is a requirement that adequate policies and procedures are in place for managing medicines. Regulations require that parents give their consent to medicines being given to their child and that the provider keeps written records."

- For pupils requiring any medicines to be administered in school a medical form must be completed.
- School will administer a dose of any prescribed medication required four times a day and three times in exceptional circumstances.
- Medicines sent in from home for pupils to take during the day should be carried by a responsible adult such as their parent or escort (unless the pupil travels to school independently without supervision). The medicine must be handed to a member of classroom staff on arrival at school.
- All medicines should be in the container with the dispensing label as originally dispensed with the, pupil's name, the name of the medicine and dosage instructions.
- All medicines to be signed in and kept in the medicine cupboard in the school office. The record chart must be completed when the medicines are administered. A few medicines need to be refrigerated. They must be kept in a clearly labelled airtight locked box in the refrigerator in the school office.

It is the responsibility of the parent to inform the school about the medicines their child needs to take and provide details of any changes to the prescription or the support required. A new medical form must be completed by parents when changes arise.

- The class teacher will alert the parent when fresh supplies are needed
- All medicines should be returned to the parent when no longer required in school or when they have gone out of date to arrange safe disposal

- If a child refuses medicine, it should be noted on the record chart and reported to the parents on the same day. Staff should check the pupil's records for any further information needed. If refusal to take the medicine results in an emergency the schools emergency procedures should be followed
- Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services
- Paracetamol may be given, with prior consent during the school day. Before 12 noon parents will be contacted before administering. After 12 parents will be informed via eschools or phone or dosage given.

All staff working with pupils with medical needs should be informed about the nature of the condition and when and where the pupil may need extra attention. Any member of staff who accepts responsibility for administering prescribed medicines to a pupil should have the appropriate training and guidance. They should be aware of the possible side effects of the medicines and what to do if they occur.

All staff should be aware of the likelihood of an emergency arising and what action to take if it occurs

It is good practice to support and encourage pupils, who are able, to have autonomy to manage their own medicines. If pupils can take the medicine themselves, staff will need to supervise. The medicines should still be kept in the child proof cupboard for the safety of all the pupils at the school and the record chart completed

ADDITIONAL HEALTH NEEDS

Pupils with additional health needs will have an Emergency Action Plan. A copy is kept in the pupils file and one is held centrally by the school nurse.

Staff should be aware of all the pupils in their care with an Emergency Action Plan which should include instructions as to how to manage a pupil in an emergency and identify who to contact in an emergency. They will be reviewed on a regular basis and updated by the school nurse.

ANAPHYLAXIS

Anaphylaxis can be triggered by foods (nuts, shellfish, dairy products) or non foods (wasp and bee stings, certain medicines, even exercise). The symptoms of anaphylaxis can be identified by effects on the respiratory system, cardiovascular system, gastrointestinal system, skin, nervous system and genitourinary system. In the event of an attack it is important to administer an Epipen as soon as possible and then call 999 for an ambulance.

How will staff know which children might need an Epipen?

Children's Individual Emergency Action Plans are kept in classrooms and class staff are fully aware of the medical needs of children in their classes. A list is stored centrally in the medical cupboard and in the Nurse's Office.

How will staff know when and how to administer an Epipen?

There will be annual training sessions for all relevant staff (ie: those involved in dealing with pupils with allergies).

ASTHMA

Asthma can be serious condition and should not be taken lightly. Immediate access to reliever medicines is essential. Reliever inhalers (blue) are named and kept in the medicine cupboard. Parents/carers are asked to ensure that all reliever inhalers are labelled with a chemist dispensing label containing the child's name. It is the parent/carers responsibility to ensure that the inhalers are in date and replaced regularly.

Asthma medicines will only be administered to children once a parental agreement for school to administer medicine form has been completed. Children are encouraged, wherever possible, to administer their own inhaler with adult supervision.

The school environment

The school does all that it can to ensure the environment is favourable to pupils with asthma.

As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma. If however particular fumes do trigger their asthma, children will be removed from the classroom by an adult and supervised in a quiet area until fully recovered.

In the event of an Asthma attack

- Sit the pupil down and only if assessed as able should be moved
- Stay calm and reassure the child
- Encourage the child to breathe slowly
- Ensure that any tight clothing is loosened
- Help the child to take their spacer device/ reliever (blue) inhaler
- Usually 2-4 puffs are enough to bring the symptoms of a mild attack under control.
- This medication is very safe; do not be afraid to give more if it is needed
- Inform and seek assistance from the School Nurse

ALWAYS CALL FOR AN AMBULANCE IF ANY OF THE FOLLOWING OCCUR

- There is no significant improvement in 5 – 10 minutes
- The child is distressed and gasping or struggling to breath
- The child has difficulty in speaking more than a few words at a time
- The child is pale, sweaty and may be blue around the lips
- The child is showing signs of fatigue or exhaustion
- The child is exhibiting a reduced level of consciousness

WHILST THE AMBULANCE IS ON ITS WAY

- The child should continue to take puffs of their Reliever (blue) inhaler until the symptoms improve
- If the child has a spacer device and reliever (blue) inhaler available give up to ten puffs, one puff every minute (shaking the inhaler between each puff)
- If the child's condition is not improving and the ambulance has not arrived, repeat the process in the previous bullet point
- Contact the parents/carers, once the emergency situation is under control and the ambulance has been called

ATTENDING CLINICS

For pupils attending any clinics/medical held at school during the school day, parents will be informed of the date and time by the appropriate health/education department and are expected to attend. If parents are unable to attend it is helpful for a member of the class team to accompany the pupil to the school medical if possible.

The class teacher should inform the parents of any information about the pupil which may be relevant to the medical history or give direct input to the meeting if necessary or appropriate

DEGENERATIVE CONDITIONS

Due to the type of school there are likely to be children with degenerative conditions, the school nurse will keep staff updated on children's changing status and how to respond to possible implications of their conditions.

DIABETES

Diabetes is a serious condition which could result in a Hypoglycaemia attack (Hypo) where blood sugar levels become too low, or a Hyperglycaemia attack (Hyper) where blood sugar levels become too high. Prompt medical attention will then be required to rectify the chemical and sugar imbalance in the blood. Children who are diabetic need supervision and careful monitoring so that staff are aware of any changes in the child and are able to take immediate action if they should need to. All children with Diabetes in school will have an Emergency Action Plan. Each child with diabetes has an emergency box labelled with their name containing any relevant equipment required to control a hypo or hyper attack.

DIARRHOEA & VOMITING

Any pupil or member of staff should be excluded from school until 48 hours have passed following the last episodes of diarrhoea and vomiting as recommended by Public Health England. However each case should be assessed on an individual basis, for example where a child has a known bowel condition which leads to bouts of diarrhoea or with a child who has behavioural vomiting, it is unlikely to be infectious and they should be allowed to remain at school with observation.

ECZEMA

Active (acute) eczema causes constant itching and can mean sleepless nights and daytime drowsiness. We recognise that children who suffer with eczema may need the support of school staff to help them deal with this condition and that they may need help to apply emollients.

EMERGENCY ACTION PLANS

The main purpose of an Emergency Action Plan is to lay out in detail procedure for meeting the medical needs of each child in an emergency situation. These plans will be reviewed annually as a minimum, or more frequently at the request of parents/carers or the school, or as required.

An Emergency Action Plan will include:

- Details of the child's condition
- What constitutes an emergency
- What action to take in an emergency
- Who to contact in an emergency

A copy will be given to parents/carers, kept in the child's file in the office and on their clipboard in the classroom and a copy will be retained by the school nurse.

In the event of needing to call emergency services, a member of the child's class will immediately alert the school office to phone for an ambulance. The school nurse will also be called. A member of the child's class team will remain with the child.

Once the office is connected to the Emergency Services they will be put through to the staff with the child to talk through the situation. The office team will then phone the parents to inform them of the situation.

A member of the office team will go outside to wait for the ambulance and keep access clear.

If the child requires hospital admission the school nurse or a member of the class team will accompany the child to hospital taking all relevant information with them. The staff member will only leave once the parents have arrived and all care is handed over.

FIRST AID

The named school first aiders are Helen Elphick, Emma Risby-Ward and Tanya Patterson who should be called for first aid care beyond the capability of all other staff who have had first aid training. We will endeavour to inform parent/carers, by phone and e-schools if their child has had an accident and received first aid attention.

Details of accidents/incidents are recorded in the online Accident Book together with any treatment provided.

A Head Injury leaflet must be sent home on the day with a pupil who has had a head injury, even if they were able to complete the school day.

ENTERAL FEEDING

Many children at QEII School are fed by gastrostomy, jejunostomy or occasionally by naso-gastric tube, each will have a feeding plan devised by the dietitian. It is important that their dignity is maintained while enabling them to play a full part in school activities including meal times.

Staff will receive bespoke child specific training to be able to administer feeds and medication enterally and to preserve any stoma in the event of removal during school hours. Competency will be reviewed annually. Emergency action plan will be agreed between parents and school nurse and be available in the classroom at all times.

Those pupils who have been assessed by the Speech & Language Therapist and have an Eating Drinking Swallowing plan will be cared for by staff who have been trained appropriately.

HEAD LICE

Any case of head lice should be reported to the school by parents/carers, who will be advised on an appropriate course of action such as regular wet combing or the use of a chemical based product as recommended by the local health authority.

INFECTIOUS DISEASES

If concerned about an infectious disease advice should be sought from the School Nurse or SMT in her absence. Information concerning the control of infectious diseases can be found on The Public Health England website www.gov.uk/phe. A hard copy of the Guidance on infection control of infections in schools and other childcare settings is on the wall in the Staff room and can be downloaded from
http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374

We often have students who are immunocompromised, so we appreciate early information about infectious diseases including common childhood conditions such as chicken pox. We need to let the parents and health care teams around these children know of any possible exposure as soon as possible.

LIFE LIMITING CONDITIONS

Children with life limiting conditions need appropriate support to access the curriculum and all aspects of school life; this may mean one to one support to ensure the child's safety. It must be recognised that these children may need additional time to rest/sleep and unrealistic expectations must not be placed on them. The school nurse and parents will make all decisions regarding their care.

Some families may choose to keep normal routines established even towards the end of life and continue to send children to school. Where possible we will work with families and respect their wishes ensuring all staff have the necessary training to support the children.

MANAGING SEIZURES

If a pupil has epilepsy requiring rescue (emergency) medication, details of how to deal with seizures for that pupil is in their Emergency Action Plan which is kept in the medicine cupboard with their emergency medication.

Parents are asked to obtain their doctors written instructions concerning the management of their child's seizures (particularly the timing of rescue medication to be administered) and to pass these on to school.

Staff working with students requiring rescue medication will be trained in basic life support as well as child specific medication administered. They will be signed as competent to administer the medication as per the child's emergency action plan which is agreed between the school nurse, parents and child's consultant.

The school nurse will be called when any child has a prolonged seizure and she will then manage the situation with the class staff. If she is not on site a member of SMT must be called they will then make all necessary decisions.

Any adult trained and assessed as competent and is willing to administer medication prescribed for a pupil who has seizures, should administer their medication as directed by the responsible physician.

Any incident will be recorded and the parent informed by the class teacher as to the time, nature, duration and effect of the seizure

Medication which may be required by a pupil during a school outing must be carried by the member of staff assigned to that child on the risk assessment.

SCHOOL NURSE

The School Nurse is Angela Strachan; she is not the first aider but should be the first point of reference for any medical decisions, support or in the case of an emergency. She will make any medical decisions and decide whether or not a child needs emergency treatment.

If the child needs to go to hospital where appropriate Angela will accompany them and wait for parents/carers to arrive. If Angela is not on site a member of SMT must be called for all medical emergencies and they will make any decisions needed.

STAFF TRAINING

The school is responsible for ensuring that staff have appropriate training to support children with medical needs. Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school. Staff should only perform tasks for which they have been assessed as competent in doing in this role. It is their responsibility to notify the school nurse who is responsible to deliver the necessary training to meet the medical needs of the children at QEII School.

All staff are insured to carry out necessary medical procedures after appropriate training and competency signed off by the school nurse through the West Sussex insurance scheme.

TRACHEOSTOMIES

Pupils with a tracheostomy have a vulnerable airway and are unable to clear their secretions without the need of suction via their tracheostomy tube. If a pupil is able to perform their own suction they should be encouraged to do so.

Only staff who are under supervised training or who have been trained and assessed as competent by the School Nurse or Community Children's Nurse should perform suction or change the tracheostomy tube.

VISITS/OFF-SITE ACTIVITIES/RESIDENTIALS

Medicines that may be needed on school outings should be carried by the class teacher or group leader and put on the risk assessment. Staff should know what medicines they are carrying and who it is for and how to administer them.

A copy of the parental agreement to administer medicine and record sheet and any Emergency Action Plans must be taken on visits in the event of the information being needed in an emergency. All emergency equipment and rescue medicine such as Rectal Diazepam or Buccal Midazolam which may be required by a pupil during a school outing must be carried by the member of staff assigned to the pupil on the risk assessment who will be responsible for administering it should the need arise.