

# Safeguarding Statement

At Thackley Primary School we respect and value all children and are committed to providing a caring, friendly and safe environment for all our pupils so they can learn, in a relaxed and secure atmosphere. We believe every pupil should be able to participate in all school activities in an enjoyable and safe environment and be protected from harm. This is the responsibility of every adult employed by, or invited to deliver services at Thackley Primary School. We recognise our responsibility to safeguard all who access school and promote the welfare of all our pupils by protecting them from physical, sexual and emotional abuse, neglect and bullying.

# Links with other School Policies / Practices

This policy links with other school policies, practices and protocols including;

- Administering Medicines Policy
- Supporting Pupils with Medical Conditions Policy
- Medical Administration Protocol

#### <u>Aims</u>

At Thackley we will consider medical advice on the best procedures to support asthmatic pupils in school to enable them to take part as fully and safely as possible in all our activities. For such pupil's school will ensure:

- 1. The specific medical needs (as advised by parents/ guardians) are recorded and stored on the main school computer. This information will also be made available to alert class teachers;
- 2. Those pupils with inhalers know how to access their inhalers. This is to ensure that they always have immediate access to them. This includes the inhalers being taken out of school for off-site activities;
- 3. Parents/ guardians will be informed of the arrangements by letter. Information for each pupil will be updated whenever school is advised of any changes and will be reviewed at the beginning of each academic year.

# 1. Obtaining and Recording Accurate Information

As part of the school's admission procedures, we will ask all new parents whether their child has any medical conditions/complaints. This will be recorded on the pupil's personal file. A special/ additional needs record will be kept if appropriate and will be updated as stated above. The record will show:

- Personal details;
- Hospital reference (if applicable);
- Any treatment needed regularly;
- Relief treatment if required;
- Any care plans / specialist intervention in place.

# 2. Access to Medicines and Inhalers

Where asthma medicines/inhalers are necessary (i.e. prescribed by a Doctor), pupils will need access to their location. Inhalers will be stored in the classroom under the supervision of the class teacher. All inhalers and capsules will be labelled with the pupil's name and class. There are two main types of inhalers:

- <u>Relievers</u>: These relieve the symptoms of asthma common examples are called 'Ventolin' and Bricanyl' and are usually BLUE in colour.
- <u>Preventers</u>: These relieve inflammation and are clearly designed to prevent the onset of asthma common preventers are 'Beclafort', 'Becatide' and 'Intal' and are usually BROWN in colour.

**N.B.** Staff generally do not administer medicines to pupils however pupils will be allowed to self administer asthma medication if written authority to do so is provided by their parents. (See school's Administration of Medication Policy & Supporting Pupils with Medical Conditions Policy.)

# 3. Sports & Exercise

Staff are made aware of those pupils with asthma who may become wheezy during exercise and who may need to use their inhaler before taking part. Breathlessness occurring during an activity will result in the pupil being withdrawn from the activity for that lesson and monitoring by a member of staff qualified in first aid.

### 4. Animals

Staff are aware that some animals can cause a sudden and severe asthmatic reaction. Pupils, who react in this way should not approach, handle or care for the animals. To avoid problems pets are not kept in the classrooms but in special designated rooms where children and staff do not normally work. This also applies to any incubator that is used to hatch chicks. Parents/ carers are advised that dogs are prohibited at all times from all areas of the school site.

# 5. <u>Returning from Absence Due to Illness</u>

We do not encourage pupils to miss lessons or to stay indoors during break and lunchtimes, so before a pupil returns to school after an illness, parents should ensure that he/she are well and can cope with the whole school day. In certain circumstances a phased return may be mutually agreed between school and parents. This is usually on the advice of a suitably qualified health professional.

# 6. Long-term / Acute Medical Problems

Pupils known to be suffering from asthmatic conditions that might require emergency treatment at any time, are recorded on school's computer system and teachers are made aware of the condition, the treatment and any other relevant information. Teachers **MUST** ensure they keep up-to-date with such information and the administration staff will ensure supply teachers receive this information. All emergency use of inhalers will be recorded on school's Medication Administration Record Sheet.

#### 7. Cleaning Regimes

Excessive dust from 'walked in' dirt (clay particles) contributes to respiratory problems and should be removed by school's regime of vacuuming on a regular basis rather than by normal sweeping. Filters on warm air central heating systems will be checked and cleaned regularly in particularly dusty environments. Such filters will always be cleaned before the heating is switched on in the autumn term. "Deep clean" regimes of all rooms in school will be implemented throughout the academic year when the site is closed to pupils. School's site manager is aware of / and will ensure such regimes are adhered to.

| anuary 2020 |
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|                             | Print name | Signature | Date |
|-----------------------------|------------|-----------|------|
| Executive Headteacher       |            |           |      |
| Head of School              |            |           |      |
| On behalf of Governing Body |            |           |      |



#### **INHALER FORM**

The school will not give your child any medication unless you complete and sign this request form and the Executive Head & Head of School has confirmed that school staff have agreed to administer the medication and, where necessary have received appropriate training.

| DETAILS OF PUPIL  |  |          |          |  |  |  |
|---|--|----------|----------|--|--|--|
| Surname   | urname Forename(s)                                     |          |          |  |  |  |
| Address   |  | M/F      |          |  |  |  |
|   |  | DATE O   | DF BIRTH |  |  |  |
|   |  | CLASS    | /FORM    |  |  |  |
| Condition or Illness  |  | •        |          |  |  |  |
| Medication  |  |          |          |  |  |  |
| Name/type of medication (as described on container)   |  |          |          |  |  |  |
| For how long will your child ta   | ake this medication?                                   |          |          |  |  |  |
| Date dispensed  | Expiry Date  |          |          |  |  |  |
| FULL DIRECTIONS FOR USE   |  |          |          |  |  |  |
| Dosage and amount (as per in  | structions on container)                               |          |          |  |  |  |
| Method  |  |          |          |  |  |  |
| Timing  |  |          |          |  |  |  |
| Special storage instructions (ex  | xplain if medicine should remain in school or return h | nome dai | lγ)      |  |  |  |
| Special precautions   |  |          |          |  |  |  |
| Side effects  |  |          |          |  |  |  |
| Self-administration   |  |          |          |  |  |  |
| Action to be taken if pupil refu  | ises to take the medication                            |          |          |  |  |  |
| Procedures to take in an emer   | gency  |          |          |  |  |  |
|   |  |          |          |  |  |  |
| CONTACT DETAILS   |  |          |          |  |  |  |
| Name  |  |          |          |  |  |  |
| Daytime Telephone No  |  |          |          |  |  |  |
| Relationship to Pupil   |  |          |          |  |  |  |
| Address   |  |          |          |  |  |  |
| I understand that I must deliver the medication personally to the School Office and I request that authorised staff administer the above medication to my child.<br>I accept that this is a service which the school is not obliged to undertake. |  |          |          |  |  |  |
| I consent to medical information concerning my child's health to be shared with other school staff and/or health professionals to the extent necessary to safeguard his/her health and welfare.   |  |          |          |  |  |  |
| I confirm that the medication has been prescribed by a doctor/consultant and that this information has been provided in consultation with my child's doctor/consultant.   |  |          |          |  |  |  |
| Signature   |  |          | Date     |  |  |  |
| FULL NAME OF  |  |          |          |  |  |  |

Each item of medication must be delivered in its original container and must be clearly labelled with the following information: pupil's name, name of medication, dosage, frequency of dosage, date of dispensing, storage requirements (if necessary) and expiry date.

PARENT/CARER (IN CAPITALS) Inhaler Administration Sheet 2017 – 2018

Child's Name:

Class:

Date of Birth:

| Date | Medication | Dosage | Time<br>Taken | Any<br>reactions to<br>medication | Signature of<br>Staff | Witnessed by |
|------|------------|--------|---------------|-----------------------------------|-----------------------|--------------|
|      |            |        |               |                                   |                       |              |
|      |            |        |               |                                   |                       |              |
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