

Wallisdean Junior School Supporting Pupils with Medical Conditions Policy

In line with the duty, which came into force on 1st September 2014, to support pupils at school with medical conditions we are committed to ensuring that all children with medical conditions, in terms of both physical and mental health, are properly supported at Wallisdean Junior School so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

No child with a medical condition will be denied admission or prevented from taking up a place in our school because arrangements for their medical condition have not been made.

We will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. Therefore, we will not accept a child in school at times where it would be detrimental to the health of that child or others to do so.

This policy will be reviewed regularly and is readily accessible to parents and school staff.

Policy implementation

The named person, who has overall responsibility for policy implementation, is Mrs Baldwin.

They will

- ensure that sufficient staff are suitably trained;
- ensure that all relevant staff will be made aware of the child's condition;
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available;
- support staff in carrying out risk assessments for school visits and other school activities outside the normal timetable; and
- monitor individual healthcare plans.

When our school is notified that a pupil has a medical condition we will:

- make arrangements for any staff training or support
- make every effort to ensure that arrangements are put in place within two weeks
- not wait for a formal diagnosis before providing support to pupils

Individual healthcare plans

Our school's registration form includes a health questionnaire and, after initial registration, is sent home at least once a year for parents to update/confirm. Any parent reporting that their child has an ongoing medical condition such as asthma, epilepsy, diabetes or more complex medical condition will be asked to complete an Individual Healthcare Plan (IHP) with the school and relevant healthcare professionals. Plans will be reviewed annually, in accordance with legislation, or earlier, if evidence is presented that the child's needs have changed. We will assess and manage risks to the child's education, health and social wellbeing, in order to support the child in school.

Our IHP (see appendix 1) requires information about:

- the **medical condition, its triggers, signs, symptoms and treatments**;
- the **pupil's resulting needs**, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink;
- where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;

- specific **support for the pupil's educational, social and emotional needs** – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the **level of support** needed (NB If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring);
- **who will provide this support**, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- **who** in the school **needs to be aware** of the child's condition and the support required;
- **arrangements for written permission from parents and the executive head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;**
- arrangements or procedures required for **school trips** or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- **what to do in an emergency**, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Roles and responsibilities

At our school those people involved in arrangements to support pupils with medical conditions include:

- Inclusion Leader
- Relevant class teachers
- 1:1 Support Staff
- Office team

Staff training and support

Staff are supported in carrying out their role to support pupils with medical conditions through appropriate training, which is recorded by the Senior Admin Officer. Training needs are assessed regularly and appropriate training is undertaken by relevant staff.

Any member of school staff providing support to a pupil with medical needs will have received suitable training. No member of staff will give prescription medicines or undertake healthcare procedures without appropriate training or instruction.

The child's role in managing their own medical needs

Where children are deemed competent to manage their own health needs and medicines by their parents and medical professionals, they will be supported to do this. We see this as an important step towards preparing pupils for the next stage of their education.

Managing medicines on school premises

At our school:

- medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- no child will be given prescription or non-prescription medicines without their parent's written consent.
- we will never give medicine containing aspirin such as Ibuprofen, unless prescribed by a doctor.
- medication, eg for pain relief will never be administered without first checking maximum dosages and when the previous dose was taken.

- we will only accept prescribed medicines if they:
 - **are in-date**
 - **are labelled**
 - **are provided in the original container as dispensed by a pharmacist**
 - **include instructions for administration, dosage and storage.** *(NB The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container)*
- all medicines will be stored safely.
- children will know where their medicines are at all times. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away, including when pupils are outside the school premises, eg on school trips.
- when no longer required, medicines will be returned to the parent to arrange for safe disposal.
- sharps boxes, supplied by parents, will always be used for the disposal of needles and other sharps. When full, they will be returned to the parent to arrange safe disposal and replacement.
- *school should keep controlled drugs that have been prescribed for a pupil, securely stored in a locked, non-portable container, with access by named staff only. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held.*
- We will keep a record of all medicines administered to individual children, stating what, how much was administered, when and by whom. School will contact parents immediately with any concerns.

Medicines will be administered in accordance with the '**Administration of Medicines**' Policy.

Emergency procedures

In the event of a medical emergency situation staff will contact the Ambulance Service if necessary. A first aid trained member of staff will administer first aid. Other staff will telephone the child's Priority 1 contact. If it is not possible to speak with the Priority 1 Contact, staff will work through the list of priority contacts until they are able to speak to a designated adult.

Day trips, local walks and sporting activities

We always actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

Inclusion

As a school we believe that every child

- should be able to easily access their inhalers and medication and have their medication administered when and where necessary;
- is an individual and will be supported with their individual medical needs;
- will be listened to, alongside the views of their parents and medical professionals;
- with a medical condition should not be sent home frequently for reasons associated with their medical condition or be prevented from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- should be able to drink, eat, or take toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- should be able to access any aspect of school life, including school trips. Parents will not be asked to attend to support their child, unless their medical needs make this a necessity.

Liability and indemnity

Maintained schools with a SLA with HCC will be insured as long as all appropriate training and risk assessment has taken place.

Complaints

If you have a complaint about how your child's medical condition is being supported in school please contact the Head of School, Mrs Baldwin, in the first instance. If you still have concerns contact the Executive Head Teacher, Mrs Cammish or the Chair of Governors, Mr Harwood (via the School Office).

Supporting Pupils with Asthma

Asthma affects one in eleven children in the UK and it is the most common long-term medical condition. On average, there are three children with asthma in every classroom and the UK has among the highest prevalence rates of asthma symptoms in children worldwide.

Key Roles and Responsibilities

All stakeholders are responsible for ensuring the any child with asthma is fully supported in school.

Identifying children with Asthma

We will aim to identify children with asthma on entry to the school by working in partnership with parents/carers and through receipt of a completed school Medical Questionnaire. Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

Individual Healthcare Plans

All children with asthma will require an Individual Healthcare Plan (IHP).

The Senior Admin Officer will work in partnership with the parents/carer, and a relevant healthcare professional eg: school, specialist or children's community nurse, who can best advice on the particular needs of the child to draw up and/or review the IHP. Parental permission must be sought prior to seeking relevant advice or guidance from the School Nursing Team, the child's Asthma Nurse or other healthcare professional.

Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the IHP will be linked to or become part of that statement or EHC plan.

We will use the asthma specific IHP template at Appendix 2 of this policy.

The IHP for a child with asthma must contain the following information:

- triggers, signs and symptoms.
- Treatment for asthma – preventer and reliever.
- Consent form for the use of emergency Salamol inhaler.

Staff Training

All named staff will undertake Supporting Pupils with Asthma in Schools course.

The child's role

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures, at an age-appropriate level, and this will be recorded in their IHP. We will work with upper school children and their parents to help them to manage their asthma in preparation for transition to secondary school.

Emergency Procedures

In the event of an asthma attack where the reliever is not having any effect, an ambulance would be sought.

Where a child is required to be taken to hospital, a member of staff will stay with the child until a parent arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc. that the school holds).

Day trips/off-site activities

We will ensure that teachers are aware of how a child's asthma will impact on their participation in any off site activity or day trip.

The child's inhaler will be taken on the trip along with a School Emergency Inhaler.

Responsibility of all staff

Teaching staff are expected to:

- know who in their class has asthma;
- allow children with asthma to access their inhalers to administer when and where necessary and encourage the children to record their inhaler usage;
- help children to manage their medical conditions effectively in school and to be fully included in school activities, unless this is in contravention of their IHP;
- if a child with becomes ill, the office must be contacted immediately, the child must remain where they are.

Asthma Inhalers

Parents of children prescribed an inhaler need to supply a reliever inhaler and ideally, a spacer, to keep in school. Reliever inhalers are kept in class, together with a card to record usage. Children's reliever inhalers and record cards are taken on school trips/local walks by the member of staff responsible for the child's group.

Use of School Emergency Salamol Inhaler

Since 2015 schools may hold asthma inhalers for emergency use. In school we hold an emergency inhaler. Parental permission to administer this reliever is held for asthmatic children, or those requiring inhalers linked to allergic reactions. See Appendix 3.

Parents will be informed in writing using the proforma in Appendix 4 should the emergency inhaler be used.

Supporting Pupils with Allergies

In the UK, there are about 20 deaths a year from severe allergies (anaphylactic reactions). Every school is likely to have at least one pupil who is severely food-allergic.

What is an allergy?

An allergy (or allergic reaction) occurs when the body's immune system overreacts to a substance that it perceives to be a threat. Allergic reactions can be mild, moderate or severe (anaphylactic reaction).

Key Roles and Responsibilities

All stakeholders are responsible for ensuring that any child with allergies is fully supported in school.

Identifying children with Allergies

We will aim to identify children with allergies on entry to the school by working in partnership with parents/carers and through receipt of a completed school Medical Questionnaire. Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their

condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

Individual Healthcare Plans

All children with allergies will require an Individual Healthcare Plan (IHP). The Senior Admin Officer will work in partnership with the parents/carer, and a relevant healthcare professional eg: school, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the IHP. Parental permission must be sought prior to seeking relevant advice or guidance from the School Nursing Team or other healthcare professional.

Where a child has a special educational need identified in an Educational Health Care (EHC) plan, the IHP will be linked to or become part of that EHC plan.

We will use the allergy specific IHP template at Appendix 5 of this policy.

The IHP for a child with allergies must contain the following information:

- triggers, signs and symptoms
- treatment of a mild allergic reaction
- treatment for a severe allergic reaction including whether an auto-injector adrenalin pen is held in school
- whether a severe allergic reaction could include asthma.

Staff Training

All named staff will undertake Supporting Pupils with Allergies in Schools course.

The child's role

Any child with a known allergy is encouraged to report the mildest of allergic reactions to their teacher or school first aid staff.

Emergency Procedures

In the event of a severe allergic reaction an ambulance will be sought.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrive, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc. that the school holds). Any used adrenaline pens should also be taken.

Day trips/off-site activities

We will ensure that teachers are aware of how a child's allergies may impact on their participation in any off site activity or day trip.

The child's medicines (anti-histamine, adrenaline pen and inhaler) will be taken on the trip including the school Emergency Inhaler.

Responsibility of all staff

Teaching staff are expected to:

- know who in their class has a severe allergy;
- if a child with a severe allergy becomes ill, the office must be contacted immediately, they must remain where they are.

Monitoring

Individual Healthcare Plans will be monitored by the Head of School and Senior Admin Officer termly or whenever there is a change to a child's regime.

Staff will be informed of any changes that will impact on a child's support in school.

Agreed: Spring 2019

Review: Every 3 years

Individual Healthcare Plan

Name:

Address:

Date of Birth:

Name of School: Wallisdean Junior School

Class:

Medical Condition and details of pupil's individual symptoms:

Date of plan:

Review date:

CONTACT INFORMATION

Family Contact 1

Name:

Phone No:

(work):

(home):

(mobile):

Relationship:

Family Contact 2

Name:

Phone No:

(work):

(home)

(mobile):

Relationship:

Contact Details for Other Professionals Involved

Name:

Phone No:

Email address:

Names of school staff directly involved in the IHP and responsible for daily support:

Mrs Pickles and Mrs Waring

Training requirements for staff:

Daily care requirements (e.g. before sport/at lunchtime):

Describe what constitutes an emergency for the pupil, and the action to be taken if this occurs:

Who is responsible in an emergency (State if different on off-site activities):

Mrs Pickles / Mrs Waring

Mrs Cammish, Executive Head Teacher, will oversee management of situation.

If off-site, the trip leader assumes overall responsibility for management of the situation.

Follow up care after an emergency:

Additional Notes:

- School shares timetable of events with parents at the start of the academic year e.g. swimming, PE, games, before or after school activities.
- School will advise parents of any significant changes to the timetable.

Signed:

Parent/carer _____ Date _____

Parent/carer _____ Date _____

Executive Head Teacher _____ Date _____

Individual Health Care Plan – Pupil with Asthma

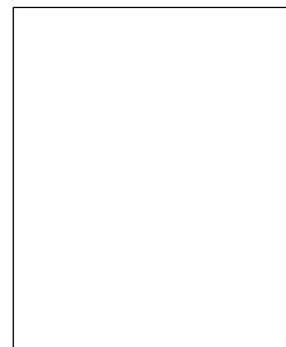
Name:

Address:

Date of Birth:

Name of School: Wallisdean Junior School

Class:



Medical Condition and details of pupil's individual symptoms:

Date of plan:

Review date:

CONTACT INFORMATION

Family Contact 1

Name:

Phone No:

(work):

(home):

(mobile):

Relationship:

Family Contact 2

Name:

Phone No:

(work):

(home):

(mobile):

Relationship:

Contact Details for Other Professionals Involved

Name:

Phone No:

Email address:

The daily asthma medicines for _____ are:

- His / Her preventer inhaler is _____ and its colour is _____

This will be held in class _____ where it is available for immediate use.

- He / She takes _____ puffs of a preventer inhaler in the morning and _____ puffs at night. He / She does this everyday even if they feel well.
- Other asthma medicines that are taken:
- His / Her reliever inhaler is _____ and its colour is _____
- He / She takes _____ puffs of a reliever inhaler when he / she wheezes or coughs.
- The expiry date of inhaler held in school is _____

His / Her asthma triggers are:

_____ **knows when his / her asthma is getting worse if:**

- He / She wheezes or coughs, chest hurts or it's hard to breathe, or
- He / She wakes up at night because of his / her asthma
- He / She is taking their reliever inhaler more than three times a week.

If his / her asthma gets worse, he / she should:

- Keep taking preventer medicines as normal.
- He / She takes _____ puffs of their reliever inhaler every four hours.
- Parents should be contacted to make appropriate appointments with a GP or asthma nurse.
-

_____ **is having an asthma attack if:**

- His / Her reliever inhaler isn't helping, or
- If he / she can't talk or walk easily, or
- He / She is breathing hard and fast, or
- He / She is coughing or wheezing a lot.

When having an asthma attack:

- Sit up – do not lie down (harder to breathe).
- Try to be calm.
- Take one puff of reliever inhaler every 30 to 60 seconds up to a total of ten puffs.
- If doesn't start to feel better call an ambulance and continue with reliever administration as above.
- If starts to feel better after first administration of ten puffs let parents know so that appropriate appointment with GP or asthma nurse can be made.

Names of school staff directly involved in plan and responsible for daily support:

Mrs Pickles
Mrs Waring

Training requirements for staff:

Named staff will have undertaken Supporting Pupils with Asthma Course.

Who is responsible in an emergency (State if different on off-site activities):

Helen Pickles

Mrs Cammish, Executive Head Teacher, will oversee management of situation.

N.B. If off-site, the trip leader assumes overall responsibility for management of situation.

Follow up care after an emergency:

Parents will advise accordingly.

Signed:

Parent/carer _____ Date _____

Parent/carer _____ Date _____

Executive Head Teacher _____ Date _____

WALLISDEAN JUNIOR SCHOOL

CONSENT FORM: USE OF SCHOOL EMERGENCY SALAMOL INHALER

Pupil's name: _____ Class: _____

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler (delete as appropriate).
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will keep in school.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive Salamol from a school emergency inhaler.

Signed: _____ Date: _____

Name (printed): _____

WALLISDEAN JUNIOR SCHOOL

USE OF SCHOOL EMERGENCY SALAMOL INHALER

Name: _____ Class: _____

Date: _____

Dear _____

This is to notify you that today _____ had problems with his / her breathing.

This happened during: _____

This was as a result of: _____

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing Salamol. They were given _____ puffs.

Although they soon felt better, we would strongly suggest that you have your child seen by your GP as soon as possible.

Yours sincerely

Wallisdean Junior School

Individual Health Care Plan – Pupil with Allergies

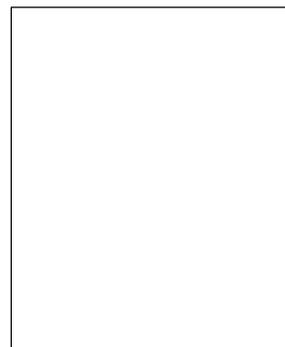
Name:

Address:

Date of Birth:

Name of School: Wallisdean Junior School

Class:



Medical Condition and details of pupil's individual symptoms:

Date of plan:

Review date:

CONTACT INFORMATION

Family Contact 1

Name:

Phone No:

(work):

(home):

(mobile):

Relationship:

Family Contact 2

Name:

Phone No:

(work):

(home):

(mobile):

Relationship:

Contact Details for Other Professionals Involved

Name:

Phone No:

Email address:

_____ has the following allergies:

Mild – Moderate allergic reaction:

- He / She has swollen lips or face
- He / She has itchy/tingling mouth
- He / She has hives or itchy skin rash
- He / She has abdominal pain or vomiting
- He / She shows a sudden change in behaviour

Action:

- Stay with child, call for help if necessary
- Give anti-histamine _____
- Contact parent/carer

WATCH FOR SIGNS OF ANAPHYLAXIS

Severe allergic reaction:

Airway: Persistent Cough, hoarse voice, difficulty swallowing, swollen tongue
Breathing: Difficult or noisy breathing, wheeze or persistent cough
Consciousness: Persistent dizziness / pale or floppy, suddenly sleepy, collapse, unconscious

If any one of these signs are present:

1. **Lie child flat.** If breathing difficult allow to sit.
2. **Give them their prescribed adrenaline injection.**
3. **Dial 999 for an ambulance and say ANAPHYLAXIS (ANA – FIL – AX – IS).**

Further Action:

- If wheezy, give 10 puffs of Salamol inhaler.
- Stay with child, call for additional help if necessary.
- If no improvement after 5 minutes administer second adrenaline injection.