The Eliot Bank and Gordonbrock Schools Federation

Supporting Pupils with Medical Needs Policy

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This policy has been drafted using DfE Statutory Guidance 'Supporting pupils at school with medical conditions' December 2015, 'Guidance on the use of adrenaline and auto-injections in schools.' September 2017 and 'Guidance on the use of emergency salbutamol inhalers in schools.' March 2015

The persons responsible for the implementation of this policy are:

- Executive Head
- Head of School (HOS) and
- Senior Teaching Assistant – Resources/Medical Needs
- Deputy Head for Inclusion

1. Aims

To ensure pupils at school with medical conditions are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.

To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.

2. Policy Implementation

The persons named above are responsible for ensuring that whenever the school is notified that a pupil has a medical condition:

- Sufficient staff are suitably trained.
- All relevant staff are made aware.
- Cover arrangements in case of staff absence/turnover is always available.
- Supply teachers are briefed.
- Risk assessments for visits and activities outside the normal timetable are carried out.
- Individual health care plans are monitored (at least annually).
- Transitional arrangements between schools are carried out.

3. Procedure

If a child is transferring from another school, we will liaise with staff from that school to ensure transition is as smooth as possible.

For children new school to school, induction meetings and/or home visits give the opportunity for any medical conditions to be identified. Every attempt will be made to ensure that arrangements are in place in time for the start of the relevant school term.

In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place to enable the child to attend school without delay.

The time period will be strongly influenced by any training requirements and/or recruitment of staff. When the school is notified that a pupil has a medical condition the school, healthcare professional and parent will meet to decide, based on evidence, whether an individual healthcare plan (IHP) would be inappropriate or disproportionate. If consensus cannot be reached, the HOS is best placed to take the final view.

3.1 Procedure for Children Who Do Not Need an IHP

If medication is required in school time a 'Request for Storage and Administration of Prescribed Medicine' Form (Appendix 1) must be completed and signed by the Parent/Carer and the HOS.

3.2 Procedure for Children Who Need an IHP

Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advice on the particular needs of the child. Pupils will also be involved whenever appropriate.

The aim will be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Partners

should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

The following information should be considered when writing an individual healthcare plan:

- The medical conditions, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues.
- Specific support for the pupil's educational, social and emotional needs.
- The level of support needed including in emergencies.
- Who will provide support, their training needs, expectation of their role, and confirmation of their proficiency and cover arrangements.
- Who in school needs to be aware of the child's condition and the support required.
- Arrangements for written permission from parents and the head of school for medication to be administered by a member of staff or self-administered (children who are competent will be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision).
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate.
- Confidentiality.
- What to do if a child refuses to take medicine or carry out a necessary procedure.
- What to do in an emergency, who to contact and contingency arrangements.
- Where a child has SEN but does not have an Education, Health and Care plan, their special educational needs should be mentioned in their individual healthcare plan.

4. Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support of the child.

4.1 The Governing Body

The Governing Body must:

- Make arrangements to support pupils with medical conditions and ensure policy is developed and implemented.
- Ensure sufficient staff receive suitable training and are competent to support children with medical conditions.

4.2 The Executive Head and Head of School

The Executive Head and Head of School must:

- Ensure that the policy is developed and effectively implemented.
- Ensure all staff are aware of this policy and understand their role in its implementation.
- Ensure the appropriate level of insurance is in place and appropriately reflects the level of risk.

4.3 The Senior Teaching Assistant - Resource/ Medical Conditions

The Senior Teaching Assistant - Resource/ Medical Conditions will:

- Provide support to pupils with medical conditions, including the administering of medicines.
- Ensure all staff who need to know are informed of a child's condition.
- Ensure sufficient numbers of staff are trained to implement the policy and deliver IHP's, including in emergency and contingency situations, and they are appropriately insured.
- Be responsible for the development and implementation of IHP's.
- Contact the school nursing service in the case of any child with a medical condition who has not been brought to the attention of the nurse.
- Undertake sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions.

4.3 School Staff

Any member of school staff:

- May be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- Will undertake sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions.
- Will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

4.4 School Nurses

School Nurses:

- Are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.
- May support staff on implementing a child's IHP and provide advice and liaison.
- Can liaise with lead clinicians.
- May offer training.

4.5 Other Healthcare Professionals

- Will notify the school nurse when a child has been identified as having a medical condition that.
- Will require support at school.
- May provide advice on developing healthcare plans.
- Specialist local teams may be able to provide support for particular conditions (e.g. Asthma, diabetes).

4.6 Pupils

Will, whenever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP.

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicine and procedures. This will be reflected within individual healthcare plans.

Children will be told where their medicines/devices are stored so that they can be accessed for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures will be supervised.

4.7 Parents

- Must provide the school with sufficient and up-to-date information about their child's medical needs.
- Are the key partners and will be involved in the development and review of their child's IHP.
- Will carry out any action they have agreed to as part of the IHP implementation.

5. Notes

Although school staff will use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged).
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

6. Managing Medicines on School Premises

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so, Appendix 2, Procedure for Administering Medication and Storage and Disposal of Medicine.

6.1 Non-Prescribed Medicines

The school will only store or administer medicines that have been prescribed by a medical practitioner. Over the counter medication such as Calpol, Piriton or cough medicines cannot be stored or administered. Parents/Carers must make arrangements to come into school if they wish to administer these medicines.

6.2 Prescribed Medicines

The School accepts the responsibility to administer prescribed medicine. It is recognised, however, that no member of staff can be required to administer medicines.

Medicines will be administered to children in the following circumstances:

- The child has a specific medical condition which makes it essential the medicine be administered within school hours e.g. 4 dose antibiotics.
- This has been discussed with the parent/carer and the responsible member of staff.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist. 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.
- A request form (See Appendix 1, Request for Storage & Administration of Prescribed Medicine) has been completed in full and signed by the parent/carer. The request form includes:
    - Name of child
    - Name of medicine
    - Dose
    - Method of administration
    - Time/frequency of administration
    - A written record is made of all medicines administered to children.

7. Emergency Procedures

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

If a child needs to be taken to hospital, we will endeavour to contact the parent/carer immediately. Staff will stay with the child until the parent arrives at school, or if this is not possible, accompany a child taken to hospital by ambulance.

8. Day Trips, Residential Visits and Sporting Activities

A risk assessment will be conducted for any child with a medical condition prior to the trip, residential visit or sporting activity.

All reasonable adjustments will be made to enable the child to participate fully.

The Senior TA will ensure all medication is available and that responsible staff are briefed.

9. Anaphylaxis

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly, but can occur up to 2-3 hours later. It is potentially life threatening and always requires an immediate emergency response. An ambulance will always be called.

9.1 What Can Cause Anaphylaxis?

Common allergens that can trigger anaphylaxis are:

- Foods (e.g. peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame and soya, chocolate, some fruits).
- Insect stings (e.g. bee, wasp).
- Medications (e.g. antibiotics, pain relief such as ibuprofen).
- Latex (e.g. rubber gloves, balloons, swimming caps).

9.2 How We Reduce the Risk

We use a range of strategies including:

- We ask parents to label bottles, other drinks and lunch boxes for children with food allergies with their name.
- If the child has a school dinner, parents should check the appropriateness of foods by speaking directly to the member of staff responsible for children with medical needs and/or the catering manager. The child should be taught to also check with catering staff, before getting their dinner.
- Food is not given to food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in DT, art and science experiments and special events (e.g. fetes, assemblies, cultural events) is considered and may be restricted, or an alternative found, depending on the allergies of particular children and their age.
- When planning out-of-school activities such as sporting events, school outings or camps, we think early about the catering requirements of the food-allergic child and emergency planning (including access to emergency medication and medical care).

9.3 Treatment

9.3.1 Signs of an Allergic Reaction

Please see Appendix 3, Signs of and Responding to An Allergic Reaction

9.3.2 Medication

“Allergy” medicines such as antihistamines can be used for mild allergic reactions. These will be administered if prescribed.

Only adrenaline is recommended for severe reactions (anaphylaxis). The adrenaline treats both the symptoms of the reaction, and also stops the reaction and the further release of chemicals causing anaphylaxis. However, severe reactions may require more than one dose of adrenaline, and children can initially improve but then deteriorate later. It is therefore essential to always call for an ambulance to provide further medical attention, whenever anaphylaxis occurs. The use of adrenaline as an injection into the muscle is safe and can be life-saving. It will be administered if prescribed.

9.4 Protocols for use of AAIs

Each school has an Allergy Register which includes the following information:

- Full name, year group and class for each child with known allergies.
- A photograph of each pupil to allow a visual check to be made (this will require parental consent).
- Known allergens and risk factors for anaphylaxis.
- Whether a pupil has been prescribed AAI(s) (and if so what type and dose).
- Where a pupil has been prescribed an AAI whether parental consent has been given for use of the spare AAI which may be different to the personal AAI prescribed for the pupil.

9.4.1 Administration Of AAI's

Administration is undertaken on the following basis:

- Only used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.
- Administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.
- It can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.
- 999 will be called without delay, even when the child's own AAI device or a spare AAI has been used.
- In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

9.4.2 Supply, Storage, Care, And Disposal of Child's Own AAI

Parents will supply the AAI which must be in date. These will be checked monthly by the member of staff responsible for children with medical needs. Out of date AAIs will be returned to the parent.

At Gordonbrock School a child's own AAI is stored in a box marked clearly with the pupil's name but NOT locked in marked cupboard in the child's classroom. At Eliot Bank School a child's own AAI is stored in a box marked clearly with the pupil's name but NOT locked in a cupboard in the school office.

9.4.3 Supply, Storage, Care, and Disposal of Spare AAIs

Each school has an emergency anaphylaxis kit. A content of the emergency anaphylaxis kit includes:

- 1 or more AAI(s)
- instructions on how to use the device(s)
- manufacturer's information
- a checklist of injectors, identified by their batch number and expiry date with monthly checks recorded
- a list and photos of pupils to whom the AAI can be administered and
- a recognition and management of an allergic reaction/anaphylaxis instruction sheet

These kits will be checked monthly by the member of staff responsible for children with medical needs. Replacements will be obtained before the expired date of the existing AAI. Out of date AAIs will be returned to the pharmacy. Used AAIs will be placed in the sharps bin located in the medical room.

At Gordonbrock School spare AAIs are stored in emergency anaphylaxis kit contained in safe boxes located in the main and the small hall. At Eliot Bank School spare AAIs are stored in emergency anaphylaxis kit contained in safe boxes located outside the internal entrance to the nursery and the gym.

9.5 Support and training for staff

Appropriate support and training for staff is provided in the use of the AAI in line with the schools wider policy on supporting pupils with medical conditions. For more information please see Appendix 3, Signs of and Responding to An Allergic Reaction.

9.6 Record Keeping

Records are kept of the use of any AAI(s). The school will immediately inform parents or carers that their child has been administered an AAI and whether this was the school's spare AAI or the child's own device.

10.Asthma

Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK. There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK.

10.1 Treatment

10.1.1 Signs of an Asthma Attack

Please see Appendix 4, Signs of and Responding to An Asthma Attack.

10.1.2 Medication

Children should have their own reliever inhaler at school (see 10.2.3) to treat symptoms and for use in the event of an asthma attack. Symptoms of Asthma are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need.

For this reason an inhaler should only be used by children who have been diagnosed with asthma, and prescribed a reliever inhaler, or who have been prescribed a reliever inhaler.

10.2 Protocols for Use of Salbutamol Inhalers

Each school has an Asthma Register which includes the following information:

- Full name, year group and class for each child on who has either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.
- A photograph of each pupil to allow a visual check to be made (this will require parental consent).
- Where a pupil has been prescribed a salbutamol inhaler and whether parental consent has been given for use of the spare salbutamol inhaler which may be different to the personal salbutamol inhaler prescribed for the pupil.

10.2.1 Administration of Salbutamol Inhalers

Administration is undertaken on the following basis:

- Only used on who have both been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication, for whom both medical authorisation and written parental consent for use of the spare salbutamol inhaler has been provided.
- Administered to a pupil whose own prescribed salbutamol inhaler cannot be administered correctly without delay.
- In the event of a possible asthma attack in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency salbutamol inhaler is appropriate.

10.2.2 Supply, Storage, Care, And Disposal of Child's Own Salbutamol Inhaler

Parents will supply a salbutamol inhaler which must be in date. These will be checked monthly by the member of staff responsible for children with medical needs. Out of date salbutamol inhalers will be returned to the parent.

At Gordonbrock School a child's own salbutamol inhaler is stored in a box marked clearly with the pupil's name but NOT locked, in marked cupboard in the child's classroom. At Eliot Bank School a child's own salbutamol inhaler is stored in a box marked clearly with the pupil's name but NOT locked in a cupboard in the school office.

10.2.3 Supply, Storage, Care, and Disposal of Spare Salbutamol Inhaler

Each school has an emergency Salbutamol Inhaler Kit. Contents of the emergency salbutamol inhaler kit include;

- 1 or more salbutamol metered dose inhaler
- at least two plastic spacers compatible with the inhaler
- instructions on how to use the inhaler and spacer
- instructions on cleaning and storing the inhaler
- manufacturer's information
- a checklist of inhalers, identified by their batch number and expiry date, with monthly
- checks recorded
- a list and photos of pupils to whom the salbutamol inhaler can be administered to
- a record of administration (i.e. when the inhaler has been used).

These kits will be checked monthly by the member of staff responsible for children with medical needs. Replacements will be obtained before the expired date of the existing Salbutamol Inhaler. Out of date salbutamol inhalers will be returned to the pharmacy. Used salbutamol inhalers will be returned to the pharmacy.

At Gordonbrock School emergency salbutamol inhalers are stored in the medical room in a box. At Eliot Bank School emergency salbutamol inhalers are stored in the gym and nursery corridor in a box.

10.3 Support and Training for Staff

Appropriate support and training for staff is provided in the use of a salbutamol inhaler in line with the schools wider policy on supporting pupils with medical conditions. For more information please see Appendix 4, Signs of and Responding to An Asthma Attack.

10.4 Record Keeping

Records are kept of the use of any salbutamol in halers. The school will immediately inform parents or carers that their child has been administered a salbutamol inhaler and whether this was the school's spare salbutamol inhaler or the child's own salbutamol inhaler.

11.Liability and Indemnity

The school has full public liability insurance in arrangement with the Local Authority.

12.Complaints

See Complaints and Concerns Policy.

Appendices

Appendix 1	Request for Storage & Administration of Prescribed Medicine
Appendix 2	Procedure for Administering Medication and the Storage & Disposal of Medication