

Supporting Pupils with Medical Conditions Policy 2020 - 2022

Hermitage Primary School			
Review frequency	2 years	Reviewed	June 2020
Governing Committee Responsible	Teaching and Learning		
Governor Approval (date)		Website	Yes
Staff Responsible (Welfare)	Sarah Mahoney	Next Review	June 2022

This policy follows the statutory guidance as outlined in the DfE document 'Supporting pupils at school with medical conditions' December 2015.

➤ *Introduction*

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other staff in charge of pupils have a common-law duty to act in loco parent/guardian is and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

Where a child also has disabilities, the school must also comply with their duty under the Equality Act 2010. In some cases, a child may also have special educational needs (SEND) and therefore this policy should be read in conjunction with the SEND Policy and SEND Code of Practice.

➤ *Aims*

- To ensure pupils at school with medical conditions, in terms of both physical and mental health, 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 parent/guardians and the pupils themselves.

➤ **Procedure**

The named person is: Sarah Mahoney

The named person (above) is responsible for ensuring that whenever the school is notified that a pupil has a medical condition:

- All relevant staff are made aware of the child's condition
- Liaise with the Deputy Headteacher over arrangements in case of staff absence
- Supply teachers are briefed
- Individual health plans are monitored at least annually
- Transition arrangements between schools are carried out

When a child joins Hermitage at the beginning of the academic year, these arrangements should be in place for the start of term. Where a child joins mid-year or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.

Any pupil with a medical condition requiring medication or support in school should have an individual healthcare plan which details the support that child needs. If the parent/guardians, healthcare professionals and school agree that a healthcare plan is inappropriate or disproportionate, a record of the child's medical condition and any implications for the child will be kept in the school's medical record and the child's individual record.

➤ **Individual Health Care Plans (IHCP)**

The following information should be considered when writing an Individual Health Care Plan:

- The medical condition (including allergies), 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, confirmation of their proficiency, and cover arrangements.
- Who in the school to be aware of the child's condition and the support required
- Arrangements for written permission from parent/guardians for medication to be administered by a member of staff or self-administered. Children who are competent should 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 activities outside of the normal school timetable that will ensure the child can participate.
- Confidentiality.
- What to do if a child refuses to take the medicine or carry out a necessary procedure.
- What to do in an emergency, who to contact and contingency arrangements.

- Where a child has SEND but does not have an Education, Health and Care Plan, their special educational needs should be monitored in their individual provision map.

Plan should be easily accessible to all who need to refer to them but should also be confidential to those who do not need to know. The level of detail in each plan will depend on the needs of the child.

Plans should be drawn up in partnership between the school, parent/guardians and relevant healthcare professionals. Pupils should also be involved if appropriate.

➤ **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 for the child.

Governing Body

- Ensure that the school have made arrangements to support pupils with medical conditions in school, including to ensure that this policy is developed and implemented.
- Ensure that sufficient staff receive appropriate training.

The Headteacher

- Should ensure that the policy is developed and effectively implemented with partners.
- Should ensure that all staff are aware of this policy and understand their role in its implementation. This will form part of annual training and induction for new staff.
- Should ensure that all staff who should know are informed of the child's condition.
- Should ensure that sufficient staff are suitably trained to implement the policy.
- Ensure that there is appropriate insurance cover.
- Is responsible for the development of IHPs.
- Ensure that risk assessments for visits and activities out of the normal timetable are carried out.

School staff

- Any member of 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. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.
- Should receive sufficient and suitable training.

School Nurses

- Are responsible for informing the school when a child has been identified as having a medical condition that will require support at school.
- May support staff on implementing a child's IHCP and provide advice and liaison.

Other Healthcare Professionals

- Should 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 individual healthcare plans.
- May be able to provide advice on specific conditions, such as asthma.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

Local Authorities

- Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.
- Local authorities should work with schools to support pupils with medical conditions to attend full-time.
- Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.

Providers of Health Services

- Should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training.
- Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Pupils

- Should, wherever possible, be fully involved in discussions about their medical support needs and contribute to and comply with their IHCP.

Parent/guardians

- Must provide the school with sufficient and up to date information about their child's medical needs.
- Should be involved in the development and review of their child's IHCP.

➤ Procedures for managing medicines

As outlined below:

- Written parent/guardian permission must be obtained before prescribed medicines are administered to pupils at school.
- The school will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for

administration, dosage and storage. (The exception to this is insulin, which although must be in date).

- Non-prescribed antihistamine is only accepted in school if the child has a diagnosed allergy and action allergy plan.
- Non-prescription medicines for pain relief, i.e. paracetamol will not be administered. Parent/guardians are advised to administer the medicine before child arrives to / leaves school. Parent/guardian may visit the school at lunchtime to administer another dose.
- Appropriate training must be given before a member of staff can administer medicines or undertake health care procedures. A first aid certificate does not constitute appropriate training. The level of training required will be reviewed on a case by case basis.
- All medicines should be stored safely in an unlocked cabinet. Children should know where they are and be able to access them immediately.
- When no longer required, medicines should be returned to the parent/guardian to arrange for safe disposal.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Controlled drugs that have been prescribed for a pupil will be kept securely stored in a non-portable container and only named staff will have access. The controlled drugs will be easily accessible in an emergency.
- Records will be kept of all medicines administered at school and parent/guardians will be informed if their child has been unwell at school.
- Day Trips: for those pupils with controlled medicines / prescribed medicines, the named First Aider on the trip will administer the medicine and record on to the appropriate log. Log will then be passed on to the Educational Visits Coordinator (EVC) for post trip evaluations.
- Residential Trips: all parent/guardians / carers are required to complete Medical Forms prior to the trip. For those pupils with controlled medicines / prescribed medicines, the named First Aider on the trip will administer the medicine and record on to the appropriate log. Log will then be passed on to the Educational Visits Coordinator (EVC) for post trip evaluations.

➤ *Asthma inhalers*

This should be read in conjunction with the school asthma procedure. See Appendix A

- Staff should receive regular training in the support of children with inhalers.
- Parent/guardians will be asked to provide the school with two inhalers. It must be supplied in the original container with the printed pharmacist label with the child's name. Parent/guardians will be expected to replace inhalers before they become out of date.
- One inhaler will be stored in the medical room, whilst the other must remain with the class.
- When a child is able to demonstrate that they are competent at using their inhaler effectively and at the appropriate time, then they will be expected to be responsible for

looking after the classroom inhaler. A staff member will always supervise a pupil administering their own inhaler.

- Clear records will be kept of the times the inhaler is used and this will be communicated to parent/guardians daily if used.
- On trips, including residential, both inhalers will be taken. Procedures for use of inhalers on trips will form part of the risk assessment, naming individual children's needs if appropriate.
- Children will have access to the school's Emergency inhaler in the unlikely event that their regular inhaler fails to work or is not available at school (parent/guardian hasn't provided the school with the necessary inhaler/spacer). Parent/guardian will need to complete a signed document if they do not give consent to their child using the school's emergency inhaler. Emergency Inhaler packs can be found in EYFS / Lower School / Upper School and Medical Room.

➤ ***Emergency Procedures***

- Individual health care plan should define what constitutes an emergency and explain what to do.
- If a child becomes unwell in class they should be taken to the office with a competent adult or help should be called to the office. They must never be sent to the office alone.
- All relevant staff should be aware of the emergency symptoms and procedures.
- If a child is taken to hospital, staff should stay with the child until the parent/guardian arrives or accompany a child taken to hospital in an ambulance.

➤ ***Practice that is not acceptable***

- Children will not be prevented from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively.
- Parent/guardians will not be expected to attend school to administer medication or provide medical support to their child, including toileting issues (no parent/guardian should have to give up working because the school is failing to support their child's medical needs.)
- Assume that every child with the same condition requires the same treatment
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- There will not be any unnecessary barriers to children participating in any aspect of school life, including school trips, such as requiring parent/guardians to accompany the child. Every case will be reviewed individually.

➤ **Complaints**

Should parent/guardians or pupils be dissatisfied with the support provided they should discuss their concerns with the responsible person named above. If this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Signed: _____ (Governing body) Date: _____

Signed: _____ (Headteacher) Date: _____

Appendix A: Asthma in the Classroom

Asthma is a common condition, but its severity varies considerably. People can be affected to greater and lesser degrees. For any one individual the occurrence of the condition can be episodic. This means that children can be well for long periods of time and then have sudden acute, and at times severe relapses (Asthma U.K. 2009).

The major principle underlying the policy is immediate access for all children to reliever medication.

Therefore every asthmatic child should carry their own inhaler, wherever possible, both in school at Physical Education (PE) and on school trips. For younger children this may not be practical. There should therefore be a system in school that teachers, parent/guardians and children know about and to allow for safe and ready access. (e.g. a "spice rack" or "cloth pouch" system). Inhalers and spacer devices should have the children's names clearly marked. In the event of an inhaler being lost parent/guardians/carers are asked to bring in a spare which will have the child's name clearly marked.

Asthma Symptoms

Asthma is caused by a reversible narrowing of the airways to the lungs. It restricts the passage of air both in and out as you breath. The symptoms of asthma occur when the muscles around the airways tighten and the lining of the airway becomes inflamed and start to swell; this leads to a narrowing of the airways. The usual symptoms of asthma are:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Sometimes younger children will express the feeling of tightness in the chest as a tummy ache.

The symptoms however are rapidly reversible with appropriate medication. Only when symptoms fail to be reversed medical attention must be sought.

Types of Treatment

There are two types of treatment for asthma:

- a) 'Relievers'

Every child with asthma should have access to a reliever in school. The reliever inhaler is commonly blue, but may come in different colours, and they come in different shapes and sizes. It is the parent/guardians' responsibility to provide the correct reliever inhaler. These treatments give immediate relief and are called bronchodilators because they cause the narrowed air passages to open up by relaxing the airway muscle. They do not however reduce the inflammation.

b) 'Preventers' (usually brown in colour, but can come in other colours too)

Preventers are a group of treatment that are designed to prevent the narrowing and inflammation of the airway passages. The ultimate objective is to reduce asthma attacks of any kind. These medicines should be taken regularly usually morning and evening at home. There is therefore no need for them to come to school with the child.

Even if they are taken during an attack, they will not have an immediate effect.

THIS DOCUMENT REFERS ONLY TO RELIEVERS.

The best way for people to take their asthma medication is to inhale them directly into the lungs. There are a variety of devices available and the asthma medication needs to be breathed in steadily and deeply.

For young children and those with co-ordination problems, other devices are sometimes used. These devices are breath activated so that the device fires automatically when the child is breathing in.

Some younger children use a spacer device to deliver their aerosol inhaler, this may be a volumatic or aerochamber. The aerosol is pressed into the spacer and the child breaths slowly and steadily for approximately 10 seconds. If the child is using an aerochamber and it whistles they are inhaling too quickly. Spacers are very useful for those who have difficulty co-ordinating their breathing and inhaler. The reliever should always be used with a spacer, as without only 14% of the medicine is received.

All children who need their relievers should have them in school and readily available at all times. Relievers will always be available in the yellow Class Medical bags and via the 2nd relievers stored in the school's medical room. Pupils will be encouraged to administer their own inhaler, but will always be supervised by an adult to ensure correct use.

When a child needs a dose of their reliever this must be noted in the provided record sheet and the parent/guardian is informed. If a child is using their inhaler three or more times a week, the teacher should inform the parent/guardian as the child's asthma care may need reviewing.

It remains the responsibility of the parent/guardian to seek medical attention and to liaise with the school on the frequency with which inhalers are taken.

If children are using the reliever more than x3 a week, either via the GP or Asthma Clinic consent, then the parent must provide the Care Plan administered by the health authority.

At school we will also log the x3 use in school and add the information to the monthly Asthma Sheet that is sent to the Paediatric Asthma Team at Hillingdon. Parents will be informed before the information is sent.

The Physical Environment

Many environmental aspects can have a profound effect on a child's symptoms at anytime. The four key points for schools are:

a) Materials

The school should as far as possible avoid the use of art and science materials that are potential triggers for asthma.

b) Animal Fur and Hair

Some children can have marked acute and chronic symptoms if they are exposed to animals including, mice, rabbits, rats, guinea pigs, hamsters, gerbils, chinchillas and birds. Consideration should be given to the placement of school pets in the classroom, and special vigilance may be needed on trips to farms and zoos where children handle animals.

c) Grass Pollen

Grass pollens are common triggers in provoking an exacerbation of asthma. Consideration should be given to grass being cut in school time. Children may require extra vigilance.

d) Sport

Children with asthma should be encouraged to participate in sports however teachers need to be mindful that exercise may trigger asthma. Children should effectively warm up before exercise and cool down following exercise. Reliever inhalers should be taken in to P.E. lessons and when the children are playing outside sports the teacher may hold them.

Access to Reliever Medication

- Asthmatic children must have immediate access to reliever inhalers at all times.
- There are also School Emergency Inhalers available across the school.
- During PE sessions the yellow medical bag will be taken outside.
- During external clubs, Emergency Asthma inhaler will be available if there isn't an inhaler in the medical cupboard.

- The yellow medical bag will always be taken by the Trip Leader on school trips/visits
- At the start of each school year a child should bring in a new reliever device and spacer clearly labelled with his/her name.' It is the responsibility of the parent/guardian/guardian to ensure that medication provided in school is in date.' This device remains the property of the school for the school year. Once the medication has expired, school will make a request to parents to bring in a new one.
- In addition to the reliever device held by the school medical room, pupils will always have their class inhaler found in the class yellow medical bag, as well as the emergency inhaler. GPs do not always prescribe 2 inhalers for school, where this is the case the child's inhaler will be found in the classroom
- All staff know that all class medical items will be found in the class yellow medical bag.

What to do if a Child has an Asthma Attack

If an asthmatic pupil in your class becomes breathless or wheezy or starts to cough:

- Keep calm, it's treatable. If the treatment is given at an early stage the symptoms can be completely and immediately reversible.
- Let the child sit in a position they find most comfortable. Many children find it most comfortable to sit forwards with their arms crossed on the table.
- Ensure the child has 2 puffs of their usual reliever.
- If the pupil has forgotten their reliever inhaler or their device is out of date or empty then: Give 2 puffs of the school emergency inhaler via their spacer or aero chamber.
- STAY WITH THE CHILD. The reliever should work in 10-15 minutes
- If the symptoms disappear, the pupil can return to the lesson as normal.
- If symptoms have improved but not disappeared then: Take 1 puff of the reliever inhaler every 30 to 60 seconds, up to a maximum of 10 puffs.

Management of a Severe Asthma Attack ***HOW TO RECOGNISE A SEVERE ATTACK***

- The reliever has no effect after 5-10 minutes
- The child is either distressed or unable to talk
- The child is getting exhausted
- You have any doubts about the child's condition

STAY WITH THE CHILD

- Call 999 or send someone else to call 999 immediately - Inform them the child is having a SEVERE ASTHMA ATTACK AND REQUIRES IMMEDIATE ATTENTION.
- Using the child's reliever and spacer device give one puff into the spacer. Allow the child to breathe the medicine from the spacer. If the spacer device is an aero chamber and it whistles ask the child to breath more slowly and gently. After one minute give

another puff and allow the child to breathe the medicine. Repeat at not more than one minute intervals until the ambulance arrives.

- Contact the parent/guardians and inform them what has happened.

Special Areas for Concern

- Many teachers are concerned that using the device of another child will leave them vulnerable to legal action or criticism. Teachers are reminded they have a duty of care to the children in school. Taking no action, or not using another device could be interpreted in a failure of that care.
- Reliever inhalers and spacer devices should always be taken to swimming lessons, sports, team games and educational visits out of schools, and used according to need. Children with known exercise induced asthma will need to take their reliever immediately prior to exercise.
- Schools emergency inhalers are available in red bags at breaktimes / lunchtimes
- Self-administration of the reliever through direct supervision by an adult is the usual and best practice. Any concerns about inappropriate use or abuse of the devices should be reported to the Head Teacher or the parent/guardians/guardian.
- In an event of an uncertainty about a child's symptoms being due to asthma, TREAT AS FOR ASTHMA. This will not cause harm even if the final diagnosis turns out to be different.

Care of the Spacer Devices

After use they should be washed in warm soapy water, and allowed to dry naturally in the air. The spacer device once dry they should be stored carefully. There is a visual also available in the medical room.

Training

Training is compulsory for all staff and will be provided annually by the School Nurse service. A Training Log for annual Asthma/Epipen training is kept in school.

Indemnity

The Local Authority offers full indemnity to its staff against claims for late negligence, providing they are acting within the scope of their employment and have received adequate training and are following appropriate guidelines.

Appendix B: Model process for developing Individual Health Care Plans (IHCP)

