

Sibsey Free Primary School

Policy for Supporting Children with Medical Conditions



Approved by: Governing Body

Date: January 2023

Last reviewed on: December 2021

Next review due by: January 2024

Sibsey Free School

Medical Needs Policy

The designated person with responsibility for ensuring arrangements are in place to support pupils with medical conditions is: Mr. Graeme Wright (Head & SENCO).

Trained First Aider at Work: Miss Sian Bellamy

Paediatric Trained: Mr. Graeme Wright, Mrs. Tracey Howsam, Miss Joanne Machin, Mrs. Joanne Lomas

The School also operates a First Aid Policy as a separate document.

The School also operates a Policy for Children with Health Needs who cannot attend School

When carrying out its duties, the school will take account of the Children and Families Act 2014, and the requirement to make arrangements for supporting pupils at our school with medical conditions.

When considering matters relating to medical needs, the school will also refer to the Government publication: Practical Guide for Staff on Managing cases of Infectious Diseases in Schools and Other Childcare Settings.

This Policy includes medical needs relating to asthma, diabetes, anaphylaxis and any other long-term medicinal need, including physical, plus guidance on other less common conditions. It also covers procedures for short-term medical needs.

- The school actively encourages attendance and participation at all times and will endeavour to support its pupils in its role of loco parentis as far as possible without contravening any other laid down procedures.
- Information in this policy relevant to Parents will be brought to their attention in the School's Prospectus and is available on the school website.
- Before a child begins school, the Parents are asked to notify the school of any special medical needs requiring attention of any kind ie. asthma, diabetes, hay fever, allergic reactions, food allergies etc. To raise awareness of each member of staff, a list of all children with medical concerns is available in each classroom, and is issued to other relevant members of staff e.g. lunchtime staff.
- Where appropriate, a health care plan will also be put into place specifying the necessary details and will be kept in the Health Care Plans file and monitored by the Assistant SENCO of the School. Copies will also be held in relevant class records.

As a school we have a duty of care to assist all pupils, this may include encouraging, or persuading pupils to take their medication. If a child is reluctant to do so, clearly, force will not be used, therefore Parent/Carers will be informed as a matter of urgency, in certain circumstances the emergency services may be called.

Key Points of the Policy

Pupils with medical conditions will be supported sufficiently to enable them to have full access to educational provision at our school. This includes all children with medical conditions, including both physical and mental health.

The school is aware that children may be self-conscious about their medical conditions, and is aware of the impact socially and emotionally, as well as the educational impact that could develop.

Some children with medical conditions may be 'disabled'. Where this is the case, the governing body of the school will comply with their duties under the Equality Act 2010. This includes a duty to make reasonable adjustments and ensure equality of opportunity for all pupils.

Some children with medical conditions may also have Special Educational Needs (and may have a Statement, or Education, Health and Care Plan. In such cases the school will meet its duties under the SEN Code of Practice.

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

COVID-19

The school will follow government and NHS guidance.

Confidentiality

All medical information is treated as confidential. Parents are encouraged to share information about their child's health, particularly where there is a concern that this may affect the child's performance at school. In cases where additional information may be needed from the Health Service professionals, consent should be sought from Parents. Where a Healthcare Service professional is involved, input from that relevant healthcare professional must be provided in the development of a Healthcare Plan. (If a parent refuses to grant permission, we will contact Legal Services for advice. If refusal puts a child a risk, then this will become a Safeguarding issue and will be reported to Social Care.)

Responsibilities of Governing Body

The Governing Body will ensure that the school operates a Medical Needs Policy that clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children at school with medical conditions.

The Governing Body will ensure that arrangements are made to support children with medical conditions in school, to ensure that the child is supported to enable the fullest participation possible in all aspects of school life. This includes access to information and support materials as required.

They will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

Governors will also ensure that Health and Social Care professionals, pupils and parents to ensure the needs of children with medical conditions are effectively supported.

The Governing Body has conferred the functions relating to the arrangements for supporting children with medical conditions to the Headteacher (the Designated Person).

Duties of Designated Person/Headteacher

- Ensure that all staff are aware of this Policy for supporting children with medical conditions and understand their role in its implementation.
- Ensure that sufficient staff are suitably trained (including there is sufficient cover available in case of staff absence). Ensure that such staff are competent before taking on any responsibility to support children with medical conditions.
- Ensure that all relevant staff are aware of the condition of any particular child whilst always preserving confidentiality.
- Ensure cover arrangements are in place in the case of staff absence.
- Ensure that arrangements are in place to brief supply cover staff of relevant details.
- Ensure that Personal Emergency Evacuation Plans are in place where appropriate.
- Ensure that necessary risk assessments for school visits, or other school activities etc are undertaken.
- Ensure that individual Health Care Plans are developed and monitored.
- Ensure that insurance is in place for school staff provided they are trained appropriately.
- Contact the school nursing team in the case of a child who has a medical condition that may require support in school but who has yet to be brought to the attention of that team.

Responsibilities of School Staff

Any member of school staff may be asked to provide support to children with medical conditions, including the administering of medicines, although they cannot be required to do so (but some support staff may have this duty included in their contract). Generally this is a voluntary role. Although administering medicines is not part of professional duties, staff should take into account the needs of children with medical conditions. Any member of staff should know what to do and respond accordingly when they become aware that a child with a medical condition needs help. Staff are expected to use their best endeavours at all times, particularly in emergencies. Schools act in loco parentis to all pupils and a duty of care exists. Generally the consequences of taking no action are likely to be more serious than those of trying to assist, particularly in an emergency.

Responsibilities of Parents/Carers

Parents/Carers should provide the school with sufficient and up-to-date information about their child's medical needs. They are key partners and must be involved in the development and review of the Health Care Plan for their child. Parents/Carers are responsible for carrying out any action agreed as part of the implementation of the Plan, including providing any medication and equipment mentioned therein. Parents/Carers should also ensure that they, or another nominated adult, are contactable at all times.

Pupils

As appropriate, pupils will be involved in discussions about their medical support needs and will contribute as much as possible to the development of, and complying with, their individual Healthcare Plan.

Procedure when School is informed that a child has a medical condition

- Whenever the school is notified that a child has a medical condition, the Assistant SENCO will be informed. This may occur prior to the child joining the school, or may be a new medical condition which arises during the child's school life.
- Schools do not have to wait for a formal diagnosis before providing support to pupils. Decisions will need to be made relating to support based on the available evidence. This would include medical evidence and in consultation with parents.
- The Assistant SENCO will make arrangements to meet with the Parents/carers to discuss the condition, and the possible need for a Health Care Plan to be put into place. The school, Parent, and Health Care Professional involved, will agree when a Plan is required.
- The school will seek medical advice where appropriate to help support a child with a medical condition.
- The Plan (and review of it) will be initiated by the Assistant SENCO in consultation with the Parent and any Health Care Professional involved. Whenever appropriate, the child themselves will also be involved.
- The Health Care Plan will be monitored on a regular basis (at least twice yearly).
- Parents/Carers have a responsibility to notify the school of any changes required to the Health Care Plan.
- Where a child also has SEN, but no Statement or EHC Plan, their SEN will be mentioned in their Health Care Plan.
- The Plan and the review of it will be developed with the child's best interest in mind, and to ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.
- When a child transfers to another school, the Assistant SENCO will ensure that relevant Health Care Plan details are transferred to the new school. Where appropriate, meetings will be held with the new school to transfer relevant information.

Information to be recorded on the Health Care Plan

Healthcare Plans help the school effectively support pupils with medical conditions. They provide clarity about what needs to be done, and are essential in cases where emergency intervention may be required.

A Model process for developing individual Healthcare Plans forms part of this policy.

The following will be taken into account when deciding what information should be recorded on an individual Plan:

- The medical condition, its triggers, signs, symptoms and treatments.
- The child'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 the condition, dietary requirements, and environmental issues.
- Details of medication taken outside school hours.
- Specific support for the child's educational, social and emotional needs (e.g. management of absences, requirements for extra time, rest periods, counselling sessions).
- Level of support required (some children will be able to take responsibility for their own health needs) including in emergencies. If children are self-managing, the level of supervision will need to be noted.
- Who will provide the support, their training needs, expectations of their role and confirmation of proficiency to provide that support from a healthcare professional. Also cover arrangements for when that person is unavailable.
- Who in the school needs to be aware of the child's condition.
- Written permission from Parents and Headteacher for medication to be administered by a member of staff, or self-administered by the pupil.
- Any necessary separate arrangements for school trips, etc that will ensure the child can participate e.g. risk assessments.
- Where confidentiality issues arise, designated staff to be entrusted with this information.
- What to do in an emergency: Whom to contact (and contingency arrangements).

Regular and/or emergency medication

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Any child requiring regular or emergency medication will have a Health Care Plan prepared for them as detailed above. This Plan will detail any regular medication taken at home and/or

school. It will also show any emergency medication required. Health Care Plans are retained and monitored by the Assistant SENCO of the School.

Copies of Plans are also held in each relevant class.

Any member of staff who accepts responsibility for administering prescribed medication to pupils will receive appropriate training and guidance where required.

Any medication must be prescribed, in-date, labelled with the child's name, provided in the original container, and include instructions for administration, dosage and storage.

Wherever possible, children should be allowed to carry their own medicines and relevant devices, or should be able to access their medication. If a child refuses to take their medication, they will not be forced to do so, but parents will be informed so that options can be considered.

Non-prescriptive medication

Non-prescriptive medication will not be administered by any member of staff at any time (but see section below relating to Residential Visits).

Short term medication i.e. antibiotics, lotions, eye drops etc.

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Many children require short-term medication and Parents should be encouraged to ask for dose frequencies which enable the medication to be taken outside school hours. Where this is not possible then the Parents/Carers should notify school of the necessity for the medication to be administered by the Parent/Carer at a mutually convenient time.

When this is not possible, the Head may authorise the administration of medication by a member of staff. Details of who prescribed the medication, time and amount of previous dose administered, dosage and time to be administered at school, should be recorded on the Short Term Administration of Medication forms available from the school office at the beginning of **each day** when treatment is to be given. A copy of this will be sent home at the end of the day and the school copy should be placed in the Medical Incident/Treatment Records Book, located in the office, by the presiding member of staff.

Any medication must be prescribed, in-date, labelled with the child's name, provided in the original container, and include instructions for administration, dosage and storage.
Only medicines in their original containers, and labelled as above, will be accepted into school.
In no circumstances will drugs be accepted which are sent in unmarked containers.

Children suffering from infections requiring treatment by antibiotics should not normally be in school until the course of treatment has been completed. However, arrangements can be made for Parents to come into school to administer medicines. Alternatively, the Headteacher may authorise the administration of medication by a member of staff as detailed above, in accordance with the following:

- If the child has been prescribed medication which has also been prescribed for them in the past, and they have not shown any adverse side effects, provided that the child is fit and

well enough to attend school, then the school is prepared to administer the medication with immediate effect. A relevant declaration is included in the short-term medication form, which parents are requested to sign. This disclaimer acknowledges that the school will accept no responsibility whatsoever for any adverse reaction the child may have as a result of the school administering the medication.

- If the child has been prescribed medication which has not been prescribed for them in the past, then the school will not administer the medication in school until 24 hours after the initial dose. In such cases, provided the child is fit and well enough to attend school, the parent should make alternative arrangements for the administration during the initial 24 hours.
- However, at the absolute discretion of the Headteacher or the school's named First Aider Lead, there may be situations where the above point could be waived, depending upon the nature of the medication required.

If there is any ambiguity in the instructions received about medication for a particular child, the school will contact the child's parent/guardian for clarification. With the parents'/guardian's consent, the school may contact the child's general practitioner or specialist nurse for clarification

Residential Visits

When on a residential trip, the Headteacher agrees to permit staff to administer non-prescriptive paracetamol to a child when required provided that a responsible Parent/Carer has given prior written specific permission via the necessary form. This form includes a statement to confirm that the child has been administered paracetamol in the past without showing any adverse effect as a result. If paracetamol is not suitable for any child, the Headteacher will consider authorising the administration of an alternative medication. The Headteacher will ensure that a record is kept of any non-prescriptive medication administered.

Staff Training and Support

The school has appointed and trained a 'First Aider at work'. There are also members of staff who are paediatric trained. Support staff (including lunchtime staff) are First Aid trained – this is updated every three years. Training is commissioned through, e.g. the Red Cross, St. John's Ambulance.

Staff are updated annually on the use of treatment for anaphylactic shock and Asthma through the Child & Young Person Nurse (CYPN) Service. Staff are also updated regularly/annually as required in respect of other relevant conditions e.g. epilepsy, diabetes.

Other staff training and support will be provided as and when required to meet the needs of any child with a medical condition. The school will ensure that any member of staff providing support to a child with medical needs receives appropriate training before carrying out such duties/responsibilities. Appropriate training will be sought with advice from the relevant Healthcare Professional.

The Assistant SENCO can provide staff with information relating to e.g. ADHD, ASD, etc.

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements of Healthcare Plans.

Wherever possible whole school awareness training will be undertaken for supporting pupils with medical conditions.

The family of a child will often be key in providing relevant information to staff about their child's needs.

Staff will not give prescription medicines or undertake healthcare procedures without appropriate training.

Child's role in managing their own medical needs

In discussion with Parents/Carers, children who are competent will be encouraged to take responsibility for managing their medication and procedures, when this is appropriate. This will be reflected in the child's Plan.

This will include children carrying their own medication and relevant devices when appropriate, or be able to access these.

It is recognised that even in these circumstances, a level of supervision may be required.

If a child refuses to take medication, staff will not force them to do so, but will follow any procedure agreed in the Plan. Parents/Carers will be informed so that alternative options can be considered.

Storage of Medication

All medication will be stored safely. Where appropriate, children will know where their medication is kept. Medicines and devices such as asthma inhalers, blood glucose testing meters, insulin, and adrenaline pens are always readily available to children as appropriate.

Other prescribed drugs are stored securely and only available to school staff members. A child who has been prescribed a controlled drug may legally have it in their possession, although monitoring arrangements may be necessary. Staff may administer controlled drugs in accordance with prescriber's instructions

All staff are aware of where relevant medication is kept for each class.

Where appropriate, medication is kept in kept in refrigerators.

All medications are returned to Parents/Carers when no longer required. Or are out-of-date.

The school will keep a record of all regular medications administered, stating what, how and how much was administered and by whom.

Staff will ensure that all relevant medication is taken on out-of-school activities.

Record Keeping

Written records will be kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

Emergency Procedures

The school will prepare 'Personal Emergency Evacuation Plans' (PEEPs) for relevant children.

A child's Health Care Plan includes details of what to do in the case of emergency, including emergency symptoms and procedures. In certain circumstances the child themselves will be able to recognise symptoms themselves and will inform a member of staff immediately if they think they need help.

If any child needs to be taken to hospital, a member of staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

Day trips, residential visits and sporting activities

The school will actively support all children with medical conditions to enable them to participate in school trips, visits, sporting activities etc. The school will make arrangements for the support of the child in such activities, according to their own abilities and with any reasonable adjustments. The school will also take account of information/advice received from a clinician.

Risk assessments will be undertaken so that planning arrangements can take account of any steps needed to ensure that pupils with medical conditions are included. This will include conversations with parents, the child, and relevant Healthcare Professionals.

Teachers will need to take account of how a child's medical condition will impact on their participation, and will ensure there is enough flexibility for all children to participate according to their abilities and with any reasonable adjustments, unless there is evidence from a clinician that this is not possible.

Alternative arrangements for children with medical conditions

There may be occasions where it will be necessary for the school to work with the Local Authority, Health Professionals, or other support services to ensure that children with medical conditions receive a full education.

The school operates a separate Policy for children who cannot attend school as a result of health needs. (Children with Health Needs who cannot attend School).

Home to School Transport

Where a child has a medical condition, arrangements will be made to ensure that those supplying the transport are aware of the condition. This will be done in consultation with Parents/Carers. This will include information on what to do in an emergency.

Where a child has a life-threatening condition, in consultation with Parents/Carers, the transport provider will be provided with a relevant Health Care Plan for that child.

Unacceptable Practice

The School is aware that it is not generally accepted practice to:

- Prevent children from easily accessing 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).
- Frequently send home children with medical conditions, or prevent them from staying for normal school activities including lunch, unless this is specified in their individual Healthcare Plan.
- Sending children unaccompanied to the school office or medical room if a child becomes ill.
- Penalise children for their attendance if their absences relate to their medical condition.
- Prevent children from drinking, eating, or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues.
- Prevent or create unnecessary barriers to children participating in any aspect of school life, including school trips e.g. requiring parents to accompany the child.

Notification of Infectious Diseases

Public Health England will be contacted for advice about any outbreaks of infectious diseases and about who should be alerted, i.e. any unusual increase of illness or group of associated illnesses, which may require action, and any case of meningitis.

The school is not responsible for notifying Public Health England of any notifiable diseases; that is the responsibility of the Doctor concerned.

Ofsted should be notified of any food poisoning affecting two or more children looked after on the premises. We will also notify Environmental Health for information and advice.

Exclusion of pupils with Infectious Diseases

The final decision about exclusion and/or re-admission to school rests with the Headteacher. If a Parent returns a child before the suggested timescale shown for any of the diseases listed in 'Guidance on infection control in schools and other settings' Public Health England. Headteachers have the authority to refuse admission and they will be supported by Public Health England. There may be circumstances when, following discussions between a Headteacher, Public Health England and the general practitioner, a child is able to return to school before the exclusion period expires. Should a GP contact a Head to ask why a particular child has not been allowed to return to school when he/she has said that this was in order, the GP will be advised to contact Public Health England if the reason for refusing to re-admit was because the exclusion period for the disease in question has not expired.

Communicating risk to other Parents and pupils

Refer to the section below regarding head lice. For infectious diseases, we will seek advice from Public Health England. Individual pupil's rights of confidentiality will be recognised at all times.

For certain children (or their parents) whose health may be at risk relating to certain conditions, the school will notify such parents when it receives notification that such conditions are present in school.

Children returning from long term illness or injury

The Headteacher will seek advice from a School Health Service professional if he is concerned about the care and management of a child who returns to school following a long-term illness or injury. The child's individual Healthcare Plan will identify the support the child will need to reintegrate effectively. DfE guidance suggests every effort should be made to ensure arrangements are in place within two weeks where there is new diagnosis of medical need.

Misrepresentation

The Headteacher will inform the Education Welfare Officer if they are concerned about either of the following circumstances so that arrangements can be made for the child to be seen by the School Health Service, if necessary.

1. Prolonged or regular periods of absence that are viewed with suspicion although they are certified by a general practitioner.
2. Where a child is thought not to be fully fit.

Hygiene/ Infection Control

All staff are familiar with the normal precautions for avoiding infections and follow basic hygiene procedures. Staff have access to protective disposable gloves, and are aware of the need to take care when dealing with any spillages of blood or other bodily fluids, and the correct disposal of dressings or equipment. Disposal of any medication must be done by the Parents.

When spillages occur i.e. blood, faeces, saliva, vomit, nasal, eye discharges, these should be cleaned using a product that combines both a detergent and a disinfectant. Mops must never be used for cleaning up blood and body fluid spillages. Instead disposable paper towels should be used.

With regard to HIV/AIDS and Hepatitis B, Staff should ensure that they take the normal precautions for avoiding infection and follow basic hygiene procedures.

Sharps will be disposed of in the appropriate sharps bin.

Gastro-Enteritis

Exclusion of anyone with symptoms of gastro-enteritis (diarrhoea) is important because it is at this stage that the individual is most infectious. Once symptom free, the individual is a much more reduced risk to others, provided the following criteria are met:

- Symptoms must have abated – this means normally formed stools for a period of at least 48 hours.
- The individual must be able to observe normal rules of hygiene (i.e. wash hands after defecation).

Sickness and Diarrhoea

Exclusion of anyone with symptoms of gastro-enteritis (diarrhoea) is important because it is at this stage that the child is most infectious. Any child who has suffered from sickness and/or diarrhoea should not return to school until 48 hours after the last incidence of sickness and/or diarrhoea. This is in accordance with guidance from Health Professionals. (See previous section on Gastro Enteritis).

Hepatitis B

Hepatitis B is rare in children in the UK. Infection is spread most commonly by sexual contact with an infected person, sharing an infected needle or by receiving blood from an infected person. It can be transmitted through saliva but the risk is low. Where there is a particular risk, staff should be vaccinated against Hepatitis B from their own GP.

HIV/Aids

Provided standard good hygiene practices are in place, there is no risk to other children or school staff from an HIV infected child attending the school. HIV is spread most commonly by sexual contact with an infected person or by exposure to blood or blood contaminated body fluids of an infected person.

In the case of both Hepatitis B and HIV/Aids, staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff must use protective disposable gloves and take care when dealing with spillages of blood and other body fluids.

Long term medication i.e. Asthma, Diabetes, Epilepsy, Allergies etc.

Children suffering from chronic illnesses should be actively encouraged to manage their own medication, when possible, from an early age and as a school, we support this, although staff will be on hand to supervise.

Their medication will be kept securely under the scrutiny of their class teacher, clearly labelled with the child's name, amount/frequency of dosage, enabling the stated child access at all times, when appropriate.

Asthma Guidance

Parents will be asked for the details of their child's treatment, together with guidance on correct usage of their medication and this will be kept with their contact information.

Parents also need to be aware of our policy for self-management.

An Asthma Plan will be completed for every child with Asthma. An individual log will also be kept to record use of the child's inhaler

If the pupil uses a reliever inhaler; Ventolin, Bricanyl and Salbutamol, they will need to keep one at home and an additional one at school. This applies also to preventative inhalers; Intal, Becotide and Pulmicort were appropriate.

The school keeps an emergency inhaler in school – parents must give permission for this to be administered to their child.

Pupils will have access to their inhalers at all times; in the classroom, on the sports field, at the swimming pool, at break and lunch times and also on school trips.

The aim of total normal activity should be the goal for all but the most severely affected pupil with asthma. However, nearly all people with asthma can become wheezy during exercise. During P.E., Teachers are aware that a number of pupils with asthma need to take a dose of their preventative inhaler before exercise. Some children, depending on the time since their last dose, may need to take a dose of their reliever inhaler. This helps prevent exercise-induced asthma. If the pupil does become wheezy or breathless, a further dose of the reliever inhaler should be taken. Pupils who are normally active should not be forced to participate in games if they become too wheezy to continue.

The signs of an asthma attack are:

- Persistent cough (when at rest).
- Wheezing sound coming from the chest (when at rest).
- Difficulty breathing.
- Nasal flaring.
- Unable to talk or talk in complete sentences
- Child may indicate their chest feels tight.

Recommendations by the National Asthma Campaign: An Asthma Attack – What To Do.

If an asthmatic pupil becomes breathless and wheezy, has a tightness of chest, or coughs continually;

1. Keep calm and reassure the child.
2. Encourage the pupil to sit down in a comfortable position, leaning forward, supported by their arms on a table. Reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. Do not put your arm around the pupil as this could restrict breathing and do not make them lie down.
3. Never leave the child alone.
4. Support the pupil to use his/her reliever inhaler – normally blue – as per the instructions in their Asthma Plan/on their medication.
5. If there is no immediate improvement, continue to give two separate puffs every two minutes (up to a maximum of 10 puffs).
6. If the pupil has forgotten his/her inhaler and you do not have prior permission to use the emergency inhaler:
 - Call the Parents.
 - Failing that, call the family doctor.
 - Inform the Headteacher, or Miss Bellamy immediately. (Another person's assistance will be invaluable, to make further phone calls without leaving the patient alone etc.).
 - Check the attack is not severe - see below.
7. Stay with the child until they can return to normal school activities – but make sure parents are informed.
8. If after 5-10 minutes:
 - The symptoms disappear, the child can go back to what they were doing.
 - If the symptoms have improved, but not completely disappeared, call the Parents and give another dose of the inhaler whilst waiting for them.

But if the inhaler has had no effect and the child appears distressed, is unable to talk normally and is becoming exhausted, has a blue/white tinge around lips, is going blue, or has collapsed:

TREAT AS A SEVERE ATTACK.

Call 999 for an ambulance.

Get someone to inform the Parents.

If the pupil has an emergency supply of oral steroids, Prednisolone or Prednisol, give them the stated dose now.

If the ambulance is taking longer than 15 minutes, then keep trying with the usual reliever inhaler every 2 minutes as detailed at number 5 above - do not worry about overdosing.

Emergency Inhalers

The school keeps an emergency Inhaler(s) for any pupil with Asthma who has been prescribed an inhaler as reliever medication. The Inhaler can be used if the child's inhaler is not available (e.g. it is not working, or empty).

The emergency Inhaler can only be used by children for whom written parental consent for the use of the emergency inhaler has been given. It can only be used for children who have either been given a diagnosis of Asthma and prescribed an Inhaler or who have been prescribed an Inhaler as reliever medication.

Anaphylactic Shock

Children in school who have been diagnosed as Anaphylactic, will have a Health Care Plan prepared for them. Training on the administration of Epipens/Anapens/Jext pens will be available to all staff members annually. Every member of staff will be made aware of the children within the school who may require this treatment.

Anaphylaxis presents with a range of symptoms, which may or may not be present in individuals. These can include:

- Generalised flushing of the skin anywhere on the body.
- Hives/nettle rash.
- Difficulty in swallowing or speaking.
- Swelling of throat and mouth.
- Alterations in heart rate.
- Severe asthmatic symptoms.
- Abdominal pain, nausea and vomiting.
- Sudden feeling of weakness (due to drop in blood pressure).
- Collapse and unconsciousness.

Cardiac Arrest

Sudden cardiac arrest is when the heart stops beating and can happen to people at any age and without warning.

Diabetes

At any one time, the School may have children who have been diagnosed with diabetes. Children will be encouraged to be responsible for their own blood testing to show sugar levels, (there is usually a container for the used needles which goes home to be disposed of). Also, there is usually a container in the classroom at all times for the diabetic child to be able to get something to eat or drink should this be required.

Children with Type 1 diabetes will usually need injections of insulin, or this may be administered via a pump. Children with Type 2 diabetes will usually be treated through diet and exercise regimes only. Individual Health Care Plans will detail the needs of the children concerned.

Any staff involved in the administering or monitoring of blood sugar levels or insulin injections will have appropriate training.

Although children will be encouraged to be responsible for their own treatment, all children will be given adult supervision to enable their condition to be managed effectively.

Epilepsy

Specific guidance for individual children with epilepsy will be detailed in the child's Health Care Plan and supported by advice for Health Care professionals. If medication is required to be administered by staff, they will be given appropriate training.

Management of ADHD

Medication for ADHD is not usually required during the school day, but when this is required, it will be detailed in the child's Health Care Plan. School will refer to relevant guidance as necessary and reports prepared by the relevant Community Paediatrician. Medication may be prescribed as part of a holistic treatment programme. Not all children with ADHD are given medication.

Other Long-Term Conditions

For other children with long term conditions, e.g. food allergies, skin conditions, physical difficulties or other long-term medical conditions, Health Care Plans will be prepared giving details of condition, and any regular medication taken or required in school, together with any emergency medication which may be required. Any such emergency medication required in school will be kept in the appropriate class as previously detailed herein.

Verrucae

Exclusion is not desirable and treatment is not usually necessary. Barefoot activities need not be restricted. (Staff should note that protective plastic socks can cause safety hazards in that they can be slippery on swimming pool surrounds.)

Head Lice

It is the responsibility of Parents to be vigilant and also to take appropriate action to treat head lice should it be necessary. Where treatment appears unsuccessful, Parents should seek further advice from their GP. Occasionally it may be helpful for the Headteacher to alert groups of/all Parents of an outbreak.

Children will not be excluded from school by reason of head lice infestation unless advised otherwise by the School Nurse.

Sunburn

We are all aware of the dangers of too much exposure to sun and as a school we take every precaution we can to lessen the amount of time the children may be exposed, but we do need the help of Parents. Parents should ensure their child wears appropriate clothing. (Fair skinned children burn easily and should spend as little time as possible uncovered outside, therefore provision of a lightweight long-sleeved shirt, light-weight trousers etc. especially if they are to be outside for sports, school trips, etc is recommended). All staff will be aware of the need to be vigilant in observing individuals who appear to be over exposing themselves to the sun. Staff will encourage children to use shaded areas.

We educate children to develop their understanding of the dangers of exposure to the sun, and encourage the children to wear hats in the sun and use sun cream.

Staff or Volunteers are not permitted to apply cream to a child. Parents/Carers must make sure their child/children know how to apply the cream themselves. However, it may be acceptable to agree to apply sun cream to a pupil with a known medical condition, but only after discussions with the parent and on medical advice.

Water is available at all times for the children to drink. However, when there is a specific activity, trips etc. and we are not in school then it is suggested that Parents/Carers provide their child/children with an additional supply of water.

Children will be educated in developing their understanding of the dangers of the sun and to take proper care of themselves.

Support for Mental Health Needs

When considering Mental Health Needs, the school will refer to the DfE publication 'Mental health and behaviour in schools'.

The school operates a separate Policy Support for Emotional and Mental Well-being. The school Designated Lead for Mental Health is Mr. Graeme Wright.

Liability and Indemnity

The School operates insurance through the Local Authority which covers staff provided appropriate training has been undertaken. Guidance on cover from the LA will be sought as appropriate as needs arise.

Further Information

As stated previously herein, we have a list of children with special medical needs which includes relevant information for individual pupils. Teachers and Support Staff are aware of the contents of this list. This list is kept in classroom registers and, where relevant, on individual pupil's records.

Complaints

If any Parent/Carer is dissatisfied with the support provided for their child, they should initially discuss their concerns with the school. If for any reason this does not resolve the matter, they should make a formal complaint via the school's Complaints Procedure

Review

This policy has been approved by the Governing Body and will be reviewed at least biennially.

MODEL PROCESS FOR DEVELOPING INDIVIDUAL HEALTHCARE PLANS

