



## **Supporting Children with Medical Conditions**

**January 2022**

**Next Review due Spring Term 2023**

---

## Rationale

Most pupils at some time have a medical condition, which could affect their participation in school activities. This may be a short term situation or a long term medical condition which, if not properly managed, could limit their access to education. Individual schools are required to develop their own Health and Safety Policies to cover a wide variety of issues and it is suggested that in a similar way schools should develop policies and procedures for supporting pupils with medical needs, including the safe management of medication.

*The Director of Education and Cultural Services March 2002*

Teachers are not required to administer medication or to support pupils with medical needs as part of their employment contract but they may volunteer to do so. All staff may wish to discuss this with their particular Teacher Association and County Council regarding their indemnity policy. In some cases the contracts for non-teaching staff or special support assistants may include references to the administration of medication and/or the undertaking of medical procedures. Such contracts will of course be agreed on an individual basis.

This policy has been developed according to the latest DfE Guidance (September 2014): *Supporting Pupils at School with Medical Conditions*. The contents of this document concentrate primarily on medical issues but Hurst Green Infant School and Nursery is aware of the wider context created by the extension of the requirements of the Disability Discrimination Act 1995 to the field of education in general and the new Disability Code of Practice. We are therefore developing this policy and putting into place the relevant procedures to ensure we are a fully **inclusive** school.

## Action in Emergencies

This policy does not replace the protocol and procedures already in place in school for emergency situations. Failure to act in an emergency situation could result in a teacher or other member of school staff being found in breach of the statutory duty of care. (See Health and Safety Policy)

## Introduction

Hurst Green Infant School and Nursery wishes to provide a fully inclusive educational and pastoral environment for learning for every child in our care. To do this we need to ensure that correct procedures and protocols are in place to enable any child with a long-term medical condition to be able to attend school or have minimum disruption to their education.

## Aims

- To ensure as little disruption to our pupils education as possible.
- To develop staff knowledge and training in all areas necessary for our pupils.
- To strengthen our links with all outside agency support systems including hospital teachers, Surrey Education Medical Service, Surrey Educational Inclusion Service and specific support groups.
- To ensure safe storage and administration of agreed medication.
- To provide a fully inclusive school environment.

## Definition

**This is not a policy for short-term illness and related medication, for example antibiotics or paracetamol for a cold or eye infection, etc.** The school works closely with parents and carers in these circumstances to ensure that any disruption to the child's education is kept to a minimum, provided the parents provide written authorisation for a member of the school staff team to supervise the administration of these drugs, should there be no-one else available to do it. The school makes it clear that any child who is **infectious** or too poorly should not attend school until they are well enough.

This policy relates to children who have a recognised medical condition, which will last longer than 15 days and will require the child to have a care plan protocol in school. In such cases a Surrey Education Authority suggested protocol (Individual Health Care Plan) would generally be adopted in school with the parents' consent. Occasionally a National Health Service Plan may be used.

## Identification

We will work with the parents and medical professionals to ensure that we have specific protocols in place as soon as the child starts school. This may take the form of information sharing, developing specific care plans, organising training, employing new staff or reorganising classroom facilities. We will also regularly send out medical questionnaires to parents to ensure all our records are up to date.

## Provision and Organisation

The school will follow the guidance given by Surrey Education Authority and by the DfE regarding supporting pupils with medical needs in school. This policy will be kept alongside that guidance to provide a management strategy to fully support the needs of all staff, pupils and parents.

Training regarding specific conditions will be delivered as required. This is usually within the term of a new pupil beginning school, but if necessary before they commence their education at Hurst Green Infant School and Nursery. General training on awareness of medical conditions and their possible medication implications will occur annually. This will run in parallel with the school's first aid training, which will continue to be under the guidance of the Health and Safety Policy. Pupils requiring continuous support for a medical condition will be given an Individual Health Care Plan (IHCP).

## Individual Health Care Plans (IHCP)

The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. The IHCP clarifies for staff, parents/carers and the child the help the school can provide and receive. These plans will be reviewed annually as a minimum, or more frequently at the request of parents/carers or the school, or as required.

An IHCP will include:

- Details of the child's condition
- What constitutes an emergency
- What action to take in an emergency
- What not to do in the event of an emergency
- Who to contact in an emergency
- The role of staff
- Special requirements e.g. dietary needs, pre-activity precautions
- Potential side effects of medicines

When drawing up an IHCP, the following considerations will be taken into account:

- the medical condition, its triggers, signs, symptoms and treatments;
- the child's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and any specific environmental issues;
- the level of support needed, including in emergencies. If a child is self-managing their own medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role, cover arrangements for when they are unavailable and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional;
- who in the school needs to be aware of the child's condition and the support required;
- written permission from parents and the head teacher at your school for medication to be administered by a member of staff;
- 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 e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements. Other pupils in the school should know what to do, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

Annex A below sets out the process for identifying a specific medical need and working in partnership with parents/carers to make appropriate, tailored provision in school.

A copy of the IHCP will be given to parents/carers, class teachers and a copy will be retained in the medical needs file in the office and the child's individual file. The general medical information sheet, including a recent photo of the child that is given to all staff will indicate that the child has an IHCP.

All trained staff will ensure they are aware of the protocols and procedures for specific pupils in school through attending training provided and reading care plans devised for individual pupils.

### **Asthma Policy**

***Children will not be able to carry any medication. No child is allowed to have any non-prescription drugs in school;*** this is to ensure that no child unwittingly or otherwise gives another child his or her medication. This approach is supported in school through our PSHE curriculum. Medication is stored in the medical cupboard in the school office. On rare occasions, some short-term medication that requires refrigeration is stored in the school office fridge, where it is clearly labelled. Parents are responsible for collecting this medication at the end of each day so that it is not on the school site overnight. All Epipens are stored in the medical cupboard. Children with a prescription inhaler for asthma should have this stored in the school office.

**Emergency medical supplies will remain stored in the school office and remain organised under the Health and Safety Policy.**

Plans will be reviewed at least annually or earlier if the child's needs change.

Please see Annex B for more details of our Asthma Policy.

### **Roles and Responsibilities**

The ultimate responsibility for the management of this policy in school is with the Head Teacher and Governing Body. The SENCO will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained.

### **School Visits**

When preparing risk assessments, staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits.

Additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent/carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned or as part of the risk assessment and visit planning process. A copy of IHCP should be taken on trips and visits in the event of information being needed in an emergency.

**When the administration of non-emergency medication is required, staff may exercise their voluntary right to not administer, this right may be selective on the grounds of the type of medication in question. The members of staff willing to administer the medication to a pupil should be recorded in the individual care plan and this voluntary responsibility can be withdrawn at any time.**

### **Other Support**

Outside agencies such as:

- School Health Advisor
- Medical specialists relating to pupil
- Social Care Team
- SEN Advisory and Assessment Team
- Specialist Support Groups
- Parent Partnership
- Educational Psychology Team
- Child Protection Team
- Educational Welfare Officer
- Hospital Teachers
- Home Tutors
- Behaviour Support

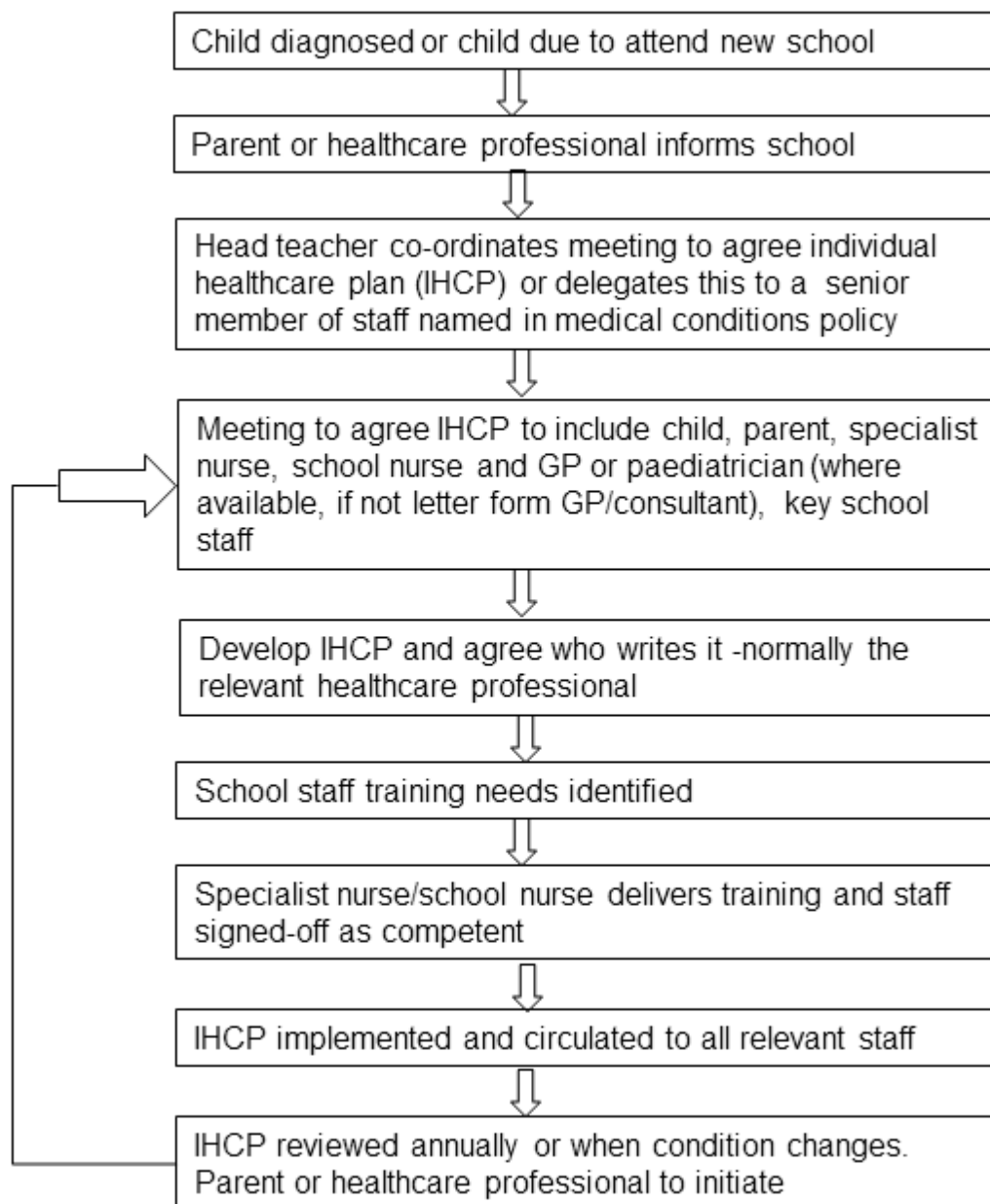
Any of these may be consulted to support and advise school in the devising and management of this policy.

### **Monitoring and Evaluation**

This policy will be monitored annually and updated when necessary to ensure new legislation is incorporated. Staff will regularly receive opportunities to discuss and evaluate the management of the procedures and protocols in school.

This policy will be made available to parents through the school website. We will ask parents for regular updates regarding medical information.

### Annex A: model process for developing individual healthcare plans



## **Asthma Policy**

### **Aims**

Hurst Green Infant School and Nursery recognises that asthma is a widespread, serious but controllable condition affecting many pupils. The School positively welcomes all pupils with asthma. We encourage pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, the Governing Body and pupils. Supply teachers and new staff are also made aware of the policy.

### **Record keeping**

At the beginning of each school year or when a child joins the School, parents/carers are asked if their child has any medical conditions, including asthma, on their Medical Needs Form. All medical needs are informed to school staff.

### **Asthma medicines**

Medication to treat the symptoms of asthma comes in the form of inhalers. Some children will have 'a preventer inhaler' (brown); these are children who have moderate to severe asthma. This type of inhaler is used daily to try to reduce the number of asthma attacks. All children will have a 'reliever inhaler' (blue). Reliever inhalers work by relaxing the muscles surrounding the airways, therefore, making breathing easier. Reliever inhalers are essential for treating children who have an asthma attack.

Immediate access to reliever medicines is essential and these are kept in each classroom (– should this read School Office?) and taken on all school trips. All inhalers are labelled with the child's name.

School staff are not required to administer asthma medicines to pupils except in an emergency; at which point the adult will be asked if he/she is happy to administer such medicine. School staff who agree to administer medicines are insured by the local education authority when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to.

### **Exercise and activity – PE and games**

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at School are aware of which pupils have asthma from the School's Medical Needs Register.

Pupils with asthma are encouraged to participate fully in all PE lessons and/or out of school activities. If a pupil needs to use his/her inhaler during a lesson he/she will be encouraged to do so.

Classroom teachers follow the same principles as described above for other games and activities involving physical activity.

### **Out-of-School activities, trips and outings**

The School will consider asthma triggers when planning out-of-school activities and will ensure there is a member of staff trained in First Aid in attendance. Parents

must ensure that the school has been given in advance the correct inhaler, which must be labelled. Failure to do so may result in pupils not being allowed to attend, if parents/carers cannot be contacted.

### **School environment**

The School does all that it can to ensure the school environment is favourable to pupils with asthma. The School has a definitive Nut Free Zone and a No-Smoking Policy. As far as possible the School does not use chemicals in Science and Art lessons which are potential triggers for pupils with asthma.

### **When a pupil is falling behind in lessons**

If a pupil is missing a lot of time at School or is always tired because his/her asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and Special Educational Needs and Disabilities Coordinator about the pupil's needs. School recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

### **Asthma attacks**

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.

In the event of an asthma attack School follows the procedure outlined in Appendix B

### **The Governors will:**

- ensure that an appropriate Asthma Policy is in place;
- make sure the Asthma Policy is effectively monitored and regularly updated;

### **The Headteacher will:**

- plan an individually tailored School Asthma Policy with the help of school staff, the school nurse, local education authority advice and the support of the Governing Body;
- plan the School's Asthma Policy in line with devolved national guidance;
- ensure good communication of the policy to everyone;
- ensure every aspect of the policy is maintained;
- assess the training and development needs of staff and arrange for them to be met.

### **School staff will:**

- follow the School Asthma Policy;
- know which pupils with whom they come into contact, have asthma;
- know what to do in the event of an asthma attack;
- allow pupils with asthma immediate access to their reliever inhaler;
- tell parents/carers if their child has had an asthma attack;
- tell parents/carers if their child is using more reliever inhaler than they usually would;
- ensure pupils have their asthma medicines with them when they go on a school trip or out of the classroom;



- liaise with parents/carers, the school nurse and SENCo.

#### **Pupils will:**

- treat other pupils with and without asthma equally;
- let any pupil having an asthma attack take his/her reliever inhaler (usually blue) and ensure a member of staff is called;
- tell their parents/carers, teacher or PE teacher when they are not feeling well;
- treat asthma medicines with respect;
- know how to gain access to their medicine in an emergency;
- know how to take their own asthma medicines.

#### **Parents/carers will:**

- ensure School has the correct labelled and in-date inhaler in School;
- ensure their child's reliever inhaler (and spacer where relevant) is labelled with their name;
- inform School of any medicines the child requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports;
- inform School of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma);
- ensure their child has regular asthma reviews with their doctor or asthma nurse (every six to 12 months)

### **Procedure for treatment to be given during an asthma attack**

#### **Common signs of an asthma attack:**

- coughing
- shortness of breath
- wheezing
- feeling tightness in the chest - children sometimes say 'heavy' chest.
- being unusually quiet
- difficulty speaking in full sentences
- lethargy
- paleness

#### **What to do in an asthma attack:**

1. Reassure the child.
2. Ask the child to sit up straight - don't lie down. Try to keep them calm.
3. Ensure tight clothing is loosened.
4. Get the child to take one puff of their relieve inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
5. If they feel worse at any point while they are using the inhaler or don't feel better after 10 puffs or you are worried at any time, **call 999 for an ambulance**
6. **If the ambulance is taking longer than 15 minutes you can repeat step 4.**
7. Even if the child appears to recover - a parent should be called.

**Important things to remember in an asthma attack:**

- Never leave a pupil having an asthma attack, send another pupil to get a teacher/ member of staff if an ambulance needs to be called.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Contact the pupil's parents/carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent/carer arrives.