



Supporting Pupils with Medical Conditions

Last review date:	5th December 2023
Approved by:	Governing Body
Next review date:	5th December 2024
Person/s responsible:	Mrs R Madar - Head teacher Mrs J Rampton – Welfare Officer

1. Aim

The ultimate aim of this policy and scheme is to provide the appropriate information to safeguard children.

2. Introduction

Most children 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. The Governors and staff of Grange Park Junior School wish to ensure that children with medical needs receive care and support in our school. We firmly believe children should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school or other activities.

3. Roles and Responsibility

3.1 The role of the Head Teacher and Governing Body

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

The Welfare Officer will work with the administration team to ensure accurate and up to date records are kept for children with medical needs.

3.2 The role of Staff - Staff 'Duty of Care'

Anyone caring for children, including teachers and other school staff have a common law duty of care to act like any reasonably prudent parent. This duty extends to staff leading activities taking place off site, such as visits, outings or field trips and may extend to taking action in an emergency.

Teachers/child care practitioners who have children with medical needs in their care should understand the nature of the condition, and when and where the child may need extra attention. All staff (teaching and non-teaching) should be aware of the likelihood of an emergency arising and be aware of the protocols and procedures for specific children in school through attending training provided and reading individual health plans devised for individual children.

3.3 The role of Parent/Carers

Parents/carers have prime responsibility for their child's health and should provide school with up to date information about their child's medical conditions, treatment and/or any special care needed. If their child has a more complex medical condition, they should work with the school/other health professionals to develop an individual healthcare plan which will include an agreement on the role of the school in managing any medical needs and potential emergencies.

It is the parent/carers responsibility to make sure that their child is well enough to attend school.

4. Identification

Upon entry to school, parent/carers will be asked to complete admission forms requesting medical information. Throughout the year we request through our newsletter that parents keep us up to date with any changes in medical information. We also annually send out data sheets for parents/carers to check and amend to ensure all our records are up to date.

5. 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 the staff can play
- special requirements e.g. dietary needs, pre-activity precautions
- any side effects of medicines
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A copy will be given to parents/carers, class teachers/childcare practitioners 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 given to all staff will indicate that the child has an IHCP.

6. Communicating Needs

A medical file containing class/childcare lists together with an outline of any medical condition and actions to be taken is available to all teaching and non-teaching staff (including Lunchtime Supervisors) in the office. Individual Health Care Plans for children are kept in the Welfare room and classrooms where they are accessible to all staff involved in caring for the child. A copy is also kept of children with IHCPs on the notice board or in a folder in the staff room, office and in communal teaching rooms eg: Music room, French room, ICT room as well as the Big hall, and the canteen.

7. First Aid

We have a number of school staff who are trained 'first-aiders' and in the event of illness or accident will provide appropriate first aid. All staff will follow the Medical Room attendance procedures - see appendix 5 - to ensure that all school staff are kept up to date in regard to any injuries/illness.

All accidents/illnesses are treated in the medical room or at the scene if an injury where a child cannot be moved. The Head teacher is informed of any severe injuries occurred on site or attendance to a hospital. It is recorded in the medical incident log, the record will include the date, time, details of the accident/illness, actions taken and any communication with parent/carers.

We will immediately inform parent/carers by phone if their child has had a head injury and received first aid attention. At the end of the school day the class teacher will speak to the parent and give them the blue 'head injury' form.

In the event of a more serious accident, we will contact the parent/carer as soon as possible. If hospital treatment is required and a parent/carer is not available, 2 members of staff will take the child to hospital and stay with the child until the parent/carer arrives. If the child is required to travel in an ambulance a member of staff will accompany the child in the ambulance if their parent/carer is unavailable.

8. Accident Reporting

Details of minor accidents/incidents are recorded in the Accident Book together with any treatment provided. Accidents of a serious nature are reported using the on-line reporting system to the HSE (Health, Safety & Environment) under RIDDOR, which refers to the (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995).

9. Physical Activity

We recognise that most children with medical needs can participate in physical activities and extra-curricular sport. Any restrictions in a child's ability to participate in PE or specific physical activities should be recorded in their IHCP. All staff should be aware of issues of privacy and dignity for children with particular needs.

10. 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. Sometimes 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 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.

11. Residential Visits

Parent/carers of children participating in residential visits will need to complete a consent form giving details of all medical/dietary needs. Administration of medicine forms need to be completed prior to the day of departure and all medication which needs to be administered during the course of the visit should be handed directly to the group leader before leaving the school at the start of the visit.

12. Administration of Medicines

- The Head Teacher will accept responsibility for members of school staff giving or supervising children taking prescribed medication during the school day where those members of staff have volunteered to do so and have agreed to adhere to this policy
- Grange Park Junior school will only administer medication if the medication has to be taken four times a day
- Prescribed medication provided in its original pharmacy labelled container can only be administered to children where parents/carers provide such medication to the school and parents/carers must specifically request in person that the school administers it.
- Each item of prescribed medication must be delivered in its original, pharmacy labelled plastic container and handed directly to the Welfare Officer or person authorised by the Head Teacher. The school will not accept medication which is in unlabelled containers.
- Medication will not be accepted without a completed Administration of Medicines Consent Form with clear instructions as to administration.
- The Head Teacher will consider in each case the nature of the medication to be administered, any potential risks and all other relevant information before deciding whether in any particular case medicine can be administered in school. Where there is concern about whether the school can meet a child's needs the Head Teacher should seek advice from the school nurse or doctor, the child's GP or other medical adviser.
- Unless otherwise indicated on the storage instructions, all medication to be administered will be kept in a safe place in the Welfare Room.
- The school member of staff administering the medication must record details of each occasion when medicine is administered to a child.
- If children refuse to take medication, the staff should not force them to do so. The school should inform the child's parent/carer as a matter of urgency, and may need to call the emergency services.
- Parent/carers will be advised that it is their responsibility to notify the school of any changes to a child's medication. Parents/carers should also inform the school of any other circumstances that may affect the administration of medication or of the child's reaction to the medication.
- Staff who volunteer to assist in the administration of medication must receive appropriate training/guidance identified by the Head Teacher in liaison with health professionals.

- The Head Teacher or representative will seek the advice of healthcare professionals on the type of training required for each authorised member of staff and what types of medication that training covers.

13. Anaphylaxis, Asthma, Diabetes, Eczema and Epilepsy

The school recognises that these are common conditions affecting many children and young people, and welcomes all children with these conditions.

The school believes that every child has a right to participate fully in the curriculum and life of the school, including all outdoor activities and residential trips. The school ensures that all staff in the school have a good understanding of these conditions, through relevant training and do not discriminate against any child who is affected.

Anaphylaxis - see appendix 1

Asthma - see appendix 2

Diabetes - see appendix 3

Epilepsy - see appendix 4

13.1 Eczema

We are aware that active (acute) eczema causes constant itching and can mean sleepless nights and daytime drowsiness. We recognise that children who suffer with eczema may need the support of school staff to help them deal with this condition and that they may need help to apply emollients.

Head Lice

Any case of head lice should be reported to the school. Parent/carers will be advised on an appropriate course of action as advised by the local health authority.

Staff Training

The school is responsible for ensuring that staff have appropriate training to support children with medical needs. Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school. Arrangements are made with appropriate agencies e.g. School Health to update staff training on a regular basis.

Teaching and support staff are directed to attend epipen and asthma training annually.

Confidentiality

Staff must always treat medical information confidentially. Agreement should be reached between parent/carers and the school about whom else should have access to records and other information about a child and this will be detailed in their Individual Healthcare Plan.

If information is withheld from staff, they will not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Other Agencies

The school nurse, paediatrician or other specialist bodies may be able to provide additional background information for school staff. Any requests or referral to these services will only be made with parental consent.

Monitoring and Evaluation

Staff and governors, on a three yearly basis, will review this policy unless circumstances demand an earlier review.

Appendix 1

Anaphylaxis

Guidance for all staff on managing children at risk of anaphylaxis and dealing with incidents of suspected anaphylaxis.

RATIONALE

Grange Park Junior School recognises that children may join the school who have allergies and may suffer an anaphylactic reaction if they eat or come into contact with that to which they are allergic. If this occurs the child is likely to need medical attention and, in an extreme situation, the condition may be life threatening.

A child at risk of anaphylaxis presents a challenge to any school. However, with sound precautionary measures and support from the staff and the doctor responsible, school life may continue as normal for all concerned. Grange Park Junior School will develop an individual health care plan for each child is developed based on consultation with the parents/carers and the clinical judgment of the Patient's GP or consultant.

The arrangements set out below are intended to assist children at risk of anaphylaxis, their parents/carers and the school in achieving the least possible disruption to their education and also to make appropriate provision for their medical requirements.

DETAILS

1. The head teacher or Welfare Officer will arrange for the teachers and other staff in the school to be briefed about each child's condition and about their healthcare plan.
2. The school staff will take all reasonable steps to ensure that these children do not eat any food items unless they have been prepared/approved by parents/carers.
3. Parents will remind children regularly of the need to refuse any food items which might be offered to them by other pupils.
4. In particular, parents/carers will provide a suitable mid-morning snack, a suitable packed lunch, suitable sweets to be considered as "treats", and to be kept by the class teacher.
5. If there are any proposals which mean that a child may leave the school site for a trip, any necessary discussions will be held between the school and parents/carers in order to agree appropriate provision and safe handling of medication.
6. Whenever the planned curriculum involves cookery or experimentation with food items, any necessary discussions will be held between the school and parents/carers to agree measures and suitable alternatives.
7. The school will hold, under secure conditions, appropriate medication, clearly marked for use by designated school staff or qualified personnel and showing an expiry date.
8. The parents/carers accept responsibility for maintaining appropriate up-to date medication.

ALLERGIC REACTION

- In the event of a child known to suffer from allergic reactions showing any physical symptoms for which there is no alternative explanation, their condition will be immediately reported to the Welfare Officer/headteacher/senior teacher in charge.
- On receipt of such a report, the person in charge, if agreeing that their condition is a cause for concern, will instruct a staff member to contact in direct order of priority:

1. AMBULANCE - EMERGENCY SERVICES 999

2. PARENTS/CARERS

- Whilst waiting for medical help the head teacher/welfare officer and designated staff will assess the child's condition and administer the appropriate medication in line with perceived symptoms and following closely the guidance in their individual health care plan.

The following procedure will be followed:

- *Child presenting with the following symptoms;
Bad tummy-ache ... itchiness ... irritated ... distressed ... tickly throat ...*

CHILD WILL BE GIVEN PIRITON

- *Child presenting with more acute symptoms;
Wheeziness ... pale ... drowsy ... having difficulty breathing ... blue lips ... losing consciousness*

CHILD WILL BE GIVEN THE EIPEN ADRENALINE AUTO-INJECTION INTO THE OUTER SIDE OF THE THIGH, MIDWAY BETWEEN KNEE AND HIP & CALL 999, THEN PARENT/CARER.

- The administration of this medication is safe for the child and even if it is given through a misdiagnosis it will do him/her no harm.
- On the arrival of the qualified medical staff the teacher in charge will inform them of the medication given to the child. All medication will be handed to the medical person.
- After the incident a debriefing session will take place with all members of staff involved.
- Parents will replace any used medication.

TRANSFER OF MEDICAL SKILLS

- Volunteers from the school staff will undertake to administer the medication in the unlikely event of a child having an allergic reaction.
- If and when required, a training session will be attended by all members of the school staff. The symptoms of the anaphylactic reaction and the stages and procedures for the administration of medication will be explained in detail
- Further advice is available to the school staff at any point in the future where they feel the need for further assistance. The medical training will be repeated each academic year.

AGREEMENT AND CONCLUSION

- A copy of the register of children with allergies will be held by the school and an individual healthcare plan agreed with the parents/carers.
- Any necessary revisions will be the subject of further discussions between the school and the parents.
- On a termly basis, any changes to the allergy summary will be noted and circulated.

Conclusion

A child at risk of anaphylaxis presents a challenge to any school. However, with sound precautionary measures and support from the staff and the doctor responsible, school life may continue as normal for all concerned.

Further information about anaphylaxis and The Anaphylaxis Campaign can be obtained by calling The Anaphylaxis Campaign on **01252 542029** or visiting www.anaphylaxis.org.uk

ASTHMA

This school welcomes all pupils with asthma. Asthma is an important condition affecting many school children. We encourage and help children with asthma to participate fully in all aspects of school life. We will do all we can to make sure that the school environment is favourable to children with asthma.

We ensure that all children understand asthma so that they can support their friends, and so that children with asthma can avoid the stigma sometimes attached to this chronic condition.

Children attending Grange Park Junior School have their inhalers and a spacer in class with them.

A record is kept if the medication is administered by the Welfare Assistant or designated person, along with a list stating the expiry date and dose required for each child individually.

All staff have been trained in the procedure of dealing with an asthma attack.

Each child has a National Asthma Campaign's school card which must be filled in by a Doctor. This is a record of each child's medication. We make sure that inhalers are with children on school trips, during games, P.E and when they go swimming.

If an inhaler is lost or not working emergency kit will be used.

The school works in partnership with parents and health professionals to ensure the successful implementation of this school policy.

THE ASTHMA ATTACK - WHAT TO DO

If a pupil with asthma becomes breathless and wheezy or coughs continually:

1. Keep calm. It's treatable.
2. Let the pupil sit down in the position they find most comfortable. Do not make them lie down.
3. Let the pupil take their usual reliever treatment - normally a blue inhaler.
4. Wait 5 - 10 minutes.
5. If the symptoms disappear, the pupil can go back to what they were doing.
6. If the symptoms have improved, but not completely disappeared, call the parent and give 10 puffs of the inhaler while waiting for the parent to arrive.
7. If the child's inhaler is not in school call the parent or the emergency contact adult. Check the attack is not severe - see below.

HOW TO DEAL WITH A SEVERE ASTHMA ATTACK (i.e. if normal medication has no effect).

ANY of these signs mean severe:

- Normal relief medication does not work at all.
- The pupil is breathless enough to have difficulty in talking normally.
- Blue tingeing around the mouth.
- The pulse rate is 120 per minute or more.
- Rapid breathing of 30 breaths a minute or more.

1. Call for the Emergency Services.
2. Call the parent or the emergency contact if the parent cannot be reached to inform them of the situation.
3. Keep trying with the usual reliever every 5 - 10 minutes and don't worry about possible overdosing.

Using the inhaler - copy available in each Emergency Asthma pump located around the school

- Assemble spacer
- Remove cap from inhaler and shake well
- Attach inhaler to spacer
- Form a tight seal around mouth piece
- Press the top of the inhaler to give one dose
- Breathe slowly and steadily 5 times
- Remove from mouth
- Shake and administer a 2nd puff

If no improvement after 10 minutes, repeat and notify welfare officer.

Make sure parent form is completed and welfare officer notified.

Cleaning Spacer

Soaking in warm soapy water. Rinse and allow to air dry.

Diabetes

Grange Park Junior School positively welcomes all children with diabetes, and as far as practical, provides a safe and supportive environment in which students with diabetes can participate in all activities to achieve their full potential in all aspects of school life. As a school we recognise that diabetes is a complex condition that can pose many problems which if not dealt with can be potentially life threatening.

We recognise that Diabetes should not be taken lightly because it is a very serious condition, and could result in a Hypoglycaemia attack (Hypo) where blood sugar level become too low, or a Hyperglycaemia attack (Hyper) where blood sugar levels become too high. Prompt medical attention will then be required to rectify the chemical and sugar imbalance in the blood. Children who are diabetic need supervision and careful monitoring so that staff are aware of any changes in the child and are able to take immediate action if they should need to.

At school

- To ensure all teaching and support staff have adequate knowledge about diabetes, receive regular training from the relevant professionals, and are aware of the schools policy and procedures in responding to an diabetic condition.
- To risk assess and manage students in all areas of school, including various activities and trips outside school.
- To ensure medication is easily accessible at all times.
- To have systems in place to ensure all staff are aware of all students with diabetes.
- There is good communication between home and school.
- Parents/carers of children with diabetes are asked to inform the school immediately of diagnosis. The information is used to compile a school register.
- We will do everything we can to ensure that our school provides the right environment and care for pupils with diabetes.
- If administered, medication, dosage, date and time will be recorded.

Parents/Carers Responsibility

- To provide school with an up to date treatment plan or letter of authorisation signed by the prescriber.
- To provide school with all prescribed medications, and ensure they are within the use by date.
- Parents/carers must inform the school and update if there are any changes in their child's medication or diabetic symptoms.
- Parents/carers are asked to sign 'Permission to administer medication'. form

Medication

- There is always rapid access to the child's emergency medication, or high glucose snack; they will never be locked away.

- Parents/carers must supply the school with any medication, with the prescription label indicating dosage and the child's name. Only prescribed medication will be administered.
- Emergency medication is held in the Welfare Room.
- A periodic check will be carried out to ensure every diabetic child has the correct medication or high glucose snack in school but responsibility lies with parents/carers to ensure these are within the use by date.
- Children will never be given another child's medication, even if it is the same medication and dosage.
- Emergency medication will accompany the class at all times e.g. Trips, outdoor activities and any evacuation.
- It is not a legal requirement for any member of staff to administer medication - however many are happy to do so if necessary.
- Parents/carers will be informed if their child has used their medication.
- Emergency services will be called immediately if the child's condition deteriorates.

Epilepsy

Grange Park Junior School welcomes all children with epilepsy. As a school we recognise that epilepsy is a complex condition and we are committed to fully meeting the needs of pupils who have epilepsy, keeping them safe, ensuring they reach their full potential, and are fully included in school life.

Communication

With Parents

When a pupil who has epilepsy joins Grange Park Junior school or an existing pupil is diagnosed with epilepsy, a meeting will be arranged with the parents (and pupil where appropriate) to:

- Discuss the pupil's medical needs, including the type of epilepsy he or she has.
- Discuss if and how the pupil's epilepsy and medication affect his or her ability to concentrate and learn, and how the pupil can be supported with this.
- Discuss any potential barriers to the pupil taking part in all activities and school life, including day and residential trips, and how these barriers can be overcome.
- Discuss with parents and the pupil the arrangements for ensuring that all relevant staff are trained and other pupils are epilepsy aware.
- Ensure that both medical prescription and parental consent are in place for staff to administer any necessary medication.
- Initiate the completion of an Individual Healthcare Plan, including types of seizures, symptoms, possible triggers, procedures before and after a seizure and medicines to be administered.
- Discuss how the school, parents and pupil can best share information about the pupil's progress in school and any changes to his or her epilepsy and medication.

A record of what was discussed and agreed at this meeting will be kept by the school. After the initial meeting, the school will continue to share information with the pupil's parents and to involve the parents in any decision making process. Where appropriate the pupil will also be involved in this process.

With Health Professionals

Grange Park Junior School recognises that information held by the school, such as changes to the pupil's seizure patterns and changes to the pupil's behaviour, may be extremely useful to the pupil's healthcare team. Where appropriate and with the parents' permission the school will share this information, either via the parents, or directly, with the pupil's healthcare team. Grange Park Junior School will also encourage information sharing between health and education, for example changes in medication or seizure patterns.

With School staff

All appropriate staff, including teachers and office staff will be told which children in the school have epilepsy, and what type of epilepsy they have. All staff (teaching and support) who are responsible for a child with epilepsy, will receive basic epilepsy awareness training, including what to do if a child has a seizure. New staff will be given this information as part of their induction.

At the beginning of the academic year or immediately following the pupil's diagnosis, a meeting will be arranged to discuss the pupils support needs. At this meeting all attendees will be given a copy of the pupils Individual Healthcare Plan.

The welfare officer will take responsibility for sharing any changes to the pupil's Individual Healthcare Plan with appropriate members of staff.

With the pupils who have epilepsy

The school will give voice to the views of pupils with epilepsy, for example regarding feeling safe, respect from other pupils, teasing and bullying, what should happen during and following a seizure, adjustments to support them in learning, adjustments to enable full participation in school life and raising epilepsy awareness in school.

Medical Needs

The pupil's Individual Healthcare Plan will be kept in the Welfare room. The Welfare Officer will be responsible for reviewing the plan at least once a term and will advise other appropriate staff of any changes.

All staff (including support staff) will be trained in first aid appropriate for the pupil's seizure type. The first aid procedure will be prominently displayed in all classrooms.

If appropriate, a record will be kept of the pupil's seizures, so that any changes to seizure patterns can be identified and so that this information can be shared with the pupil's parents and healthcare team.

The pupil's Individual Healthcare Plan will include the names and contact details of the staff trained to administer medication. There will be a trained member of staff available at all times to deliver emergency medication. Details of who that member of staff is and how to contact them will be kept with the pupil's Individual Healthcare Plan. We will ensure that enough staff are trained and available, so that even if the person who usually administers emergency medication is unexpectedly absent, there will still be a trained member of staff available to administer the emergency medication.

A record of staff trained in administering emergency medication will be kept with the Individual Healthcare Plan.

A medical room with a bed will be kept available, so that if needed, the pupil will be able to rest following a seizure, in a safe supervised place.

Epilepsy Seizures

IN THE EVENT OF A CHILD HAVING AN EPILEPTIC SEIZURE:

- Stay calm
- If the child is convulsing then put something soft under their head.
- Protect the child from injury (remove harmful objects from nearby).
- NEVER try and put anything in their mouth or between their teeth.
- Try to time how long the seizure lasts - if it lasts longer than usual for that child or continues for more than five minutes then call medical assistance.
- When the child finishes their seizure stay with them and reassure them.
- Do not give them food or drink until they have fully recovered from the seizure.

All seizures must be reported to the Welfare officer immediately after the appropriate steps to keep the pupil safe have been taken.

Medical Room Attendance



All teachers to ensure they check the class First Aid board (so they know which pupils to monitor) when they take over a class and that the class First Aid board is wiped clean at the end of the day.