

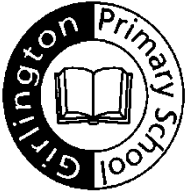
GIRLINGTON PRIMARY SCHOOL

Supporting Pupils with Medical Conditions Policy

Date Policy Written: Spring 2024

Date Policy Ratified: Spring 2024

Date Policy to be Reviewed: Spring 2027



GIRLINGTON PRIMARY SCHOOL	Reviewed By
<p style="text-align: right;">(Statutory) S20</p> <p>Supporting Pupils with Medical Conditions <i>Including:</i> <i>Appendix A – Flow chart for process of schools medical register</i> <i>Appendix B – Anaphylaxis /Epipen (Auto-Injector) Policy</i> <i>Appendix C – Medicines Flow Chart</i></p>	<p>AHT/SENDCo _____</p> <p><u>A & I Manager</u> _____</p>

Girlington Primary School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows. This policy has been developed in line with the Department for Education’s statutory guidance, April 2014 - ‘Supporting pupils at school with medical conditions’ under a statutory duty form section 100 of the Children and Families Act 2014. This policy should be read in conjunction with, if applicable, the SEND policy.

The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy, and achieve their academic potential. Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. In line with their safeguarding duties, the governing body should ensure that pupils’ health is not put at unnecessary risk from, for example, infectious diseases. Schools therefore do not have to accept a child in school at times where it would be detrimental to the health of that child – or other children - to do so.

The school does not have to wait for a formal diagnosis before providing support to a pupil. In cases where a pupil’s medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some sort of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Definition

Pupils' medical needs may be broadly summarised as being of two types:

- Short-term - affecting their participation in school activities which they are on a course of medication
- Long-term - potentially limiting their access to education and requiring extra care and support (deemed **special medical needs**)

Roles and Responsibilities

The governing body will have strategic overview to ensure:

- that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child
- that the focus is on the needs of each individual child and how their medical condition impacts on school life
- that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school
- that staff are properly trained to provide the support that pupils need
- that the arrangements they put in place are sufficient to meet their statutory responsibilities, and ensure that policies, plans, procedures and systems are properly and effectively implemented (this aligns with their wider safeguarding duties)
- that the policy for supporting pupils at school with medical conditions is reviewed regularly, and is readily accessible to parents and staff

The Headteacher will have operational overview to ensure:

- that sufficient staff are suitably trained, and available to support relevant pupils in school or off-site visits
- that all relevant staff are made aware of a child's condition

The SENDCO will have operational overview to ensure:

- that, where appropriate, Individual Healthcare Plans (IHP) are drawn up, implemented and reviewed on an annual basis
- that when a child leaves the school, his/her most recent IHP is passed on to the next setting

Class teachers will ensure:

- that all staff including supply staff and students are made aware of a child's medical condition
- that risk assessments are in place where appropriate (eg off-site visits)
- that necessary medication (eg asthma inhalers, Epipens) is taken to off-site visits
- if any medication is administered from the class medical box, a member of the appropriate year group team will complete the duplicate book and ensure parents receive the top copy.

- All staff are aware of any child who has an allergy and will check with parents that all ingredients used in any class activity / snack is suitable.

The designated First Aider will:

- ensure that prescribed medication is in-date
- take responsibility for administering and monitoring use and care of the school's Salbutamol inhaler

SEND Administrator will:

- ensure that records are maintained of medication administered at school.

The parents/carers of pupils with medical conditions will:

- provide sufficient and up to date information about their child's needs
- be involved in the drafting, development and review of their child's IHP
- ensure that prescribed medication that should be given to the child when at home (eg Ritalin) is administered in accordance with medical advice
- Where a pupil travels on school transport with an escort parents/carers should inform the escort of any medication sent with the pupil and they should hand the medication to the escort for transporting to the school. The escort will hand in the medication to the office who will contact parents to complete the appropriate forms.
- carry out any actions they have agreed in the IHP, eg provide medicines and equipment, and ensure that they (or another nominated adult) are contactable at all times

Pupils will:

- children who are competent to do so will be encouraged to take responsibility for administering their own medicines (under adult supervision where necessary)

Medical conditions register

School admission forms request information on pre-existing medical conditions. See Appendix A. Parents must have easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs or school nurse to have input into the IHP and also to share information for recording attendance.

A medical conditions register should be kept up to date and reviewed regularly by the SENDCO and other nominated members of staff. Each class has an overview of the list of the pupils in their care, within easy access. Children's IHP's are saved electronically in the SEND drive in the medical file by class then individual pupil.

Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.

For pupils on the medical conditions list key transition point meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

Individual Healthcare Plans

When the school is notified that a pupil has a medical condition, the SENDCO and/or designated first aider will make an initial assessment to determine whether an IHP is required. The process for drawing one up is contained in Annex A of this document.

IHPs should capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the support needed.

IHPs (and their review) may be initiated in consultation with the pupil's parent, by a member of school staff, or by a healthcare professional involved in providing care to the pupil, and should be drawn up in partnership between these parties (and pupils, where appropriate). They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing and minimises disruption.

Where a pupil is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority, parent and education provider to ensure that the IHP identifies the support the child will need to reintegrate effectively.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so. Parents should be informed so that alternative options can be considered.

School Salbutamol Inhaler

The Human Medicines (Amendment) (No. 2) Regulations 2014 (regulation 213 and schedule 17) allow schools to purchase Salbutamol inhalers and associated equipment on a no-prescription basis. The following protocols will be observed:

- the KS1/2 inhaler will be kept in the first aid area near the main entrance under appropriate storage conditions; it will not be locked away
- the EYFS inhaler will be kept in the EYFS office.
- the inhaler will be clearly labelled to identify it as the school's property
- the inhaler will be used only by pupils who have asthma or who have been prescribed a reliever inhaler
- the inhaler will only be used under staff supervision
- written consent will be obtained from parents prior to letting a pupil use the school's inhaler
- parents will be informed in writing if their child uses the school inhaler
- the inhaler will be checked on a monthly basis to ensure that it – and the spacers – are present and in working order, with sufficient number of doses available
- replacement inhaler(s) will be obtained when expiry dates approach

- the plastic inhaler housing (which holds the canister) will be cleaned, dried and returned to storage following use
- spent inhalers will be returned to a pharmacy to be recycled.

Staff Training

Training needs will be reviewed regularly by the SENDCO. Training will include the safe keeping and administration of prescribed medication, and practical support for pupils with physical disabilities.

Staff must not give prescription medicines or undertake health care procedures without appropriate training. Training opportunities will be offered to all staff in managing common medical conditions in school (eg asthma).

Managing medicines on school premises

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- Pupils should not be given non-prescription medicines at school without a parent's written consent and a phone call is always made to check permission is still granted or to ascertain if any medicine has been administered before the start of the school day.(except in an emergency, if given by a paramedic). If we are unable to contact parents, medicine will not be given.
- Pupils should never be given medication containing aspirin unless prescribed by a doctor
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- The school should only accept medications that are in-date, labelled, and provided in the original container as dispensed by a pharmacist (including dosage label). The exceptions to this are insulin which must still be in date, but will generally be provided inside an insulin pump or pen, and pain relief medicines, eg Calpol
- All medicines should be stored safely in the mentor office or EYFS office first aid cabinets.
- Epipens and antihistamines for allergies if included on an IHP, inhalers and any other personal daily required medication will be kept in labelled wallets and medpacs in the medical boxes in the classrooms so that children and staff are able to access them when needed.
- Additional Epipens, if provided, will be kept in a labelled medpac in the first aid area in the main building or the EYFS office.
- The school's salbutamol inhalers will be kept in the first aid area in the main building or the EYFS office in a labelled medpac.
- Children who self-medicate should know where their medicines are at all times and be able to access them immediately. If any medicine needs to be refrigerated it will be kept in the staffroom fridge and will be clearly labelled.
- When no longer required, or out of date, medicines should be returned to the parent to arrange safe disposal. Sharps boxes will be used for the disposal of needles and other sharps
- Written records will be kept of any medication administered to children
- Pupils will never be prevented from accessing their medication

- Girlington Primary School cannot be held responsible for side effects that occur when medication is taken correctly

Emergency Procedures

In a medical emergency, office staff will be instructed to request attendance by paramedics, and will notify the pupil's parents. Detailed emergency procedures are included in each child's IHP.

Unacceptable Practice

It is unacceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume each child with the same condition requires the same treatment
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in the child's IHP
- if a child becomes ill, send him or her to the First Aid area unaccompanied
- penalise children for their attendance record if their absences are related to their medical condition, eg hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide support to their child, including with toileting issues
- prevent children from participating, or create unnecessary barriers to children in participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

School Trips and Sporting Activities

Staff leading school trips and sporting activities will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion. All the activities on the school trip/ sports activity will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion. Overnight school trips may be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Liability and Indemnity

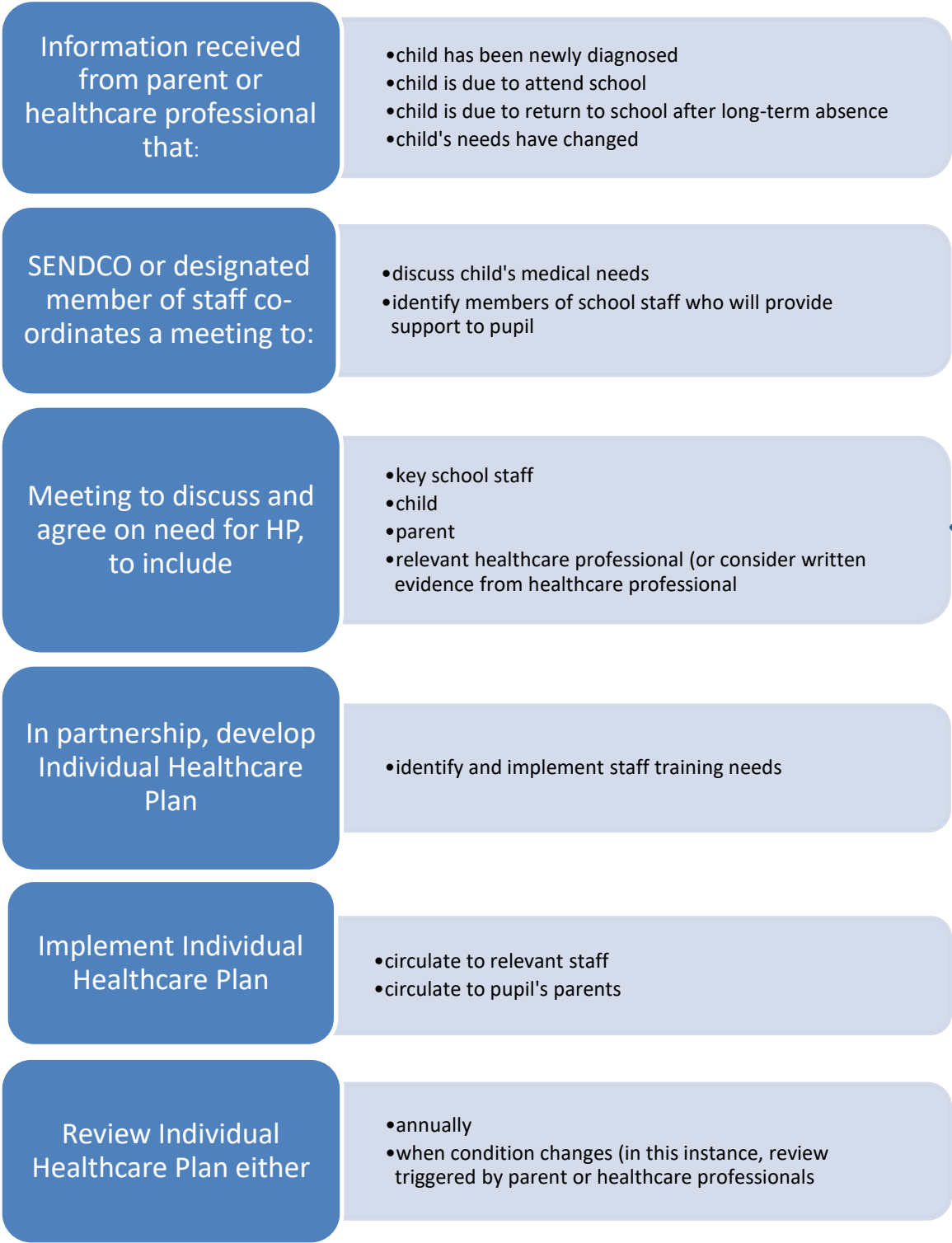
Teachers who undertake responsibilities within this policy will be assured by the Headteacher that they are covered by the LA/ school's insurance.

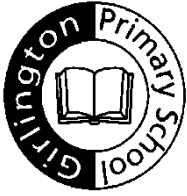
Complaints

If a parent has concerns about the support of their child with a medical condition, he or she should follow the school's published Complaints procedure.

Appendix A

PROCEDURE FOR DEVELOPING INDIVIDUAL HEALTHCARE PLANS





GIRLINGTON PRIMARY SCHOOL

Appendix B

Anaphylaxis /Epipen (Auto-Injector) Policy

Appendix B

Policy Statement

Girlington Primary School seeks to provide a safe environment for staff and pupils who are at risk of severe allergic reactions. It undertakes to ensure that anyone suffering a severe allergic reaction will be treated appropriately and enabled to access emergency services promptly.

Allergy awareness

Girlington Primary School supports the approach advocated by The Anaphylaxis Campaign and Allergy UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education. A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Protocol

Anaphylaxis is a severe systemic allergic reaction. At the extreme end of the allergic spectrum, the whole body is affected usually within minutes of exposure to the allergen. It can take seconds or several hours.

Anaphylaxis involves one or both of two features:

- a) Respiratory difficulty (swelling of the airway or asthma)
- b) Hypotension (fainting, collapse or unconsciousness).

The symptoms are swelling of the mouth or throat, difficulty in swallowing or speaking, alterations in the heart rate, hives anywhere on the body, abdominal cramps and nausea, vomiting, strong feelings of impending doom, sudden feeling of weakness, difficulty in breathing, collapse and unconsciousness.

**PROTOCOL FOR EMERGENCY TREATMENT
FOR AN ALLERGIC REACTION
ASSESS THE SITUATION – ACT PROMPTLY**

Send someone to get the epipen which is kept, eg. in pupil's classroom medical box

MILD REACTION

**Itching eyes/swelling eyelids
Itching lips, mouth, throat
Burning sensation in mouth**



Give antihistamine.....

Stay with the child, reassure them. If symptoms worsen:

SEVERE REACTION

**Wheezy, difficulty breathing, coughing, choking
Difficulty speaking
Pale, sweaty, floppy
A rash may also be present
The child may collapse/become unconscious**



**Get someone to CALL 999 FOR AN AMBULANCE
Stating possible anaphylactic shock**

ADMINISTER EPIPEN (reference www.epipen.co.uk)

- Grasp Epipen in dominant hand with thumb closest to grey safety cap
- With other hand, pull off the grey safety cap
- Hold Epipen approximately 10cm away from the outer thigh
- Black tip should point to outer thigh
- Jab firmly into outer thigh so the Epipen is at a right angle to outer thigh, through clothing
- Hold in place for 10 seconds
- Epipen should be removed and handed to team taking over management of patient
- Massage injection area for 10 seconds
- Patient must go to A&E as relapse can occur within a few hours and/or further management may be required.

If conscious, lay child on the floor
with legs elevated

If unconscious, place in recovery
position to maintain airway

Stay with child until further help arrives

IF CONDITION DETERIORATES AND THE CHILD



STOPS BREATHING

BEGIN RESUSCITATION (CPR)

. Procedure

- The medical histories of all new pupils should be carefully searched to identify possible cases of allergy sufferers. Any medical questionnaires not returned should be vigorously pursued IHP's (Health Care Plans) are written in consultation with parents, led by the school's first aiders
- The presence in school of a susceptible pupil must be made aware to all those who need to know. Children are identified by photographs displayed in the medical needs file, Learning Mentor room and school kitchen
- If a particular allergen is identified eg. peanuts, consideration should be made to ask the school Catering Manager to avoid this ingredient
- Adrenaline in the form of EpiPens and antihistamines are stored in the medicine boxes in the pupils' classrooms.
- A written protocol for treatment of anaphylaxis is kept at each EpiPen location
- Parents are responsible for checking the EpiPen expiry dates regularly
- Children who have been prescribed an EpiPen should keep it near them at all times.
- A spare EpiPen which should be provided by the child's own GP will be kept in the first aid area in the main building and the Early Years-office

Use of EpiPens in School

Adrenaline (EpiPen) should only be administered to children to whom it has been prescribed. This should be by a person who has received training and feels competent to use the device.

If a child is suspected of having an anaphylactic reaction for the first time the Emergency Services should be called immediately (999/112). The operator will tell you how to manage the casualty while you wait for the ambulance.

Staff receive Anaphylaxis Training annually.

Appendix C - MEDICINES – FLOW CHART February 2021

