



## School Governing Body Lee-on-the-Solent Junior School

*'Happy School, High Standards'*

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# ***Lee-on-the-Solent Junior School Supporting Pupils with Medical Conditions Policy***

Issued July 2017

Review September 2018



*'Happy School, High Standards'*

## Supporting Pupils with Medical Conditions

### Introduction

In line with the duty, which came into force on 1<sup>st</sup> September 2014<sup>1</sup>, to support pupils at school with medical conditions we are committed to ensuring that all children with medical health conditions, both physically and mentally, are properly supported<sup>2</sup> at Lee-on-the-Solent Junior School so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

No child with a medical condition will be denied admission or prevented from taking up a place in our school because arrangements for their medical condition have not been made.

We will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. Therefore, we will not accept a child in school at times where it would be detrimental to the health of that child or others to do so.

It is our policy to ensure that:

- All medical information is treated confidentially by the Headteacher and staff.
- All administration of medicines is arranged and managed in accordance with the supporting Pupils with Medical Needs Guidance document (footnote 2 below).
- All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEN Code of Practice will also apply.

We recognise that medical conditions may impact on social and emotional development as well as having educational implications.

It is the Governing Body's responsibility to make arrangements for supporting children with medical conditions at school and will have regard to the relevant guidance when meeting this requirement. This policy will be reviewed regularly and it is to be readily accessible to parents and school staff.

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<sup>1</sup> Section 100 of the Children's and Families Act, 2014

<sup>2</sup> DofE Guidance, Supporting Pupils with Medical Conditions, 2015

## Annual review

As a school, we review this policy at least annually in line with DfE, HSCB and HCC and other relevant statutory guidance.

**This Policy Statement was prepared by Sharon Hughes (Admin Officer) June 2017**

**Date Ratified by Governing Body:** July 2017

**Next Review Date:** September 2018

### Dates of Staff Training/Refresher:

<b>Sharon Hughes:</b>	<b>Supporting Pupils at School with Medical Conditions First Aid at Work</b>	<b>16/6/2017 28/3/2017</b>
<b>Louise Collins:</b>	<b>First Aid at Work Supporting Pupils at School with Asthma, Allergies And Anaphylaxis</b>	<b>07/09/2017 05/07/2017</b>
<b>Heather Murphy:</b>	<b>First Aid at Work</b>	<b>25/11/2014</b>

**Darren Nickerson**

**Headteacher**

Signature:

*Darren Nickerson*

**Chris Lloyd**

**Chair of Governors**

Signature:

*Chris Lloyd*

## **Roles and responsibilities**

The governing body will ensure that the school's policy 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 has a responsibility to:**

- Ensure the health and safety of all employees and anyone else on the premises or taking part in school activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips.
- Ensure the medical policy is effectively monitored and evaluated and regularly updated.
- Provide indemnity to staff who volunteer to administer medication to pupils with medical conditions.
- Make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented.
- Ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- Ensure that sufficient staff receive suitable training and are competent before they take on the responsibility to support children with medical conditions. They should also ensure that any members of the school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

### **The Headteacher has a responsibility to:**

- Ensure the school is inclusive and welcoming and that the medical procedures policy and supporting pupils with medical conditions policy is in line with local and national guidance and policy frameworks.
- Ensure that the school's policy is developed and effectively implemented with partners, i.e. pupils, parents, school staff, special educational needs co-ordinator, pastoral/welfare officers, teaching assistants, school nurses and governors.
- Ensure staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation by good communication.
- Ensure the policy is put into action.
- Ensure that all staff that need to know are aware of a child's condition.
- Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The Headteacher has overall responsibility for the development of individual healthcare plans.
- Ensure pupil confidentiality.
- Make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- Contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Ensure all supply staff and new teachers are aware of the medical procedures policy and about supporting pupils with medical conditions.

- Ensure that this policy and the medical procedures policy is reviewed and updated at least once a year according to review recommendations and recent local and national guidance and legislation.

### **Headteacher procedure to be followed when notification is received that a pupil has a medical condition**

When our school is notified that a pupil has a medical condition we will:

- Make arrangements for any new staff training or support.
- Make every effort to ensure that arrangements are put in place within two weeks of notification.
- Not wait for a formal diagnosis before providing support for pupils.

### **Teachers and Support Staff have a responsibility to:**

- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- Understand the medical procedures policy and supporting pupils with medical conditions document.
- Know what to do and respond accordingly when they become aware that a pupil in their care with a medical condition needs help.
- Know how to contact emergency services and what information to give.
- Know how to contact a first aider.
- Know what action to take in a general medical emergency.
- Participate in training at least once a year.
- Allow all pupils to have immediate access to their emergency medication.
- Maintain effective communication with parents including informing them if their child has been unwell at school.
- Ensure pupils who carry their own medication with them have it when they go on a school visit or out of the classroom.
- Be aware of pupils with medical conditions who may be experiencing bullying or need extra social support.
- Ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- Ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.
- Ensure students who have been unwell catch up on missed school work.
- Be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it.
- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school.
- When necessary ensure that an ambulance or other professional medical help is called.

### **First Aid Trained Staff have a responsibility to:**

- Be aware of the most common, serious medical conditions at the school.
- Understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.
- Know what to do in an emergency for the pupils in their care with medical conditions.
- Undertake certificated first aid training every three years.
- Check medication held in school half termly for expiry dates, manage a medication register and dispose of out of date medication accordingly.
- Administer medication to pupils as prescribed.
- Not administer any medication that has been placed in an envelope or decanted into bottles without a pharmacist's label on it.
- Not administer aspirin to anyone under the age of 16.

### **The Special Educational Needs Co-ordinator has a responsibility to:**

- Help update the school's medical procedures policy.
- Know which pupils have a medical condition and which have special educational needs because of their condition.
- Ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in tests.
- Provide information about where the school can access other specialist training.
- Ensure Individual Healthcare Plans are implemented, completed and reviewed annually.

### **School nurses, local doctors and specialist healthcare professionals have a responsibility to:**

- Notify the school when a pupil has been identified as having a medical condition that will require support at school.
- Provide advice on developing Individual Healthcare Plans.
- Where possible and, without compromising the best interests of the pupil, try to prescribe medication that can be taken outside of school hours.
- Ensure the pupil knows how to take their medication effectively.
- Ensure pupils have regular reviews of their condition and their medication.
- Provide the school with information and advice regarding individual pupils with medical conditions (with the consent of the pupil and their parents).

### **Parents have a responsibility to:**

- Provide the school with sufficient and up-to-date information about their child's medical condition and needs.
- Be involved in the development and review of their child's Individual Healthcare Plan, and carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they, or another nominated adult, is contactable at all times.
- Inform the school about the medication their child requires whilst taking part in visits, outings or field trips and other out-of-school activities.

- Tell the school about any changes to their child's medication, what they take, when and how much.
- Inform the school of any changes to their child's condition.
- Ensure their child's medication and medical devices are labelled with their child's full name.
- Provide the school with appropriate in-date spare medication labelled with their child's name.
- Ensure medication is within expiry dates.
- Keep their child at home if they are not well enough to attend school.
- Ensure their child catches up on any school work they have missed.
- Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional.
- Check with their pharmacist that the medicine they are asking the school to administer does not interact with any other medicines the pupil is taking.

(The term 'parent' implies any person or body with parental responsibility such as foster parent or carer).

#### **Pupils have a responsibility to:**

- Provide information about how their condition affects them.
- Be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their Individual Healthcare Plan.
- Be sensitive to the needs of those with medical conditions.

#### **The pupil's role in managing their own medical needs**

Where children are deemed competent to manage their own health needs and medicines by their parents and medical professional, they will be supported to do this. We see this as an important step towards preparing pupils for the next stage of their education.

## **Local Arrangements**

The Governing Body will ensure that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition.

We will aim to identify pupils with medical needs on entry to the school by working in partnership with parents/carers and on completion of the Pupil Information Pack by parents/carers. Meetings will take place between the Headteacher and the SENCo with other key staff from other schools during the summer term in preparation for transition between KS1 and KS3. The school will work in partnership with Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team.

Parents will be informed about the Medical Conditions Policy at the start of the school year when communication is sent out about healthcare plans; via school newsletters at intervals in the school year; when their child is enrolled as a new pupil; via the school's website and any other time it is deemed necessary all year round.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

## **Individual Healthcare Plans**

The Governing Body will ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development in supporting children at school with medical conditions.

We recognise that Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. The school, healthcare professional and parent/carer will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an Individual Healthcare Plan it will be the responsibility of the SENCO, in conjunction with the Administration Officer (first aid) and the Site Manager (health and safety) to work with parents and relevant healthcare professionals to write the plan.

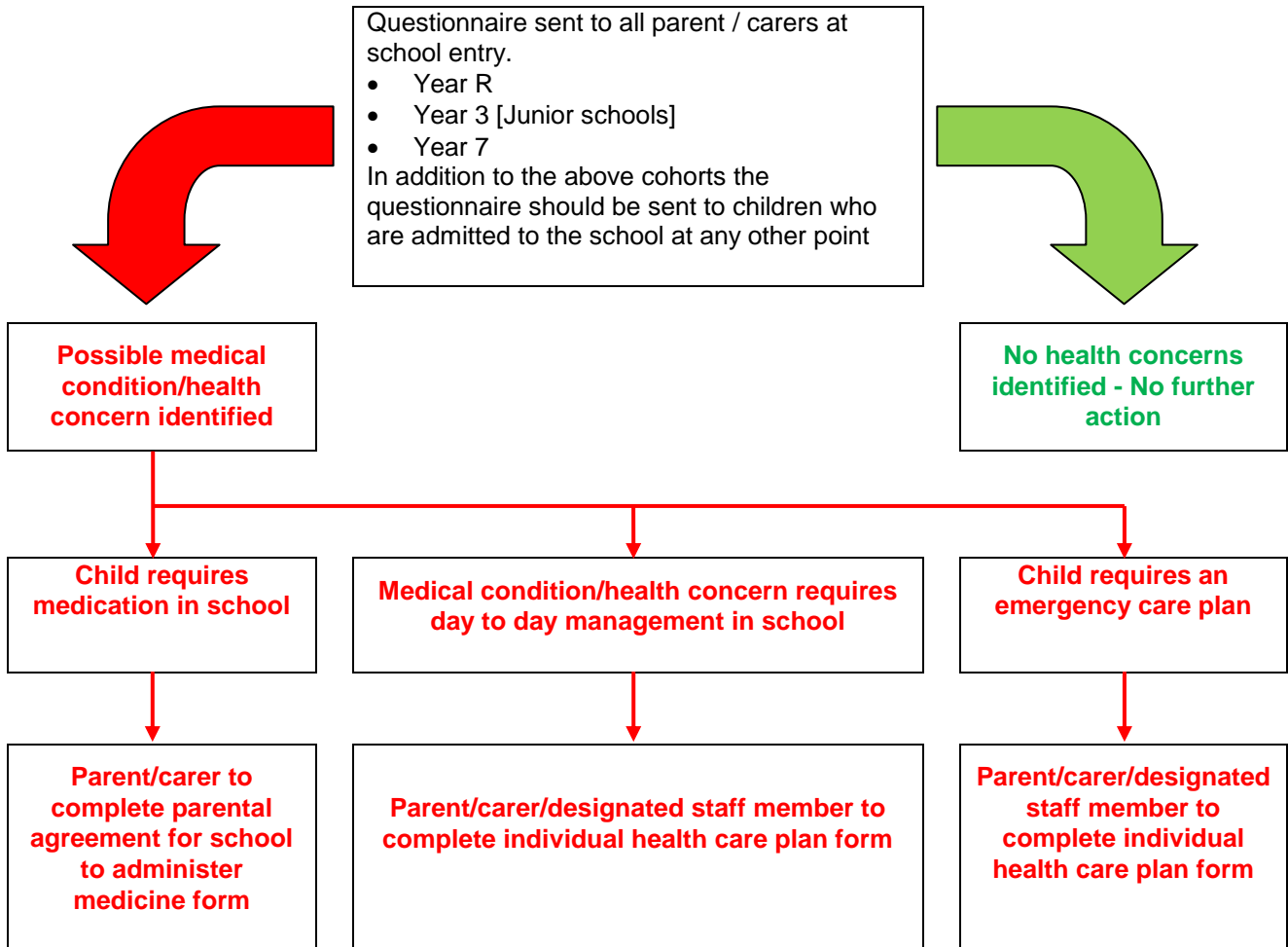
A Healthcare Plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the pupil. The SENCO will work in partnership with the parents/carers and a relevant healthcare professional, who can best advise on the particular needs of the pupil to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Education Health Care (EHC) Plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan. The Individual Healthcare Plan will be reviewed annually.

We may also refer to the flowchart 'process (below) for identifying children with a medical condition that may require support in school' and for identifying and agreeing the support a child needs prior to developing the Individual Healthcare Plan.

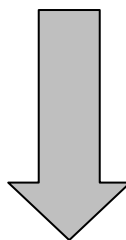


### Suggested process for identifying children or young people with a medical condition that may require support in school

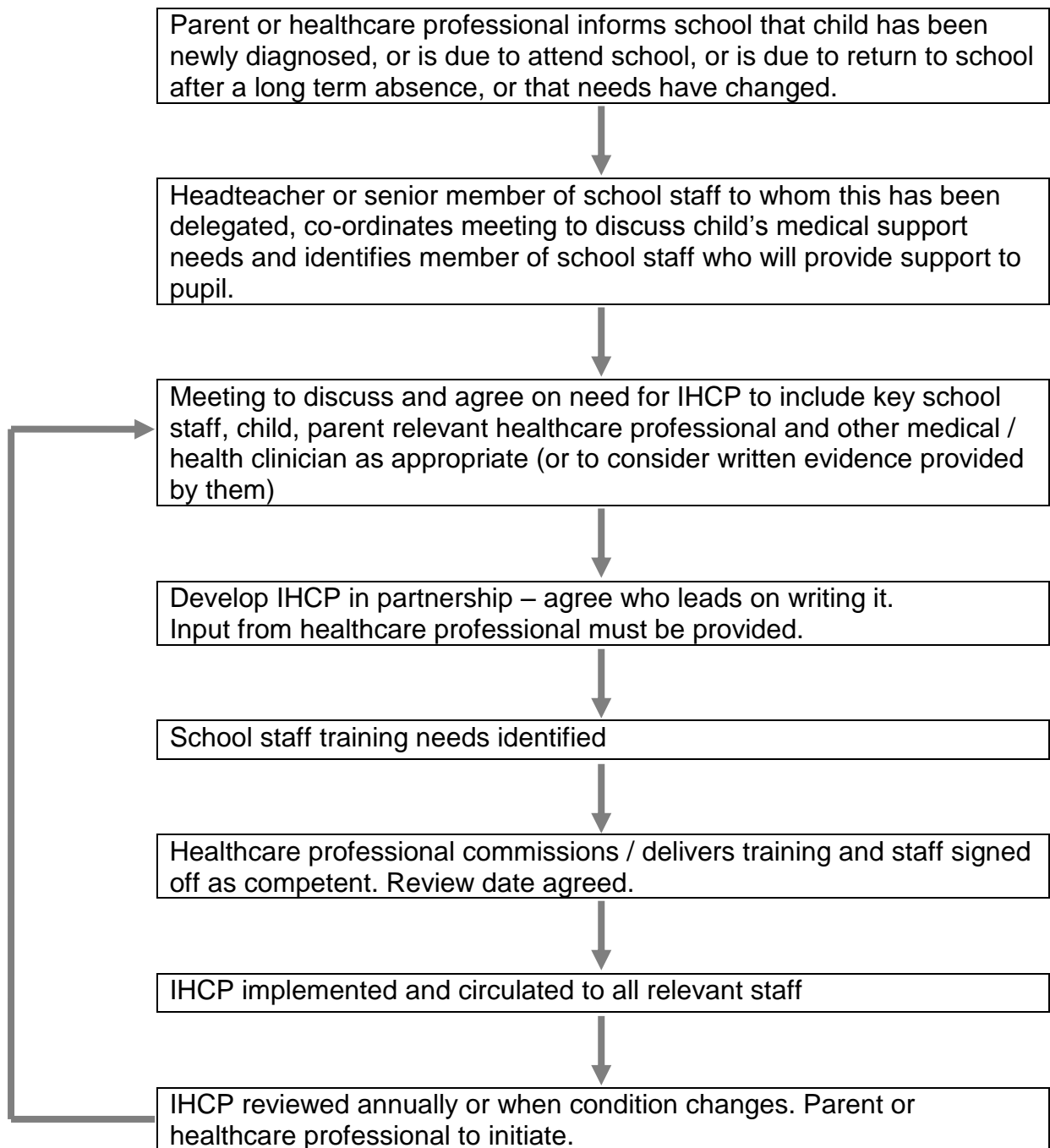
Not all children with a health condition will require a health care plan in school however the form will help schools to ascertain which children require support. In addition to this schools may be informed at any other point by a parent or health professional if a child is newly diagnosed with a health condition.



Over the page is the flowchart for supporting pupils with medical conditions



### Example flowchart from the 'Supporting Pupils with Medical Conditions Guidance'



We will also use the Individual Healthcare Plan template below, produced by the DfE, to record the plan.

# Template: Individual Healthcare Plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

**Family Contact Information**

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

**Clinic/Hospital Contact**

Name	
Phone no.	

**G.P.**

Name	
Phone no.	

Who is responsible for providing support in school	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

If a child is returning following a period of hospital education or alternative provision (including home tuition), we will work with Hampshire County Council and education provider to ensure that the Individual Healthcare Plan identifies the support the pupil will need to reintegrate effectively.

The Governing Body will ensure that all plans are reviewed at least annually or earlier if evidence is presented that the pupil's needs have changed. Plans will be developed with the pupil's best interests in mind and ensure that the school assesses and manages the risks to the child's education, health and social wellbeing and minimise disruption.

When deciding what information should be recorded on Individual Healthcare Plans, the Governing Body will consider the following:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil'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 their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between school and offsite visits;
- Specific support for the pupil's educational, social and emotional needs, e.g. how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a pupil is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments;
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some pupils may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their Individual Healthcare Plan.

## **Staff Training**

The Governing Body will ensure that this policy clearly sets out how staff will be supported in carrying out their role to support children with medical conditions, and how this will be reviewed. Training needs will be assessed and will be commissioned and provided upon identification of the need.

All new staff will be inducted on the policy when they join the school through the health and safety induction with the Site Manager. The Site Manager will keep a record of this training.

All nominated staff will be provided awareness training on the school's policy for supporting pupils with medical conditions which will include what their role is in implementing the policy. This training will be refreshed following a review of the policy.

The awareness training will be provided to staff by the SENCO on inset day at the beginning of the new academic year.

The school will retain evidence that staff have been provided the relevant awareness training on the policy by using a signature sheet.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support pupils with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the Individual Healthcare Plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

A 'staff training record – administration of medicines' form will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training.

We will seek specialist medical advice when needed.

## **The Pupil's Role**

The Governing Body will ensure that the school's policy covers arrangements for pupils who are competent to manage their own health needs and medicines. After discussion with parents, pupils who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Healthcare Plans.

Where possible and in discussion with parents/carers, pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their Individual Healthcare Plan. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication, (this will normally be informing the parent/carer at the earliest opportunity).

Where possible we will endeavour to ensure that children can carry their own medicines and relevant devices or have easy access to allow for quick self-medication. We will agree with relevant healthcare professionals/parents/carers the appropriate level of supervision required and document this in their Individual Healthcare Plan.

### **Managing Medicines on School Premises**

The Governing Body will ensure that the school's policy is clear about the procedures to be followed for managing medicines.

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore, this may include managing medicines where it would be detrimental to a pupil's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carer's **written** consent, (a 'parental agreement for setting to administer medicines' form will be used to record this). A documented tracking system to record all medicines received in and out of the premises will be put in place. The tracking system used is The Children's Services Medication Tracking form.

The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered.

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Pupil's inhalers will be stored in a safe but readily accessible place in the child's classroom (and travel with them to P.E. lessons and at break times) clearly marked with the child's name.

Controlled drugs will be securely stored in a non-portable unit which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a pupil to administer their own controlled medication. This would normally be at the advice of a medical practitioner.

The school will not hold a stock of homely remedies but will administer non-prescribed medicines such as paracetamol, ibuprofen and anti-histamines, if provided by the parent. Written consent from the parent will be required in order for us to do this in addition to their provision of the medicine.

We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Headteacher.

Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections for Glucagon for diabetic hypoglycaemia

Other emergency medication, i.e. rectal diazepam or Buccal Midazolam for major seizures will be stored in a locked cupboard accessible to first aiders and those who are aware of its storage/use.

At the end of the summer term we will return all medicines held in school to each child to take home. New parental consent forms will be issued in July ready for the new academic year in September.

## **Storage**

All medication will be stored safely in a lockable unit which cannot be easily removed from the premise.

Where medicines need to be refrigerated, they will be stored in a dedicated refrigerator in the school office. There will be restricted access to the refrigerator holding medicines. A record of the fridge temperature will be recorded regularly and should be between 2-8 degrees. The fridge will be defrosted regularly.

Checks will be made to ensure that medication does need to be refrigerated.

Expiry dates will be noted as certain items, e.g. eye drops, once opened lose their sterility and must be used within a set time, e.g. discard 28 days after opening in order to maintain sterility.

All unwanted/unused medication will be returned to parents/carers.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at a steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of Individual Health Care Plans will be taken off site to ensure appropriate procedures are followed.



## **Disposal**

It is the responsibility of the parents/carers to dispose of their child's medication. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parents/carers will be documented on the tracking medication form.

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through PHS who will remove them from site on a monthly basis.

## **Medical Accommodation**

The school office has a dedicated area which will be used for all medical administration/treatment purposes.

## **Record Keeping**

The Governing Body will ensure that written records are kept of all medicines administered to pupils.

A record of what has been administered including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to parents.

## **Emergency Procedures**

The Governing Body will ensure that the school's policy sets out what should happen in an emergency situation.

Where a child has an Individual Healthcare Plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency, i.e. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrive, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc. that the school holds).

## Contacting Emergency Services

In the event of a medical emergency, the procedure is as follows:

- Contact a first aider on the office extension OR
- Dial 999 – request an ambulance
- Speak clearly and slowly – given them this information:
- Our telephone number: **023 92 550551**
- Your name
- Our location: **Lee-on-the-Solent Junior School, Salisbury Terrace, Lee-on-the-Solent, PO13 9DL**
- Exact location of patient
- Name of child/adult and brief description of their symptoms
- Inform ambulance control of best access to the site and state that the crew will be met and taken to the patient

## Day Trips/ Offsite Activities

The Governing Body will ensure that arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

## **Unacceptable Practice**

The Governing Body will ensure that the school's policy is explicit about what practice is not acceptable.

Staff are expected to use their discretion and judge each child's Individual Healthcare Plan on its merits, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication 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);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in the Individual Healthcare Plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if the absences are related to their medical condition, e.g. 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 medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

## **Liability and Indemnity**

The Governing Body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

Staff at the school are indemnified under the County Council self-insurance arrangements.

The County Council is self-insured and has extended this self-insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

## **Complaints**

The Governing Body will ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

**Other Policies to be read in relation to this document:**

- Health and Safety Policy
- Medical Procedures Policy
- Administration of Medicines Policy
- First Aid Policy

**Additional Pages:**

Page 21: Form 1 - Asthma Awareness for School Staff

Page 22: Form 2 - Epilepsy Awareness for School Staff

Page 23: Form 3 - Anaphylaxis Awareness for School Staff

Page 25: Form 4 - Diabetes Awareness and Treatment for School Staff

Page 27: Appendix 1 – Example School Protocol for Child with Medical Condition

Page 29: Appendix 2 – Record of Staff Training

## Form 1 - Asthma Awareness for School Staff

### What to do for an asthma attack

- Keep calm.
- Encourage the child or young person to sit up and slightly forward.
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the child.
- Call for a first aider on the office extension if pupil unable to come to the office.

### If there is no immediate improvement

- Continue to make sure the pupil takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.
- If the child has to take 5 puffs or more they must not return to class. The office will phone the parents for the child to go home.
- If the child has to take 10 puffs or more of their blue inhaler they should be seen at hospital.

### Call 999 or a doctor urgently if:

- The child or young person's symptoms do not improve in 5–10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue.
- You are in doubt.
  
- Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.
- It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.

### Common signs of an asthma attack are:

- coughing
- shortness of breath
- wheezing/tightness in the chest
- being unusually quiet or difficulty speaking in full sentences
- sometimes younger children express feeling
- tight in the chest as a tummy ache

### After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school.
- When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.

### Important things to remember in an asthma attack

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to the office to get their inhaler and/or spacer.
- 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.
- Send another pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents or 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 or carer arrives.

## Form 2 - Epilepsy Awareness for School Staff

### Complex partial seizures

#### Common symptoms

- The person is not aware of their surroundings or of what they are doing
- Plucking at their clothes
- Smacking their lips
- Swallowing repeatedly
- Wandering around

#### Ring for a first aider on the office extension and ask them to come to the pupil

#### Call 999 for an ambulance if...

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- The person is injured during the seizure
- You believe the person needs urgent medical attention
- **Do...**
- Guide the person from danger
- Stay with the person until recovery is complete
- Be calmly reassuring

#### Don't...

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round
- Explain anything that they may have missed

### Tonic-clonic seizures

#### Common symptoms:

- the person goes stiff
- loss of consciousness
- falls to the floor

#### Do...

- Protect the person from injury (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card/identity jewellery
- Aid breathing by gently placing the person in the recovery position when the seizure has finished
- Stay with them until recovery is complete
- Be calmly reassuring

#### Don't...

- Restrain the person's movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

#### Call 999 for an ambulance if...

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- One seizure follows another without the person regaining consciousness between seizures
- The person is injured
- You believe the person needs urgent medical treatment

## Form 3 - Anaphylaxis Awareness for School Staff

### ANAPHYLAXIS

#### Symptoms of allergic reactions:

##### Ear/Nose/Throat - Symptoms:

- runny or blocked nose, itchy nose, sneezing, painful sinuses, headaches, post nasal drip
- loss of sense of smell/taste, sore throat/swollen larynx (voice box), itchy mouth and/or
- throat and blocked ears

##### Eye - Symptoms:

- watery, itchy, prickly, red, swollen eyes. Allergic 'shiners' (dark areas under the eyes due
- to blocked sinuses)

##### Airway - Symptoms:

- wheezy breathing, difficulty in breathing and or coughing (especially at night time)

##### Digestion:

- swollen lips, tongue, itchy tongue, stomach ache, feeling sick, vomiting, constipation and/or diarrhoea

##### Skin:

- Urticaria - wheals or hives-bumpy, itchy raised areas and or rashes
- eczema -cracked, dry, weepy or broken skin, red cheeks
- Angiodema - painful swelling of the deep layers of the skin

#### Symptoms of Severe Reaction/ Anaphylaxis:

These could include any of the above together with:

- difficulty in swallowing or speaking
- difficulty in breathing -severe asthma
- swelling of the throat and mouth
- hives anywhere on the body or generalized flushing of the skin
- abdominal cramps, nausea and vomiting
- sudden feeling of weakness (drop in blood pressure)
- alterations in heart rate (fast pulse)
- sense of impending doom (anxiety/panic)
- collapse and unconsciousness

### TREATMENT

- Ring one of the following extension numbers for a first aider: 201, 202, 206, or 214

- Send a student or member of staff to the office to collect 2nd epipen and to ask
- them to ring for an ambulance and parents
- If student conscious keep them in an upright position to aid breathing. If unconscious then
- place in recovery position
- If student is conscious and alert ask them to self administer their epipen. If student unconscious, trained member of staff to administer epipen as per training. Record time of giving
- If no improvement within 5 minutes then 2nd epipen to be administered
- Keep used epipens and give to paramedics when they arrive



## Form 4 - Diabetes Awareness and Treatment for School Staff

### **What is it?**

Abnormal fluctuations in blood sugar can lead to someone with diabetes becoming unwell and if untreated, losing consciousness.

There are two conditions associated with diabetes - hyperglycaemia (high blood sugar) and hypoglycaemia (low blood sugar)

Hypoglycaemia is the more common emergency which affects brain function and can lead to unconsciousness if untreated.

### **Signs and symptoms:**

#### **Hypoglycaemia:**

- Hunger
- Feeling 'weak' and confused
- Sweating
- Dry, pale skin
- Shallow breathing

#### **Hyperglycaemia:**

- Thirst
- Vomiting
- Fruity/sweet breath
- Rapid, weak pulse

### **First aid aims**

#### **Hypoglycaemia:**

- Raise blood sugar level as quickly as possible
- Get casualty to hospital, if necessary

#### **Hyperglycaemia:**

- Get casualty to hospital as soon as possible

### **Treatment**

#### **Hypoglycaemia:**

- Sit casualty down
- If conscious, give them a sugary drink, chocolate or other sugary food
- If there's an improvement, offer more to eat or drink. Help the casualty to find their glucose testing kit to their level. Advise them to rest and see their doctor as soon as possible.
- If consciousness is impaired, do not give them anything to eat or drink. Dial 999 for an ambulance

#### **Hyperglycaemia:**

**Call 999 immediately**

**Further actions:**

- If the casualty loses consciousness
- Open airway and check breathing
- Place them in recovery position
- Prepare to give resuscitation

**Appendix 1**

**Individual Protocol for Name of Child with / having (condition)**

**Name: Name of Child**

Date of Birth:

Class:

School: Lee-on-the-Solent Junior School

Please attach a photo here  
  
SCHOOL WILL PROVIDE

**Nature of Condition:**

**Contact Information**

**Family Contact 1**

Name:  
Relationship:  
Phone Numbers:  
Home:  
Work:  
Mobile:

**Family Contact2**

Name:  
Relationship:  
Phone Numbers:  
Home:  
Work:  
Mobile:

**GP Contact**

Name:  
Phone No:  
Address:

**Clinic/ Hospital**

Name:  
Phone No:  
Address:

**MEDICATION:**

**(detail inserted here)**

**It is the parent's responsibility to ensure the medication has not expired**

**DOSAGE & METHOD:**

**(detail inserted here)**

**It is the school's responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.**

Agreed by: School Representative.....Date.....

**I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.**

Parent.....Date.....

**Individual protocol for Name of Child with / having (condition)**

**Symptoms may include:**

- 
- 
- 
- 
- 
- 

**Action:**

**Wait for # Minutes & reassess as one of the following**

**Green Zone** - Child looks better and says they feel better. Child can return to classroom and should be ok for 4 hours

If within 4 hours condition returns...move to Amber Zone and ask parents to collect

**Amber Zone** - Child looks and says they feel a little better. Give additional medication, if warranted and within the prescribing criteria. If child looks and says they feel better stay with child and call parents to collect.

If symptoms not relieved or if symptoms return while waiting for parent move to red zone

**Red Zone** - Child no better or worse and cause for concern. Ask a colleague to call 101 or 999 and notify the child's parents. Stay with child to reassure.

**Telephoning for an ambulance**

You need to say: "I have a child with".

Give school details: [Lee-on-the-Solent Junior School](#)

Give details: Child's name, known condition, what has happened.

**DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN**

Someone to wait by the school gate to direct the ambulance staff straight to the child.

**Appendix 2****Record of Staff Training**

Staff Name	Trained in	Training Provider	Date of Training	Refresher Training due	Training Provider Signature	Trained Staff Member Signature