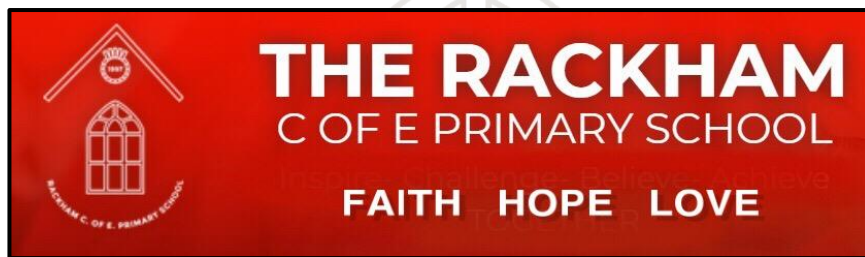


Rackham (CE) Primary School



Medical Conditions Policy

Policy Number: SCH 010

Date: June 2022

This policy should be read in conjunction with the Administering Medicines policy and, if applicable, the SEN policy.

This policy is written in regard to Section 100 of the Children and Families Act 2014 which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions.

Aims

To ensure pupils at school with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.

To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.

Procedure

The Headteacher, supported by Health and Safety Committee and SENDCO, is responsible for ensuring that whenever the school is notified that a pupil has a medical condition:

- sufficient staff are suitably trained
- all relevant staff are made aware of a child's condition
- cover arrangements in case of staff absence/turnover is always available
- supply teachers are briefed
- risk assessments for visits and activities out of the normal timetable are carried out
- individual healthcare plans are monitored (at least annually)
- transitional arrangements between schools are carried out
- if a child's needs change, the above measures are adjusted accordingly

Where children are joining Rackham at the start of a new academic year, these arrangements should be in place for the start of term. Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.

Any pupil with a medical condition requiring medication or support in school should have an individual healthcare plan which details the support that child needs. If the parents, healthcare professional and school agree that a healthcare plan is inappropriate or disproportionate, a record of the child's medical condition and any implications for the child will be kept in the school's medical record and the child's individual record.

Individual Healthcare Plans

The following information should be considered when writing an individual healthcare plan:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues
- specific support for the pupil's educational, social and emotional needs
- the level of support needed including in emergencies
- who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements
- who in school needs to be aware of the child's condition and the support required
- arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff or self-administered (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision)
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate

- confidentiality
- what to do if a child refuses to take medicine or carry out a necessary procedure (if appropriate)
- what to do in an emergency, who to contact and contingency arrangements
- where a child has SEN but does not have an Education, Health and Care plan, their special educational needs should be mentioned in their individual healthcare plan

Roles and responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

The Governing Body

- must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented
- must ensure sufficient staff receive suitable training and are competent to support children with medical conditions
- must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk

The Head Teacher

- should ensure all staff are aware of this policy and understand their role in its implementation
- should ensure all staff who need to know are informed of a child's condition
- should ensure sufficient numbers of staff are trained to implement the policy and deliver IHPs, including in emergency and contingency situations, and they are appropriately insured
- is responsible for the development of IHPs
- should contact the school nursing service in the case of any child with a medical condition who has not been brought to the attention of the school nursing team.

School Staff

- any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so
- should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions
- any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help

Other healthcare professionals

- should notify the school nurse when a child has been identified as having a medical condition that will require support at school
- may provide advice on developing healthcare plans
- specialist local teams may be able to provide support for particular conditions (eg. Asthma, diabetes)

Pupils

- should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP

Parents

- must provide the school with sufficient and up-to-date information about their child's medical needs
- are the key partners and should be involved in the development and review of their child's IHP
- should carry out any action they have agreed to as part of the IHP implementation

Notes

The school does not have to accept a child into the school that is identified as having a medical condition at times when it would be detrimental to the health of that child or others to do so.

The following practice is considered not acceptable:

- preventing children from easily accessing their medication and administering it when and where necessary
- assuming children with the same condition require the same treatment
- ignoring the views of the child, their parents; ignoring medical advice or opinion
- sending children with medical conditions home frequently or prevent them from staying for normal school activities (unless specified in IHP)
- penalizing children for their attendance record if their absences are related to their medical condition that is recognised under this policy
- preventing children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively
- to require parents to attend school to administer medication or provide medical support to their child, including toileting issues (no parent should have to give up working because the school is failing to support their child's medical needs)
- preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips

Complaints

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

This policy will be reviewed and agreed in line with Government guidelines by the Governing Body.

Approved and signed by:

Headteacher

Date: 21st June 2022

Signed:



Chair of Governing body

Date: 21st June 2022

Signed:



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

--

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

Parental agreement for setting to administer medicine

Rackham CE Primary School will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Appendix 1

Asthma awareness

What to do in 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.
- Ask a first aider to check the child.

If there is no immediate improvement

- Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

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
- 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 their classroom or assigned room to get their spare 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.

Appendix 2

Epilepsy awareness

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

Ask for a first aider to come to the child

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



RACKHAM C. OF E. PRIMARY SCHOOL

Appendix 3

Anaphylaxis awareness

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

- Collect epipen and ask office to ring for an ambulance and parents.
- If child conscious keep them in an upright position to aid breathing. If unconscious then place in recovery position.
- If child is conscious and alert ask them to self administer their epipen. If child unconscious, trained member of staff to administer epipen as per training. Record time of giving.
- Keep used epipen and give to paramedics when they arrive.

Appendix 4

Diabetes awareness and treatment

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)
 - 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 check 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