



Montpelier Primary School

‘SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS’ POLICY

Date of policy	Next review date	Nominated governor/committee
Autumn 2019	Autumn 2020	SDC

Headteacher		Date	
Chair of governing board		Date	

Introduction

Montpelier Primary School inclusive community that welcomes and supports pupils with medical conditions so that they can play a full and active role in all aspects of school life, remain as healthy as possible and achieve their academic potential.

The Department for Education statutory guidance 'Supporting pupils with medical conditions at school' (2014) states:

"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 can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases."

This policy takes into account the school's legal duties under the Children and Families Act 2014 to make arrangements to support pupils with medical conditions, as well as its duties under the Equality Act 2010. This policy details the school's arrangements to support pupils with long term medical conditions. In this document 'medical condition' refers to any physical or mental health condition that requires ongoing health professional input.

This policy will be reviewed in **Autumn 2021** or earlier if there is any change in the regulations. The effectiveness of these procedures will be monitored by the governing board.

Glossary

Controlled Drug (CD): Medication that is controlled as part of the misuse of drugs legislation (e.g. methylphenidate/Ritalin or some strong pain killers)

Education, Health and Care (EHC) plans: A legal document that describes a child's special educational, health and social care needs, and support required to meet those needs

General Data Protection Regulation (GDPR): A data protection regulation from May 2018 intended to strengthen and unify data protection for individuals.

Individual Healthcare plans: A document that describes a child's medical needs and support required in school to meet those needs.

Individual risk assessment: A risk assessment to determine the risks and controls required for pupils with severe/complex or potentially life-threatening health conditions.

Medical condition: For the purposes of this policy, 'medical condition' refers to any physical or mental health conditions that required ongoing health professional input (e.g. from GP, clinic or hospital specialist).

Medical Conditions Co-ordinators/leaders: Designated members of staff who lead the implementation of the 'Supporting Pupils at School with Medical Conditions' policy and support pupils with medical conditions.

Special educational needs or disabilities (SEND): Special educational needs and disabilities that can affect a child or young person's ability to learn.

Special Educational Needs Co-ordinator (SENCO): Designated members of staff who lead the implementation of the SEND policy and support pupils with SEND.

Identification, Registers and Individual Healthcare plans

1. This school identifies all children with medical conditions

- 1.1. This school asks parents/carers if their child has any physical or mental health condition on the medical questionnaire as part of the enrolment process (Appendix 2), and annually thereafter. The school asks for explicit consent to share this information with relevant school staff and healthcare professionals.
- 1.2. This school follows the procedure detailed in Appendix 3 to ensure that every child with a medical condition has an individual healthcare plan in place before they start school (see section 3). Any exception to the requirement to have an individual healthcare plan in place before the child starts school will be at the discretion of the school.
- 1.3. Parents/carers are responsible for informing the school of any new diagnosis, or changes to their child's medical condition, as soon as possible. It is the school's responsibility to act on this information.

2. The school keeps a record of all children with medical conditions

- 2.1. This school keeps a register of pupils with medical conditions to identify and safeguard these students. This register is held in a central, secure location, with access by staff as appropriate, and includes the child's individual healthcare plan.
- 2.2. This school ensures that the pupil's confidentiality is protected in line with the General Data Protection Regulation (GDPR), and will only share this information with relevant members of staff and healthcare professionals as appropriate.

3. All children with a medical condition have an individual healthcare plan

- 3.1. This school recognises that needs are specific to an individual pupil. As such, all pupils with a medical condition require an individual healthcare plan.
- 3.2. All pupils with a medical condition will require a meeting to discuss the individual healthcare plan.

This may be as part of the induction or admissions process. For more severe/complex conditions, an additional meeting between relevant school staff (including those who will be providing support to the pupil) and the parent/carer will normally be required to complete the individual healthcare plan, and may also involve health professionals and the pupil if appropriate. This should ideally take place before the start of the academic year or school term if mid-year entry (Appendix 3).

- 3.3. The format of an individual healthcare plan may vary according to the nature and severity of the medical condition. This may range from a school asthma card (see Appendix 4) to a more detailed individual healthcare plan as appropriate. All individual healthcare plans should detail the medication and care requirements at school, what to do in an emergency and details of the child's GP. Appendix 4 shows templates individual healthcare plans for common medical conditions.
- 3.4. For more severe and/or complex medical conditions, the individual healthcare plan should also include an individual risk assessment (Appendix 5) and an assessment of how the condition may impact on the child's learning, behaviour, performance and wellbeing, and plans to mitigate these risks and minimise disruption.
- 3.5. If a pupil has special educational needs or disabilities (SEND), these needs should be made clear in the individual healthcare plan and linked to their SEN or Education, Health and Care (EHC) plan if they have one.
- 3.6. This school recognises that needs change over time. As such, individual healthcare plans should be updated annually, or whenever the pupil's needs change. It is good practice to meet with parents annually to review the individual healthcare plans and the school considers ways of doing this, such as during parents' evenings.
- 3.7. A copy of the individual healthcare plan is maintained and updated by the school and is easily accessible to staff who need to refer to it, while also preserving confidentiality in line with the General Data Protection Regulation.

Medication

4. This school has clear guidance on administering medication at school

- 4.1. Medication should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where clinically possible, parents/carers should request their prescribing clinician to prescribe medication in dose frequencies which enable them to be taken outside the school day.
- 4.2. If medication is required at school, this will only be given as detailed in the pupil's individual health care plan, which is signed by the parent/carer. *If there is a short-term need parents/carers should contact the school to discuss and the medication consent form must be completed by parents/carers at least one school day before the school will take responsibility for administering medication. Parents must make their own arrangements if medication is required in the interim.* (Appendix 6).
- 4.3. This school keeps an accurate record of all the medication administered, including the dose, time, date and supervising staff (Appendix 7). Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

5. This school supports staff who administer medication

- 5.1. This school ensures that there are members of staff trained to administer routine and emergency medication and undertake procedures to meet the care needs of an individual child (see section 11).
- 5.2. All staff are aware of the specific members of staff trained to administer medication or medical procedures in an emergency situation.
- 5.3. Staff who may be regularly expected to administer medication and undertake medical procedures should have this responsibility recognised in their job description. Staff are encouraged to volunteer for this role as part of their duty of care.
- 5.4. This governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

6. This school has clear guidance on storing medication and equipment at school

- 6.1. This school ensures that all medication is stored safely, and that pupils with medical conditions and staff know where they are at all times, and who holds the key to the storage facility.
- 6.2. This school allows pupils in Year 6 after May half-term to carry their own medication/equipment if this is appropriate for their age and individual healthcare plan and has been risk assessed. Parents/carers should check that this medication is in date.
- 6.3. The Compliance Manager ensures that medication is in date and labelled in its original container where possible (although insulin will generally be supplied in an insulin injector or pump), and in accordance with its instructions including storage temperature.
- 6.4. This school keeps controlled drugs (e.g. methylphenidate [Ritalin], some strong painkillers marked CD on container) stored securely, but accessibly, with only named staff having access.
- 6.5. Parents/carers must collect all medication/equipment once expired, and to provide new and in-date medication at least 2 weeks before medication expires.
- 6.6. This school should not dispose of any medication. It is the parent/carer's responsibility to dispose of out-of-date medication.

7. The school has clear guidance on emergency inhalers and adrenaline pens

- 7.1. This school allows pupils in Year 6 after May half-term to keep their own inhalers and adrenaline pens if appropriate according to risk assessment (6.2) or stored securely but accessibly if not.
- 7.2. This school's emergency asthma inhalers and adrenaline pens are available for pupils whom written parental consent and medical authorisation for use has been given. They are stored in a secure location but not locked away (see Appendix 8 for more details). This equipment is to only be used for an extreme emergency and does not replace pupils own 2 x medication that they are required to hand in to school.

Training

8. This school promotes staff training in supporting pupils with medical conditions

- 8.1. This school recognises that different levels of training are required for different members of staff in order to meet the school's duties to support pupils with medical conditions.

9. Level 1 – All staff are aware of the medical conditions policy, emergency procedures and are encouraged to undergo further training

- 9.1. This school ensures that all staff, including temporary staff, are aware of this 'Supporting Pupils with Medical Conditions' policy and their role in implementing the policy as part of induction. *All staff will be required to sign up to this policy. This will be recorded in the staff file.*
- 9.2. All staff know which named members of staff should be called on in the event of a medical emergency and are familiar with the procedure for calling the emergency services. All staff are aware that if a pupil is taken to hospital by ambulance, a member of staff must accompany them and remain with them until a parent or carer arrives. Pupils should not be taken to hospital in staff cars.
- 9.3. This school has posters on display in the staff room and school office that reiterates the steps to take during an emergency.
- 9.4. This school encourages all staff to undertake awareness raising opportunities as part of its comprehensive programme of Continuing Professional Development (CPD), including First Aid training, as well as accredited online training modules tailored for schools around managing asthma and anaphylaxis (Appendix 10). The school keeps a record of staff training.

10. Level 2 – The school has a sufficient number of trained first aiders

- 10.1. This school ensures they carry out risk assessments as appropriate and have sufficient numbers of trained first aiders, taking into account factors such as the size of the school (Appendix 11).
- 10.2. The first aiders (including paediatric first aiders as appropriate) are trained in the

management of common medical emergencies and Basic Life Support, including Cardiopulmonary Resuscitation (CPR). This should be refreshed at least every three years. All newly qualified staff to EYFS who have completed a level 2 and/or level 3 qualification on or after 30 June 2016, must also have either a full PFA or an emergency PFA certificate within three months of starting work in order to be included in the required staff: child ratios at level 2 or level 3 in an early years setting

- 10.3. This school has an Automatic External Defibrillator (AED) on site which all staff are aware of (Appendix 11). The Compliance manager is responsible for maintaining this.

11. Level 3 – the school supports staff who take on specific responsibilities for supporting pupils with medical conditions

- 11.1. This school has named members of staff who are 'Medical Conditions Co-ordinators/Leaders', a role that should be recognised in their job description. These staff are trained on managing medical emergencies and supporting the implementation of this 'Supporting Pupils with Medical Conditions' policy. These staff are clear about the support they can receive and included as part of their annual appraisals.
- 11.2. Some children with medical conditions require more specific training for named members of staff. The school ensures that this training is provided by appropriate professionals (see supporting document- levels of training guidance on Ealing Grid for Learning).
- 11.3. This school ensures that there are sufficient numbers of staff trained to support pupils with specific medical conditions, taking into account staff absences, staff turnover and other contingencies.
- 11.4. Training should be sufficient to ensure that these members of staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements as set out in individual healthcare plans.
- 11.5. The family of a child should be key in providing relevant information to school about how their child's needs can be met, and parents/carers should be asked for their views. They

should provide specific advice, but should not be the sole trainer.

Whole School Environment

12. The whole school environment is inclusive

- 12.1. This school is committed to providing an accessible physical environment for pupils with medical conditions. This includes out-of-school activities.
- 12.2. All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any issues.
- 12.3. This school uses opportunities such as personal, social, health and economic education (PSHE) and science lessons to raise awareness of medical conditions to help promote a positive environment.
- 12.4. This school recognises that any measures to identify pupils with medical conditions for their safety should be proportionate and take into account confidentiality and emotional wellbeing.

13. This school ensures that arrangements are made for pupils with medical conditions to participate in all aspects of the curriculum where reasonably possible

- 13.1. This school ensures that the needs of pupils with medical conditions are adequately considered so that they can participate fully in all structured and unstructured activities, extended school activities and residential visits.
- 13.2. This school understands the importance of all pupils taking part in physical activity (including out-of-school clubs and team sports). All relevant staff should make reasonable adjustments to physical activity sessions in accordance with a pupil's individual healthcare plan. This may involve ensuring that pupils have the appropriate medication/equipment/food with them during physical activity.
- 13.3. This school makes sure that a risk assessment is carried out before an educational visit. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment

or support that may be required. This will require consultation with parent/carers and pupils and may require advice from the relevant healthcare professional to ensure that pupils can participate safely. *The school uses Ealing Council's [educational and recreational visits handbook](#) with relevant health and safety templates to complete.*

14. The school understands the impact a medical condition may have on attendance and learning

- 14.1. School staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.
- 14.2. Where a pupil has frequent absences or a prolonged absence due to a medical condition, it is expected that parents/ carers will work with the school and healthcare providers to ensure relevant information is available as part of a coordinated care/support approach.
- 14.3. The school will refer pupils with medical conditions who are finding it difficult to keep up educationally to a relevant member of staff (e.g. the Special Educational Needs Co-ordinator) who will liaise with the pupil (where appropriate) parent and the pupils' healthcare professional.
- 14.4. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), this school will work with the local authority and educational provider to ensure that the child receives the support they need to reintegrate effectively. This may include updating their individual healthcare plan where necessary.

15. This school learns from incidents and complaints

- 15.1. This school investigates all serious incidents related to this policy and reports these to the Schools Health and Safety Advisor (Ealing Council Corporate Health and Safety). Learning from these incidents is shared with staff and used to inform any subsequent revisions to this policy.

15.2. This school responds to all concerns and complaints related to implementation of this policy, in line with the school's complaints policy.

Appendix 1: 'Supporting Pupils at School with Medical Conditions' checklist

Area	In place	Needs some work	Not in place	Named person responsible for
Policy and implementation:				
Agreed policy in place				
Policy revised annually in consultation with governors and staff				
Policy on the school website				
Governing board committee with a responsibility for and link governor(s) who monitors the school termly to monitor implementation				
Annual report from the headteacher to the governing board on this policy				
Annual report to parents/communication via http://www.montpelierschool.net/				
Identification, registers and individual healthcare plans:				
Process in place for notifying the school of pupils with medical conditions (e.g. questionnaire)				
Process in place for ensuring all pupils with medical conditions have an individual healthcare plan in place before they start school				
Process in place for reviewing the individual healthcare plans every year				
A register of pupils with medical conditions in a secure location, with individual healthcare plans, medication consent forms, medication records, and individual risk assessment forms				
Medication:				
Stores medication securely but accessibly				
Process for ensuring all medication and equipment (including defibrillators) are in date				
Accurate record of medication administered				
Protocol for use of emergency inhalers and adrenaline auto injectors				
Staff/training:				

Policy is part of all staff induction, including temporary, supply staff and volunteers				
Staff/training:				
All staff are aware of the emergency procedures (Inc. information displays)				
Information on this policy in the staff handbook				
All staff know the pupils they work with who have an individual healthcare plan/medical conditions				
School has risk assessed and has a sufficient number of trained first aiders				
Insurance cover current and adequate to needs				
Medical conditions co-ordinators/leads are clearly known by all staff, pupils, parents and other stakeholders				
Medical conditions co-ordinators/leads are clear about line management arrangements, annual appraisals and attend regular training				
Job descriptions exist for medical conditions co-ordinators/leads and includes relevant responsibilities				
Whole school environment:				
School admission arrangements take this policy into consideration				
Risk assessments for educational visits are in place				
Process for reporting incidents to Ealing Council Health and Safety				

Appendix 2: Medical questionnaire (for the school enrolment form and annually thereafter)

Name of Pupil	
Date of Birth	
Year Group / Class	
Name of GP	
Address of GP	

<p>1. Is your child currently under the care of the GP/clinic/hospital for a medical condition* (physical or mental health)?</p> <p>Yes / No</p> <p>If yes, please give details:</p>

<p>2. Is there any other condition/health concern you need to make us aware of?</p> <p>Yes / No</p> <p>If yes, please give details:</p>
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<p>3. Does your child require medication to be taken during school hours?</p> <p>Yes / No</p> <p>If yes, please give details:</p>
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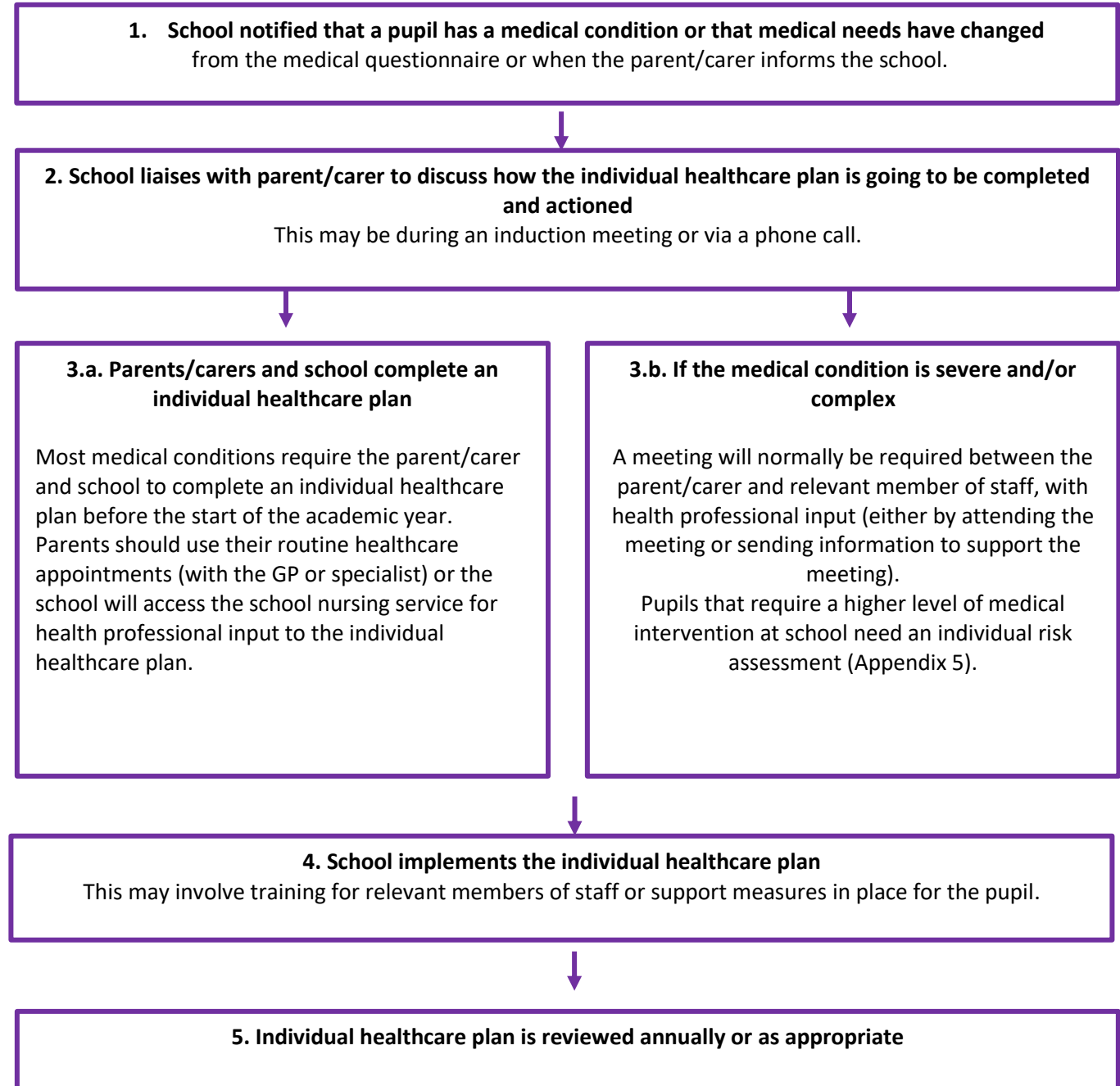
If you have ticked 'yes' above, a member of staff will contact you to discuss your child's medical needs further. All pupils with medical conditions* will require an individual healthcare plan before the start of the school year. If the medical condition is serious, complex and/or life threatening the school will organise a meeting to discuss the individual healthcare plan. If medication needs to be taken at school, all parents/carers will need to complete the medication form (Appendix 6 of the 'Supporting Pupils with Medical Conditions' Policy).

<p>4. I give consent to share this information with relevant school staff and health professionals including the school nursing service.</p> <p>Yes / No</p>
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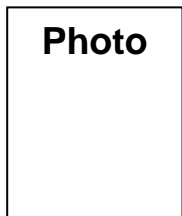
Name of Parent / Carer	
Signature of Parent / Carer	
Date	

** The school takes 'medical condition' to refer to any physical or mental health condition that requires ongoing health professional input.*

Appendix 3: Procedure following notification that a pupil has a medical condition (flow chart).



Health Care Plan for a Pupil with Allergy/ Anaphylaxis



Name:.....

Current year/class:.....

Date of Birth:.....

SEVERE ALLEGIC REACTION TO:

.....

.....

.....

Contact Information

Family contact 1

Name:.....

Tel no. (Home).....

(Work).....

Relationship:.....

MILD ALLERGIC REACTION TO:

.....

.....

.....

Family contact 2

Name:.....

.....

Tel no. (Home).....

(Work).....

.....

Relationship:.....

.....

Allergy Specialist

Name:.....

Hospital:.....

G.P

Name:.....

Tel no:.....

Describe condition and appropriate treatment to be given:

For Mild Symptoms:	ie: <ul style="list-style-type: none"> If you think the child has been in contact with allergen Slight rash itchy/watery/runny eyes and/or nose, repeated sneezing or flushing 	Give:	<ul style="list-style-type: none">for allergies or as part of an acute reactionto be given once a day for hay fever If after 15-30 minutes it gets worse call for medical help straight away <p>OBSERVE FOR FURTHER REACTION AND CONTACT FAMILY</p>
For Severe Symptoms	ie: <ul style="list-style-type: none"> Swelling or tingling of lips, face or mouth Severe rash Wheeze, cough or difficulty in breathing Swelling of tongue Collapse <p>HOLD EPI-PEN IN FOR 10 SECONDS</p>	Give:	<ul style="list-style-type: none"> Please select which type your child has been prescribed: Epipen Jext Emerade Use an (auto-injector adrenaline) into upper outer thigh. HOLD EPI-PEN IN FOR 10 SECONDS <p>If no improvement in 5-10 minutes or condition deteriorates repeat the epinephrine injection</p>

Care Requirements:

After administration of auto-injector, **ring 999** and report severe allergic reaction. Give used auto-injector to ambulance staff or nurse for safe disposal.

Ring Parents/carers.

After incident a debriefing session will take place with all staff involved.

Parents/carers will replace all used medication.

Staff indemnity:

Ealing Council fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, having been provided adequate training, and are following the LEA's guidelines. For purposes of indemnity, the administration of medicines falls within this definition and hence the staff can be reassured about the protection their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is advertently given or where the administration is overlooked. In practice indemnity means that the Council and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent and employer.

Agreement and Conclusion:

- The school and parent will hold a copy of these notes.
- Any necessary revising will be the subject of further discussions between the school and Parents/carers.
- On a termly basis, any change in routine will be noted and circulated.
- It is the parent's responsibility to ensure medications are available for Parents/carers, and replaced before the expiry date indicated on the label.

Agreed and Signed

On behalf of the school:

..... Head TeacherDate
.....Parents/carersDate

My child no longer requires a Health Care Plan

My child no longer has an allergy that requires for the school to hold a Health Care Plan, please amend your records accordingly.

Signed **Parent/carer****Date**

Healthcare Plan for a Pupil with Medical Needs

Name:.....

Date of Birth:.....

Condition:.....

.....

.....

Class:.....

Date:.....

Review Date:.....

PHOTO

Contact Information

Family Contact 1

Name:.....

Tel: work:.....

Home.....

Relationship:.....

Family Contact 2

Name:.....

Tel: work:.....

Home.....

Relationship:.....

Clinic/Hospital contact

Name:.....

Tel:

G.P

Name:.....

Tel:

Describe condition and give details of pupil's individual symptoms:

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Daily care requirements: eg before sport/at lunchtime)

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

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Follow up care:

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Who is responsible in an Emergency: (State if different on off-site activities)

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Parent signature **Date.....**

Headteacher signature..... **Date.....**

My child no longer requires a Health Care Plan

My child no longer has an allergy that requires for the school to hold a Health Care Plan, please amend your records accordingly.

Signed **Parent/carers** **Date**

Appendix 4: Individual healthcare plans templates

Please note that these are some suggested documents to use. The pupil may have a different individual healthcare plan from their health professional which would be acceptable.

Asthma UK school asthma card

https://www.asthma.org.uk/globalassets/health-advice/resources/schools/school_asthma_card_september_2014_ver_b.pdf

BAS allergy action plans

<http://www.bsaci.org/about/download-paediatric-allergy-action-plans>

Diabetes UK sample individual healthcare plan

<https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes/schools/ihp-a-childs-individual-healthcare-plan>

Young Epilepsy sample individual healthcare plan

<http://www.youngepilepsy.org.uk/dmdocuments/IHP-child-form.pdf>

Health Conditions in School Alliance generic individual healthcare plan

http://medicalconditionsatschool.org.uk/documents/Individual%20Healthcare%20plan_Part%202.pdf

Bladder and Bowel conditions individual healthcare plan

<http://medicalconditionsatschool.org.uk/documents/IHP-Bowel-Bladder-conditions.pdf>

Appendix 5: Individual pupil risk assessment form

Hazard	Risk			Existing control measures	Recommendations/further actions required
	Likelihood of occurrence	Severity of harm	Overall risk		

Appendix 6: Medicines permission letter for pupils with medical conditions

In line with this school's 'Supporting Pupils at School with Medical Conditions' Policy, the school will not give your child medicine unless you complete and sign this form.

Name of school/setting	
Date	
Pupil's name	
Group/class/form	
Name and strength of medicine	
Reason for use	
Expiry date	
How much to give (i.e. dose to be given)?	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school/setting	

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

Daytime phone no. of parent/carer	
Name of GP, GP practice name and phone number	
Agreed review date to be initiated by	

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

Parent/carers signature

Print name

Date

Designated member of staff's signature

Print name

Date

Appendix 7: Medication records

Record of medicines administered to an individual child

Name of school/setting	
Name of pupil	
Date medicine provided by parent/carer	
Group/class/form	
Name and strength of medicine	
Dose and frequency of medicine	
Quantity received	
Quantity returned	
Expiry date	

Staff signature -----

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Record of medicines administered to all children –

Date	Pupil's name	Class	Time	Name of medicine	Dose given	Spacer cleaned? Y/N/N-A	Any reactions	Signature of staff	Print name
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Appendix 8: Emergency Inhalers and Adrenaline Auto-Injectors (AAIs)

This section needs to be read in conjunction with the following Department of Health guidance:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Schools are not required to hold an inhaler or AAIs – this is a discretionary power enabling schools to do this if they wish. However, keeping an inhaler and/or AAIs for use in an emergency prevents unnecessary and traumatic trips to hospital for a child and potentially saves their life. Schools that choose to hold an emergency inhaler and/or AAIs need protocols for their use to protect staff by ensuring they know what to do in the event of a child having an asthma or anaphylactic attack.

The protocol should include:

- Arrangements for the supply, storage, care, and disposal of the inhaler, spacers and AAI devices, in line with this 'Supporting Pupils with Medical Conditions' policy
- Having a register of children in the school who have been:
 - Diagnosed with asthma or prescribed a reliever inhaler. A copy of the register should be kept with the emergency inhaler
 - Prescribed AAIs (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis).
- Having written parental consent for use of the emergency inhaler and/or for use of the spare AAI(s), included as part of a child's individual healthcare plan. This should be signed in the school asthma card or the allergy action plan (Appendix 4).
- Ensuring that the emergency inhaler and spare AAIs are only used by children with written parental consent for their use
- Appropriate support and training for staff is provided in the use of the emergency inhaler and spare AAIs in line with this 'Supporting Pupils with Medical Conditions' policy
- Keeping a record of use of the emergency inhaler and/or AAIs as required by this 'Supporting Pupils with Medical Conditions' policy (Appendix 7) and informing the parent/carer when their child has been administered an inhaler/AAI and whether this was the school's spare inhaler/AAI or the pupil's own device (Appendix 9). This should include where and when the attack took place, how much medication was given and by whom.
- Having at least two volunteers responsible for ensuring the protocol is followed

Schools can purchase small quantities of inhalers, spacers and AAIs from a community pharmacy. The pharmacy will need a request signed by the principal or head teacher on headed paper stating:

- The name of the school for which the product is required;
- The purpose for which that product is required, and
- The total quantity required

ASTHMA

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

An Emergency asthma inhaler kit should include:

- A salbutamol metered dose inhaler;
- At least two plastic spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer;
- Instructions on cleaning and storing the inhaler;
- Manufacturer's information;
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- A note of the arrangements for replacing the inhaler and spacers;
- A list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- A record of administration (i.e. when the inhaler has been used). This should include where and when the attack took place how much medication was given and by whom.

Schools can consider keeping more than 1 kit if they cover more than 1 site.

It is recommended that at least 2 volunteers from school staff should have responsibility for ensuring that:

- On a monthly basis, the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- Replacement inhalers are obtained when expiry dates approach;
- Replacement spacers are available following use;
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned so that replacements are available if necessary.

The kit must be kept in a safe place but must not be locked away. It should be kept separate from any children's inhalers and the inhaler(s) labelled to avoid confusion with a child's inhaler.

The plastic spacer should not be reused and can be given to the child to use at home. The inhaler can be reused provided it is cleaned after use.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

See also: Healthy London Partnership pharmacy guidance:

<https://www.healthylondon.org/wp-content/uploads/2017/10/Pharmacy-guidance-for-supply-of-salbutamol-to-schools.docx>

ANAPHYLAXIS

From 1 October 2017, the Human Medicines (Amendment) Regulations 2017 allows schools to obtain adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

Schools may administer their “spare” adrenaline auto-injector (AAI), obtained for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided. The school’s spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

In severe cases the allergic reaction can progress within minutes into a life-threatening reaction. Severe reactions can require much more than an adrenaline injection and it is therefore vital to contact Emergency Services as early as possible.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

SEVERE ANAPHYLAXIS IS AN EXTREMELY TIME-CRITICAL SITUATION: DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES.

Depending on their level of understanding and competence, **children and particularly teenagers should carry their AAI(s) on their person at all times or they should be quickly and easily accessible at all times.** If the AAI(s) are not carried by the pupil, then they should be kept in a central place in a box marked clearly with the pupil’s name but NOT locked in a cupboard or an office where access is restricted.

AAIs are available in different doses depending on the manufacturer. Schools should hold a single brand to avoid confusion in training and administration. ‘EpiPen’ is the most well-known and likely to be the brand used by most pupils.

It is good practice for schools holding spare AAIs to store these as part of an emergency anaphylaxis kit which should include:

- 1 or more AAI(s)
- Instructions on how to use the device(s)
- Instructions on storage of the AAI device(s)
- Manufacturer’s information
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded
- A note of the arrangements for replacing the injectors
- A list of pupils to whom the AAI can be administered
- An administration record.

The kit must be kept in a safe place but must not be locked away. It should be kept separate from any children’s AAIs and the labelled to avoid confusion. The kit should be located not more than 5 minutes away from where it might be needed.

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer. If someone appears to be having a severe allergic reaction (anaphylaxis), emergency services (999) **MUST** be called without delay, even if they have already used their own AAI device, or a spare AAI.

- When dialling 999, give clear and precise directions to the emergency operator, including the location’s postcode.
- If the pupil’s condition deteriorates and a second dose adrenaline is administered after making the initial 999 call, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Tell the paramedics:
 - If the child is known to have an allergy
 - What might have caused this reaction e.g. recent food;
 - The time the AAI was given.

Anaphylaxis Emergency procedures

Anaphylaxis has a whole range of symptoms

Any of the following may be present, although most pupils with anaphylaxis would not necessarily experience all of these:

What to look for :

- generalised flushing of the skin anywhere on the body
- nettle rash (hives) anywhere on the body
- difficulty in swallowing or speaking
- swelling of throat and mouth
- alterations in heart rate
- severe asthma symptoms
- abdominal pain, nausea and vomiting
- sense of impending doom
- sudden feeling of weakness (due to a drop in blood pressure)
- collapse and unconsciousness

Do :

- **IF A PUPIL WITH ALLERGIES SHOWS ANY POSSIBLE SYMPTOMS OF A REACTION, IMMEDIATELY SEEK HELP FROM A MEMBER OF FIRST AID TEAM THROUGH TEAMS**

Symptoms and the position of pupil :

- If the pupil is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should NOT stand up.
- If there are also signs of vomiting, lay them on their side to avoid choking.
- If they are having difficulty breathing caused by asthma symptoms or by swelling of the airways they are likely to feel more comfortable sitting up.

Appendix 9: Letters to inform parents/carers of their child's use of the school's emergency inhaler*

School name:.....

Child's name:.....

Child's class:.....

Date:.....

Dear.....

This letter is to formally inform you that.....has had problems breathing today.

This happened when.....

They did not have their own inhaler with them so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were givenpuffs.

Although they soon felt better, we would strongly advise you that your child is seen by their own doctor as soon as possible.

Please provide a new unopened replacement spacer as soon as possible.

Please can you ensure that your child brings in a working in-date inhaler and spacer for use in school. Both should be clearly labelled with your child's name and date of birth.

Yours sincerely

**Please note that parents will be informed immediately when a child has used the school's emergency adrenaline autoinjector (and emergency services called).*

ASTHMA POLICY

Pupils with asthma are welcome in our school. They are encouraged to take a full part in all activities.

AIMS

- All teaching and support staff are asthma aware and receive annual training provided by the School Nurse.
- All children with asthma have immediate access to their emergency relief inhaler.
- All children understand asthma so that they can support their friends.
- Records are kept of the children with asthma and are regularly updated.
- There is good communication between home and school.

AT SCHOOL

- When a child joins the school parents/carers will be asked if their child has asthma through the medical information form
- Parents/Carers of children with asthma will be given a school asthma card to complete. From this information we will compile a school asthma register.
- The parent/carer will need to sign and return the permission to administer medication slip.
- Parents/Carers will update the card if there are any changes in their child's asthma or medication.
- We will do everything we can to make sure that our school is favourable to pupils with asthma and reduce the presence of triggers where possible.

INHALERS

- Immediate access to emergency relief inhalers is essential.
- All classrooms have a medical box containing a spacer device and the child's labelled inhaler.
- A spare labelled inhaler and spacer is kept in an unlocked cupboard in the Welfare Room.
- Parents/Carers must supply two emergency relief inhalers to the school and must make sure that they are in date.
- The Welfare Officer will manage the inhaler store.
- Masks will not be accepted in school.
- Herbal medicines and syrups will not be accepted in school.
- Preventer inhalers (brown, orange, purple or green) are not accepted in school.
- The asthma inhalers will accompany the class at all times including outdoor lessons, school trips and any evacuation.
- School staff are not required to administer medication, however many are happy to do so if necessary. The child will be encouraged to take their inhaler themselves whenever possible.
- Children will never be denied access to their inhaler.
- Children will NEVER be given another child's inhaler.
- We will inform the parent/carer if their child is using their inhaler device more than usual.
- A shared spacer device will need to be used occasionally. This spacer will be cleaned between each use in accordance with local infection control policy.

EXERCISE AND ACTIVITY

- We encourage all pupils to take part in sport and other activities.
- P.E Staff and supply staff will be aware of children with asthma in their group.
- Pupils with exercise triggered asthma will be reminded to take their inhaler 10 minutes prior to exercise.
- We make sure all pupils warm up and down thoroughly.
- Pupils will be allowed to take their inhaler if needed and to re-join the lesson when they have recovered.

POOR ATTENDANCE

- If a child's progress begins to deteriorate due to asthma related illnesses the Pupil Well Being Officer will speak to the parent and suggest an asthma review appointment with the child's healthcare professional
- The Pupil Well Being Officer may also request the advice and support of the School Health Advisor

ASTHMA FRIENDLY SCHOOL

- Our school is 'asthma friendly' and makes use of every opportunity to raise awareness of asthma in our community.

ASTHMA ATTACK

- The asthma emergency procedure poster will be visibly displayed in the staffroom and in every classroom.

Appendix 10: Training resources for Ealing school staff

Online

Anaphylaxis Campaign AllergyWise Online Course

Free online anaphylaxis training course AllergyWise for Schools is designed to ensure that key staff in schools are fully aware of the signs and symptoms of anaphylaxis, how to provide emergency treatment and the implications for management of severely allergic children from Key Stages 1 to 5 in an education setting.

<https://allergywise.org.uk/course-login/>

Supporting Children's Health Asthma Online Course

Being aware of asthma and its triggers can help to ensure children with asthma in your care are safe and can get involved in the same activities as any other child without issue or harm.

This module aims to help you support children who have asthma by:

- Raising your awareness of the condition and how it's managed
- Exploring plans, you may need to ensure that children with asthma in your care are supported

<https://www.supportingchildrenshealth.org/asthma-module/>

MindEd

MindEd is a free educational resource on children and young people's mental health for all adults.

<https://www.minded.org.uk>

Face to face

School nursing service training (includes management of medical emergencies training for schools):

<https://www.egfl.org.uk/services-to-schools/ealing-school-nursing-service-201819>

Ealing Health and Safety training (includes First Aid training for schools):

<https://www.egfl.org.uk/facilities/health-and-safety/health-and-safety-training>

Appendix 11: First aid training guidance

First-aid can prevent deaths and can also prevent minor medical problems and injuries from escalating into major ones. Guidance exists for schools on the subject of first aid and this section of the 'Supporting Pupils at Schools with Medical Conditions' policy draws and refers to these accordingly.

First aid in schools:

The Department for Education good practice guidance titled [Guidance on First Aid for Schools](#) explains that the numbers of first aid personnel required in schools is not an exact science. A suitable and sufficient risk assessment needs to be carried out taking into account the school's specific circumstances such as: the size and location of the school, any specific hazards on-site, any specific needs and any historic accident data. Schools should consider the risks to employees, pupils and visitors as part of this risk assessment.

The Department for Education [Statutory framework for the early years foundation stage](#) sets out mandatory standards for the learning, development and care for children from birth to 5 years old. In this, it is mandated that all Schools and Ofsted registered early years providers must have at least one person who has a current paediatric first aid (PFA) certificate available at all times when children are present, and must accompany children on outings. This framework also mandates the PFA Certificate course criteria.

In addition, HSE document [L74](#) (Third edition-2013) details useful guidance on first aid matters in the workplace including: first aid courses content, suggested numbers of first aid personnel, first aid kits and training provider selection. This document is a valuable resource to help schools complete their first aid risk assessment.

Ealing Council has a page on [EGfL](#) dedicated to first aid which is also a useful resource for schools. This page includes a blank template that Schools can use to carry out their first-aid risk assessment.

Automatic External Defibrillators (AEDs) in schools:

Ealing Council purchased the Powerheart® G5 AED for schools in the Borough in 2017. This was the most appropriate unit for schools as advised by the London Ambulance Service.

The Department for Education guide for schools on [automated external defibrillators \(AEDs\)](#) provides guidance on the purchase, use, installation, training, maintenance and additional considerations (such as the development of a resuscitation plan and safety considerations) of AEDs. This guidance explains that AEDs are designed for use by people who can simply follow the step-by-step instructions provided on the AED at the time of use, without any specific training. This guidance also explains that it should be sufficient for schools to circulate the manufacturer's instructions to all staff and then to provide a short general awareness briefing session in order to meet their statutory obligations. Any awareness briefing could be incorporated into any wider training on CPR and the chain of survival.

Ealing Council has a page on [EGfL](#) dedicated to AEDs which is also a useful resource for Schools. This page includes a video that demonstrates the use of the Powerheart® G5 AED.

Appendix 12: Checklist: responsibilities of parents/carers

- ✓ Informing the school if your child has a 'medical condition' (as defined in the 'Supporting Pupils with Medical Conditions' policy) and providing consent to share this information with relevant healthcare professionals including the school nursing service.
- ✓ Liaising with the school to complete an individual healthcare plan, ideally before the start of the school year. The individual healthcare plan requires health professional input, either by the school nursing service (arranged by the school), or by appointment with your health professional (GP, practice nurse or specialist).
- ✓ Completing a medicines permission letter if your child requires medication during school hours.
- ✓ Completing an individual pupil risk assessment form during a meeting with school staff if your child's needs are severe, complex or potentially life threatening.
- ✓ Informing the school of any medicines the child requires during visits, field trips and other out-of-school activities.
- ✓ Ensuring your child's medicines and medical devices are labeled with their full name and date of birth, in the original pharmacy packaging.
- ✓ Ensuring that your child's medicines are within their expiry dates.
- ✓ Ensuring that new and in date medicines come into school two weeks prior to expiry date, to collect all medication back at the end of the school year, and to dispose of any out-of-date medication.
- ✓ Ensuring that your child catches up with any school work they have missed if they are off school due to their medical condition or healthcare appointments.
- ✓ Providing the school with supporting information from your healthcare professional if your child has frequent or prolonged absence(s) from school.
- ✓ Informing the school of any changes to your child's condition
- ✓ Liaising with the school annually to ensure that the individual healthcare plan is up to date (even if just to say 'no changes').

Appendix 13: Other key reference documents

Department for Education guidance

Supporting pupils at schools with medical conditions guidance:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3#history>

Healthy London Partnership resources

Asthma schools' guidance:

<https://www.healthylondon.org/wp-content/uploads/2017/11/London-schools-guide-for-children-and-young-people-with-asthma.pdf>

<https://www.healthylondon.org/resource/london-asthma-toolkit/schools/>

Diabetes schools' guidance:

<https://www.healthylondon.org/resource/london-guide-teachers-parents-children-young-people-diabetes/>

Epilepsy schools' guidance:

<https://www.healthylondon.org/resource/london-epilepsy-guide-schools/>

Bladder and Bowel guidance:

<https://www.eric.org.uk/healthy-bladders-and-bowels-at-school>

FIRST AID AT **MONTPELIER PRIMARY SCHOOL**

First Aid arrangements

Location of first aid kits in school are:

Medical room
Reception kitchenette
Nursery
School Office

In addition, first aid bags are available for both KS1 and KS2 playgrounds and for groups going on trips.

The contents of these kits and bags are checked regularly by Carole Walker.

First aid arrangements

The school uses the TEAMS Paging system to alert the first aider on duty of any accident or medical incident. The icon is located on the desktop of each class teacher's computer and those of the leadership team and the front office.

The first aider will attend to the pupil at the location of the incident/accident. No pupil should be sent to the medical room without prior arrangement with the first aider. This is a key safeguarding responsibility.

All staff, students and volunteers are alerted to the paging system as part of their school induction.

Training

Whole staff training on Emergency First aid will be undertaken every three years and all teaching and support staff will be invited to attend. First aid training for all staff was last completed in January 2016. An up to date list of first-aiders, including paediatric first-aiders is held by the Compliance Manager as well as being displayed in the medical room, Admin Centre, Admin Front Office, all Core Team staff offices. They are also marked as trained first-aiders in the staff handbook.

Off-site activities

At least one first aid kit will be taken on all off-site activities, along with individual pupils' medication, such as inhalers, auto-injector adrenaline (epipens) etc. Where possible a qualified first-aiders will accompany off-site trips, If we do not send a first aider on a trip we will nominate an appointed person who: takes charge when someone is injured or becomes ill and looks after the first-aid equipment eg restocking the first-aid container.

Arrangements for reporting and recording accidents

The school will implement the local authority's procedures for reporting:

All accidents to employees
All incidents of violence and aggression
All accidents to pupils which result in the involvement of a medical professional, e.g. GP, hospital, dentist etc.

All other accidents are logged in the medical room. A copy of each logged entry is sent home with the pupil and another copy is given to the class teacher.

The school is aware of its statutory duty under RIDDOR in respect of reporting the following to the HSE as it applies to employees.

- An accident that involves an employee being incapacitated from work for more than three consecutive days.
- An accident which requires admittance to hospital for in excess of 24 hours.
- Death of an employee.
- Major injury such as fracture, amputation, dislocation of shoulder, hip knee or spine.

For non-employees and pupils, an accident will only be reported under RIDDOR:

Where it is related to work being carried out by an employee or contractor and the accident results in death or major injury or it is an accident in school which requires immediate urgent treatment in hospital.

Bumped Heads

The school recognises that accidents affecting the pupil's head can be problematic because the injury may not be evident and the effects only become noticeable after a period of time.

Where emergency treatment is not required, a head bump form will be sent home, detailing the symptoms to be watchful for.

Legislation and guidance

Introduction

- Local authorities, schools and governing bodies are responsible for the health and safety of pupils in their care.
- Areas of legislation that directly affect a medical conditions policy are described in more detail in Managing Medicines in Schools and Early Years Settings. The main pieces of legislation are the Disability Discrimination Act 1995 (DDA), amended by the Special Educational Needs and Disability Act 2001 (SENDA) and the Special Educational Needs and Disability Act 2005. These acts make it unlawful for service providers, including schools, to discriminate against disabled people. Other relevant legislation includes the Education Act 1996, the Care Standards Act 2000, the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Medicines Act 1968. This section outlines the main points from the relevant legislation and guidance that schools should consider when writing a medical conditions policy.

Managing Medicines in Schools and Early Years Settings (2005)

This provides guidance from the DfES (now DCFS) and DH on managing medicines in schools and early years settings. The document includes the following chapters:

- developing medicines policies
- roles and responsibilities
- dealing with medicines safely
- drawing up a Healthcare Plan
- Common Conditions – Practical Advice on Asthma, Epilepsy, Diabetes and Anaphylaxis
- Legal Framework
- Relevant forms.

Medical Conditions at School: A Policy Resource Pack is designed to work alongside Managing Medicines in Schools and Early Years Settings.

Disability Discrimination Act 1995 (DDA) and the Special Educational Needs and Disability Acts (2001 and 2005)

- Many pupils with medical conditions are protected by the DDA and SENDA, even if they don't think of themselves as 'disabled'.
- The Commission for Equality and Human Rights (CEHR) (previously the Disability Rights Commission) publishes a code of practice for schools, which sets out the duties under the DDA and gives practical guidance on reasonable adjustments and accessibility. The CEHR offers information about who is protected by the DDA, schools' responsibilities and other specific issues.

Schools' responsibilities include:

- not to treat any pupil less favorably in any school activities without material and sustainable justification
- to make reasonable adjustments that cover all activities – this must take into consideration factors such as financial constraints, health and safety requirements and the interests of other pupils. Examples of reasonable adjustments can be found in the DfES resource: Implementing the DDA in Schools and Early Years Settings*
- to promote disability equality in line with the guidance provided by the DCSF and CEHR through the Disability Equality Scheme.

*DfES publications are available through the DCSF.

The Education Act 1996

Section 312 of the Education Act covers children with special educational needs, the provisions that need to be made and the requirements local health services need to make to help a local authority carry out its duties.

The Care Standards Act 2000

This act covers residential special schools and responsibilities for schools in handling medicines.

Health and Safety at Work Act 1974

This act places duties on employers for the health and safety of their employees and anyone else on their premises. This covers the head teacher and teachers, non-teaching staff, pupils and visitors.

Management of Health and Safety at Work Regulations 1999

These regulations require employers to carry out risk assessments, manage the risks identified and to communicate these risks and measures taken to employees.

Medicines Act 1968

This act specifies the way that medicines are prescribed, supplied and administered.

Additional guidance

Other guidance resources that link to a medical conditions policy include:

- Healthy Schools Programme – a medical conditions policy can provide evidence to help schools achieve their healthy school accreditation
- National Service Framework for Children and Young People and Maternity Services (2004) – provides standards for healthcare professionals working with children and young people including school health teams
- Health and Safety Advice on Legal Duties and Powers, DfE, 2014 – provides guidance to schools when planning educational and residential visits
- Misuse of Drugs Act 1971 – legislation on the storage and administration of controlled medication and drugs
- Home to School Travel for Pupils Requiring Special Arrangements (2014) – provides guidance on the safety for pupils when traveling on local authority provided transport
- Including Me: Managing Complex Health Needs in School and Early Years Settings (2005).

Further advice and resources

Allergy UK Allergy

Help Line:(01322) 619864

Website: www.allergyfoundation.com

The Anaphylaxis Campaign

Helpline: (01252) 542029

Website: www.anaphylaxis.org.uk and www.allergyinschools.co.uk

Association for Spina Bifida and Hydrocephalus

Tel: (01733) 555988 (9am to 5pm)

Website: www.asbah.org

Asthma UK (formerly the National Asthma Campaign)

Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)

Website: www.asthma.org.uk

Council for Disabled Children (National Children's Bureau)

Tel: (020) 7843 1900

Website: <http://www.ncb.org.uk/cdc/>

Contact a Family (Information about caring for disabled and special needs children)

Helpline: 0808 808 3555.

Website: www.cafamily.org.uk

The Anaphylaxis Campaign

PO Box 275

Farnborough

Hampshire GU14 6SX

Phone 01252 546100

Fax 01252 377140

info@anaphylaxis.org.uk

www.anaphylaxis.org.uk

Cystic Fibrosis Trust

Tel: (020) 8464 7211 (Out of hours: 020 8464 0623)

Website: www.cftrust.org.uk

Diabetes UK

Careline: 0845 1202960 (Weekdays 9am to 5pm)

Website: www.diabetes.org.uk

Department for Education and Skills

Tel: 0870 000 2288

Website: <http://www.dfes.gov.uk>

Department of Health

Tel: (020) 7210 4850

Website: <http://www.dh.gov.uk>

Disability Rights Commission (DRC)

DRC helpline: 08457 622633.

Textphone: 08457 622 644 **Fax:** 08457 778878

Website: www.drc-gb.org

Epilepsy Action

Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)

Website: www.epilepsy.org.uk

Health and Safety Executive (HSE)

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)

Website: www.hse.gov.uk

Health Education Trust

Tel: (01789) 773915

Website: <http://www.healthedtrust.com>

Hyperactive Children's Support Group

Tel: (01243) 551313

Website: www.hacsg.org.uk

MENCAP

Telephone: (020) 7454 0454

Website: www.mencap.org.uk

National Eczema Society

Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)

Website: www.eczema.org

National Society for Epilepsy

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)

Website: www.epilepsynse.org.uk

Psoriasis Association

Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm. Fri 9.15am to 16.15pm)

Website: <http://www.psoriasis-assoc>

Sure Start

Tel: 0870 0002288

Website: <http://www.surestart.gov.uk>

Responsibilities in respect of supporting pupils with medical conditions

All staff at this school 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 school's medical conditions policy
- know which pupils in their care have a medical condition and be familiar with the content of the pupil's Healthcare Plan
- allow all pupils to have immediate access to their emergency medication
- maintain effective communication with Parents/carers including informing them if their child has been unwell at school
- ensure pupils who carry their 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
- understand the common medical conditions and the impact it can have on pupils (pupils should not be forced to take part in any activity if they feel unwell)
- 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.

Teachers at this school have a responsibility to:

- ensure pupils 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
- liaise with Parents/carers, the pupil's healthcare professionals, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition
- use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

The Compliance Manager at this school has a responsibility to:

- update the school's medical conditions policy
- provide regular training for school staff in managing the most common medical conditions at school
- provide information about where the school can access other specialist training.
- know which pupils have a medical condition and which have special educational needs because of their condition
- ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.

First aiders at this school have a responsibility to:

- 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.

SENDCO at this school has the responsibility to:

- help update the school's medical condition 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 exams or course work.

The pupils at this school have a responsibility to:

- treat other pupils with and without a medical condition equally
- tell their Parents/carers, teacher or nearest staff member when they are not feeling well
- let a member of staff know if another pupil is feeling unwell
- treat all medication with respect
- know how to gain access to their medication in an emergency

The Parents/carers of a child at this school have a responsibility to:

- tell the school if their child has a medical condition
- ensure the school has a complete and up-to-date Healthcare Plan for their child
- inform the school about the medication their child requires during school hours
- inform the school of any medication their child requires while 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 spare medication labelled with their child's name
- ensure that their child's 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

The medical conditions policy is regularly reviewed evaluated and updated. Updates are produced every year

- This school's medical condition policy is reviewed, evaluated and updated every year in line with the school's policy review timeline.
- New Department for Children, Families and Schools and Department of Health guidance is actively sought and fed into the review.
- This school evaluates the policy with:
 - Parents/carers
 - school nurse and/or school healthcare professionals
 - headteacher
 - teachers
 - special education needs coordinator
 - pastoral support/welfare officer
 - first aider
 - all other school staff
 - local health professionals
 - the school employer
 - school governors.

Female Genital Mutilation Responsibility

All staff need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. See **HM Government, Multi-Agency Practice Guidelines: Female Genital Mutilation.**

The short term consequences can include:

- severe pain.
- emotional and psychological shock (exacerbated by having to reconcile being subjected to the trauma by loving Parents/carers, extended family and friends).
- haemorrhage.
- wound infections, including tetanus and blood-borne viruses (including HIV and Hepatitis B and C);
- urinary retention.
- injury to adjacent tissues.
- fracture or dislocation as a result of restraint.
- damage to other organs.
- death

This school's employer has a responsibility to:

- ensure the health and safety of their 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 health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions
- make sure the medical conditions policy is effectively monitored and evaluated and regularly updated
- report to Parents/carers, pupils, school staff and the local authority about the successes and areas for improvement of this school's medical conditions policy
- provide indemnity for staff who volunteer to administer medication to pupils with medical conditions.

This school's head teacher has a responsibility to:

- ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- liaise between interested parties including pupils, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, school nurses, Parents/carers, governors, the school health service, the local authority transport service, and local emergency care services
- ensure the policy is put into action, with good communication of the policy to all
- ensure every aspect of the policy is maintained
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using pupils' Healthcare Plans
- ensure pupil confidentiality
- assess the training and development needs of staff and arrange for them to be met
- ensure all supply teachers and new staff know the medical conditions policy
- delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical conditions register
- monitor and review the policy at least once a year, with input from pupils, Parents/carers, staff and external stakeholders
- update the policy at least once a year according to review recommendations and recent local and national guidance and legislation
- report back to all key stakeholders about implementation of the medical conditions policy.

Contacting Emergency Services

Call from: Admin Office, Core Team Offices, Welfare

Dial 999, ask for an ambulance and be ready with the following information:

- School telephone number – 0208 997 5855
- School address - Montpelier Primary School, Montpelier Rd, Ealing. W5 2QT.
- Give exact location in the school of the person needing help.
- Give your name.
- Give the name of the person needing help.
- Give a brief description of the person's symptoms (and any known medical condition).
- Inform ambulance control of the best entrance and state that the crew will be met at this entrance and taken to the pupil.
- Don't hang up until the information has been repeated back to you.

Speak clearly and slowly

Continence Policy

Aims of Policy

Achieving continence is a developmental milestone usually reached within the context of learning in the home before a child transfers to a nursery/school setting. However, for some children entering school, the skill of independent toileting has not been fully acquired and needs to be taught. The 'Every Child Matters' framework includes 'Enjoy and Achieve' as one of the five outcomes. Two of the aims are to enable children to:

- "be ready for school" and
- "achieve personal and social development and enjoy recreation."

Principles of the Policy

The Early Years Foundation Stage Curriculum includes Personal and Social and Emotional Development as a curriculum strand and specifies planning for "the development of independence skills, particularly for children who are highly dependent upon adult support for personal care." The Stepping Stones include reference to children being able to "dress and undress independently and manage their own personal hygiene." Therefore, children entering the Foundation Stage who have not achieved continence or developed independent toileting skills will:

- not be discriminated against in relation to their admission to school
- be supported with their toileting needs to help develop concern for their own personal hygiene, independence and well-being

Health and Safety

The school already has procedures in place for dealing with spillages of bodily fluids, e.g. when a child accidentally wets or soils himself, or is sick whilst on the premises. Staff to wear aprons and disposable gloves whilst changing a child;

- Soiled nappies to be double wrapped and disposed of in the waste disposal unit in the disabled toilets
- Changing area/toilet to be cleaned after use
- Hot water and soap available to wash hands as soon as changing is done
- Hot air dryer or paper towels available to dry hands
- Soiled clothing to be returned to parent with a note

Facilities

Nursery and Reception have their own toilets located in each of their units. Therefore, facilities for changing children are easily accessible. However, staff should be aware that:

- changing should not take place behind locked doors but in an appropriate area where privacy and dignity can be maintained during the process
- the child should not be made to feel uncomfortable or in any way that they are a nuisance

Staff in Nursery/Reception will change the child if soiled. Asking or telling Parents/carers to come and change their child (unless the Parents/carers have expressed a preference for this) is likely to be a direct contravention of the Disability Discrimination Act.

Knowingly leaving a child soiled could also be considered to be a form of abuse.

If a child is regularly soiling, the school will consult with School Health Advisor and Parents/carers and a Health Care Plan will be drawn up to manage the continence.

Child Protection

In accordance with the safeguarding policy, a second member of staff must be available to ensure that abuse does not take place. All staff appointed must have CRB checks which are carried out to ensure the safety of children and staff.

Partnership Working

Issues around toileting can be discussed with the Foundation Stage Manager/Nursery Teacher during the admissions process. Subsequently, Parents/carers of children starting in Reception are invited into school for a pre-admissions meeting. During these meetings Parents/carers are provided with opportunities to discuss any concerns they may have. In some circumstances it may be appropriate to set up a healthcare plan

The Parents/Carers will:

- Understand and agree the school procedures followed during changing
- Agree to review the arrangements, in discussion with the school, should this be necessary
- Agree to consult Healthcare Advisors if suggested by the school

The School will:

- Agree to change the child should they soil themselves or become wet
- Agree to review arrangements, in discussion with parents/carers, should this be necessary
- Agreeing to implement an individual toileting management plan (Healthcare Plan) if this is required (See Appendix 2)

Procedure for Intimate Care in School

Intimate personal care is hands-on physical care in personal hygiene, and / or physical presence or observation during such activities.

It includes:

- Body bathing other than to arms, face and legs below the knee
- Toileting, wiping and care in the genital and anal areas.
- Continence care (See continence policy)
- Placement, removal and changing of incontinence pads.
- Menstrual hygiene
- Dressing and undressing.
- Agreed changing area to allow child privacy/dignity
- Designated member of staff identified to change child including another named person in case of illness/ absence
- Staff are sensitive to their individual needs and preferences
- Maximise safety and comfort
- Protect against intrusion and abuse by having a second member of staff in close proximity where possible
- Respect the pupil's right to give or withdraw their consent or for their legal carer to do so if deemed appropriate
- All named practitioners changing the child to agree on a consistent approach
- Staff to be provided with disposable gloves, a disposable apron, disposable cloths to wash the child
- Child to be encouraged to participate in the changing process as/if appropriate e.g. wiping themselves, pulling up their pants etc.
- Child to be washed (water only) if necessary and changed
- Other clothing, if wet and soiled dealt with as agreed
- Changing area to be thoroughly cleaned.

Asthma

Emergency procedures

Common signs of an asthma attack :

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

Do :

- encourage the pupil to sit up and slightly forward – do not hug them or lie them down
- make sure the pupil takes two puffs of their inhaler immediately – preferably through a spacer
- ensure tight clothing is loosened
- reassure the pupil.

Important things to remember in an asthma attack

- Never leave a pupil having an asthma attack.
- Use Teams to page First Aider or call Admin to bring inhaler
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.

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.
- SEEK HELP FROM A MEMBER OF FIRST AID TEAM THROUGH TEAMS PAGING SYSTEM

Government Advice in the case of Pandemic Infection

What are the roles of Central Government, local authorities and schools?

Central Government has overall responsibility for contingency planning, is responsible for national policy decisions (and communicating those to relevant partners) and the overall co-ordination of activities during a pandemic. Local authorities and other front-line emergency responders (eg police, NHS) must work in partnership to build their local preparedness; in a pandemic these would work together in Strategic Co-ordinating Groups to co-ordinate activities in an area. Local authorities should also communicate information from Central Government to schools and others – all schools, not just maintained schools. Schools should prepare plans for a flu pandemic as part of their general emergency planning and ensure these are shared with staff and, as appropriate, parents. School managers (normally the head teacher if the governing body delegates this to the head) would make the final decision on whether to close a school during a pandemic.

Do you expect schools to close during a pandemic?

The general advice to all sectors is that they should seek to continue operating as normally as possible during a pandemic – but should plan for much higher than usual levels of staff absence and the consequences of this, as well as for other possible disruption resulting from the pandemic's impact on other services.

However, schools (and childcare settings) are potentially different from other settings. Children are highly efficient 'spreaders' of respiratory infections, both among themselves and to adults in their families. There is some evidence that such infections spread less among children in holiday periods than in term-time. So, closing schools and childcare settings for a period might significantly reduce the number of children infected.

We will not know until nearer the time, when we know more about the nature of a pandemic strain of virus, and children's vulnerability to it, whether the Government will advise schools and childcare settings to close to pupils for a period during a pandemic, but it is a possibility. Any such advice would affect each region only when the pandemic reached it, based on central guidance about when to close and re-open, but it is very likely that all areas would be affected at some stage. Schools should therefore plan both for remaining open during a pandemic and for possible closure.

What should staff do if schools close to pupils?

In line with workers in all other sectors, staff should come into school, unless ill, caring for dependants or authorised to work elsewhere.

What does my school have to do now, during a pandemic and in between?

Your current emergency planning may already cover some or all of these points, but you should now ensure that you have written plans that:

- Make it clear who would take the decision whether to close a school – either because of
- Government advice that schools in an area should close, or because of reasons specific to
- the school (eg too many staff off ill);
- Ensure you have up-to-date contact details for staff and parents;
- Enable you to keep a sick child separate from other pupils (and minimise their contact
- with staff) until you can get him or her home or collected by parents;
- Ensure that you are able to remain open, if appropriate – your plans should include
- systems to minimise the spread of infection if the school remains open during a
- pandemic, eg hand-washing, disposal of tissues etc.

We are developing a model plan that you will be able to amend to meet your needs. It is important to ensure that all your staff are familiar with the plan and that you also consider what it would be helpful to share with parents at this stage.

Between now and a pandemic you should review plans regularly, and in the light of any further advice from the Government or your LA. You may also wish to test parts of your plan. Your local authority will inform you when a pandemic is imminent, according to the World Health Organisation. At this stage you should review plans again, check that you have necessary supplies, and remind staff of key information – such as that they should not come into work if they have any flu-like symptoms (sudden onset of fever, headache, muscle pains and feeling ill, with or without sore throat, cough or difficulty breathing). In a pandemic, while your school remains open, you should

- Take hygiene measures to reduce the risk of infection spreading;
- Ensure that staff showing any signs of infection go home;
- Ensure that children showing signs of infection are taken home or collected by parents
- Provide any information requested by your LA (eg absence rates).

Who will advise on what and how will we be informed?

Central Government will advise whether schools in affected areas should stay open or close, on the basis of scientific advice. If the government were to advise closure, LAs would communicate the message to schools, but schools would not close at that point. LAs – acting on local health information – would inform schools when their area is affected and the advice to close applies.

The decision on whether to close at that time remains with the school – normally the governing body would delegate that power to the head. The head would also usually decide whether a school should close for other reasons (eg lack of staff).

If there is advice to close all schools in an area, the LA would tell schools when this advice will be reviewed; after such a review, the LA would advise schools whether to remain closed or to re-open and, if they are to re-open, whether any specific conditions should apply. If schools close, is there a duty to provide alternative education?

Local authorities have a duty to provide education for children of compulsory school age who are out of school. Schools would remain open to staff, who could set and mark work, but getting it to and from pupils is an issue that will have to be addressed.