



## **Fowlmere Primary School**

### **Supporting Pupils with Medical Conditions** **(to be read with the First Aid and Administration of** **Medicines Policy)**

*This school is an 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.*

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## *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.

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## Identification, Registers and Individual Health Care plans

### ***1. The school identifies all children with medical conditions***

- 1.1. The school asks parents/carers if their child has any physical or health condition on the admission form as part of the enrolment process. The school asks for explicit consent to share this information with relevant school staff and healthcare professionals.
- 1.2. The school uses individual healthcare plans/medical plan for children with medical conditions and ensures that they are in place before they start school. 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. The 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. The 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. The 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.
- 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 plan 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.
- 3.4. For more severe and/or complex medical conditions, the individual healthcare plan should also include 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. The 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. *The 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. Antibiotics will be administered in school, where required – please see our First Aid and Administration of Medicines policy.
- 4.2. If medication is required at school, this will only be given as detailed in the pupil's individual health care plan, or when parents/carers fill out a medication consent form. *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.* If agreed, medication should come in to school in the prescription package showing ownership, dose, frequency, instructions of administration and storage.
- 4.3. The school keeps an accurate record of all the medication administered, including the dose, time, date and supervising staff. Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

### **5. *The school supports staff who administer medication***

- 5.1. The 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.
- 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.
- 5.4. The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

### **6. *The school has clear guidance on storing medication and equipment at school***

- 6.1. The school ensures that all medication is stored safely, and that pupils with medical conditions and staff know where they are at all times.

- 6.2. For **most** children, asthma pumps should be readily available but with adult supervision. Only if it is appropriate for their age and individual healthcare plan and has been risk assessed the school will allow pupils to carry their own medication/equipment. Parents/carers should check that medication is in date.
- 6.3. The school 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. The 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 annually, and to provide new and in-date medication at the start of the academic year.
- 6.6. The school should not dispose of any medication. It is the parent/carer's responsibility to dispose of out-of-date medication – medication is returned to the family at the end of the school or sooner if it is out of date.

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

- 7.1. The 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 – medical room. The emergency asthma inhalers or epipens are to be used only for children with a diagnosed condition and their own medical equipment malfunctions.

### **Training**

## **8. The school promotes staff training in supporting pupils with medical conditions**

- 8.1. The 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. The 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.
- 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. The 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. The school keeps a record of staff training.

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

- 10.1. The 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.
- 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.
- 10.3. The school has access to an Automatic External Defibrillator (AED) (outside the pavilion and stored on shelf in staffroom) which all staff are aware of.

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

- 11.1. 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.
- 11.2. The 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.
- 11.3. 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.
- 11.4. 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.

## **12. *The whole school environment is inclusive***

- 12.1. The 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. The 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. The 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. *The school ensures that arrangements are made for pupils with medical conditions to participate in all aspects of the curriculum where reasonably possible***

- 13.1. The 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.

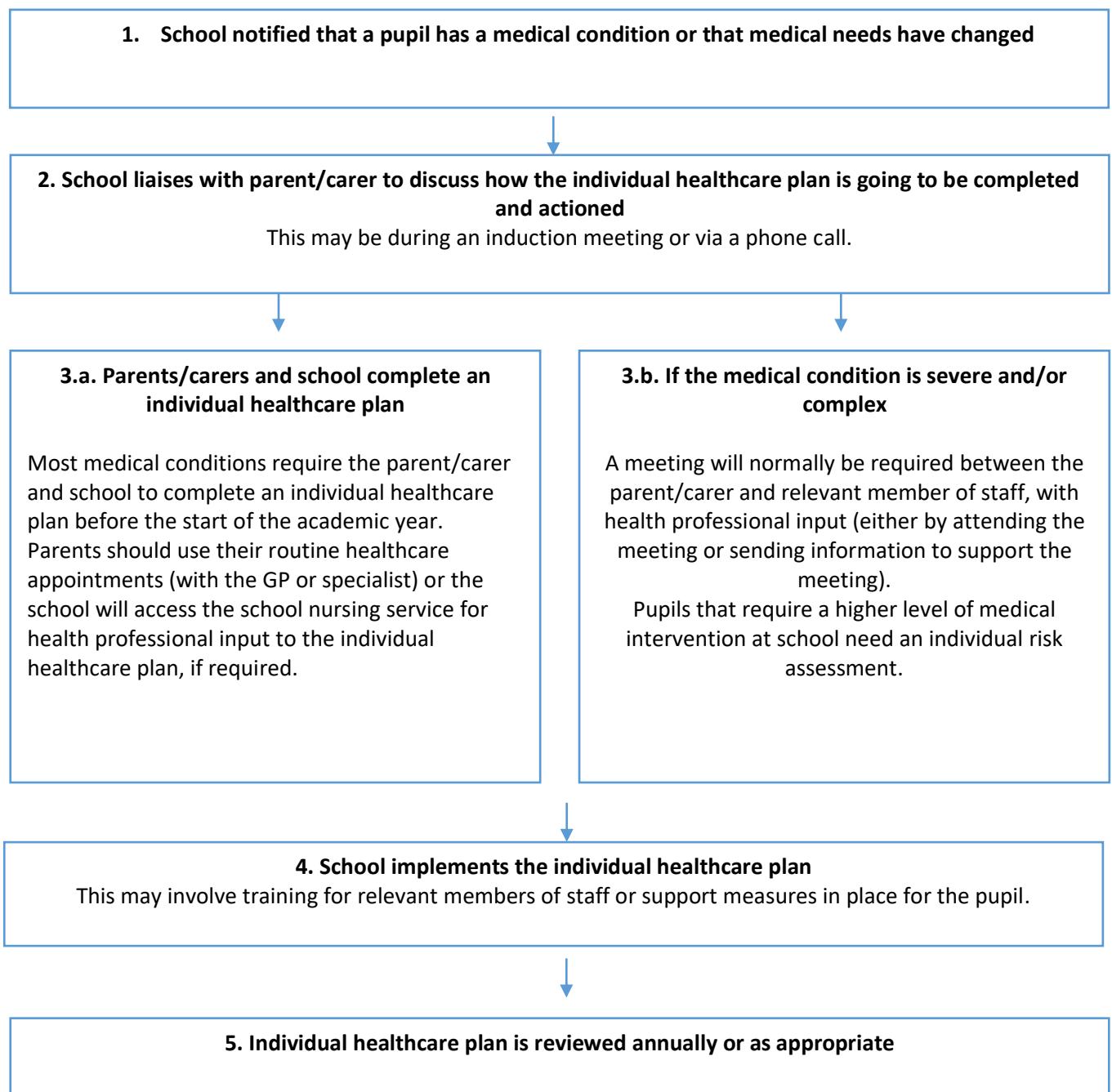
- 13.2. The school understands the importance of all pupils taking part in physical activity (including out-of-school clubs and team sports). All relevant staff should make reasonable adjustments to physical activity sessions in accordance with a pupil's individual healthcare plan. This may involve ensuring that pupils have the appropriate medication/equipment/food/parent support with them during physical activity.
- 13.3. The 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.

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

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



## 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/416468/emergency_inhalers_in_schools.pdf)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline\\_auto\\_injectors\\_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 and informing the parent/carer when their child has been administered an inhaler/AI and whether this was the school's spare inhaler/AI or the pupil's own device. 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.

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.

## 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.

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

## DIABETES

Each individual must have an individual health care plan agreed between school and parents /carers and their specialist healthcare provider.

Staff will be trained :-

To recognise the signs of hypo and hyperglycaemia, what to do in the event of an occurrence and when to call an ambulance.

To give or help with self-administration of insulin as needed;

Long Term Medication Request Form must be completed.

To assist if testing of blood glucose levels is necessary in school hours.

The Governing Body will support and the LA will indemnify any member of staff who has been trained, who assists with medicine in a reasonable good faith attempt to prevent or manage an emergency situation, regardless of outcome.

To understand dietary needs and restrictions and consumption of food supervised.

## EPILEPSY

This is a complex condition with symptoms which are very varied individually in both type and severity. Each individual must have an individual health care plan agreed between school and parents /carers and their specialist healthcare provider. When a child with epilepsy is admitted to the school all staff will receive annual training, online or by a qualified first aider in general care and in dealing with possible seizures and if thought necessary a talk can be given to the class children to reassure and explain. An individual care plan from the hospital will be provided.

Staff will be trained in :

Knowledge of likely triggers.

Type of seizure normally suffered.

What action is required in this event and what information should be recorded about the event for the parents /carers.

When to call an ambulance.

## BODILY FLUIDS

This policy covers the precautions to be taken when dealing with body fluids. All body fluids potentially carry transmittable disease, the biggest risk being Hepatitis B, which is difficult to destroy and is carried by up to 20% of the population, Hepatitis C, D and G can also be carried in the blood. HIV can be present in freshly spilt blood, but does not survive outside the body for more than a few seconds. It is not possible to identify all risks so ALL body fluids should be regarded as potentially infectious.

This school uses the following treatment guidelines:

Always use disposable gloves.

Always use disposable cloths.

Encourage children to clean their own wounds, as appropriate.

Ensure that wounds are covered during contact sports.

Control surface contamination by blood and bodily fluids through containment and appropriate decontamination procedures

In the unlikely event that a child finds a needle or condom – safely dispose of it, ensure child and adult wash hands thoroughly. If skin is broken wash the wound under running water and cover with a plaster. Inform parents so that they can seek medical advice if necessary.