



Markyate Village School and Nursery

Supporting Pupils with Medical Conditions Policy

<u>Staff Responsible for Review</u>	
Head Teacher, Senior Leadership Team	
<u>Last Review</u> September 2024	<u>Date of Next Review</u> September 2026
<u>Approved by Governing Body</u> September 2024	<u>Review Cycle</u> 2 years

The named member of school staff responsible for this medical conditions policy and its implementation is:

NAME: Anna Page

ROLE: Head Teacher

This school is an inclusive community that supports and welcomes pupils with medical conditions.

- This school is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- This school will listen to the views of pupils and parents/carers/carers.
- Pupils and parents/carers/carers feel confident in the care they receive from this school and the level of that care meets their needs.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The whole school & local health community understand and support the medical conditions policy.

This school understands that all children with the same medical condition will not have the same needs, our school will focus on the needs of each individual child.

The school recognises its duties as detailed in Section 100 of the Children and Families Act 2014. (and other relevant legislation, see DfE guidance p27). Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with their duties under that Act. Some may also have special educational needs (SEN) and may have a Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice.

This school's medical conditions policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.

- Stakeholders include pupils, parent/carers, school nurse, school staff, governors, and relevant local health specialist services.

The medical conditions policy is supported by a clear communication plan for staff, parent/carers/carers and other key stakeholders to ensure its full implementation.

- Pupils, parent/carers, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels.

All staff understand and are trained in what to do in an emergency for children with medical conditions at this school.

- All school staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.
- All staff have received training in supporting children with asthma
- All staff have received training in supporting children who have an EpiPen
- There are staff across all key stages who have received First Aid Training (including Outdoor Level 3, paediatric Level 3 and emergency first aid at work). These qualifications are updated as per recommended guidelines.
- All children with medical conditions that are complex, long-term or where there is a high risk that

emergency intervention will be required at this school have an individual healthcare plan (IHP), which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

- This school makes sure that all staff providing support to a pupil have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence and this school keeps an up to date record of all training undertaken and by whom.
- This school has chosen not to hold emergency inhalers or EpiPens.

All staff understand and are trained in the school's general emergency procedures.

- All staff, including temporary or supply staff should be aware of the content of this policy, know what action to take in an emergency and have access to this information at any time in the staff room display (See appendices 3-6)
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.

This school has clear guidance on providing care and support and administering medication at school.

- This school understands the importance of medication being taken and care received as detailed in the pupil's IHP.
- Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so.
- This school will make sure that there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary. This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. This school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.¹
- This school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent/carer, while respecting their confidentiality.
- When administering medication, for example pain relief, this school will check the maximum dosage and when the previous dose was given. Parents/carers will be informed.
- This school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
- Parents/carers at this school understand that they should let the school know immediately if their child's needs change.
- If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible and the school's disciplinary procedures are followed.

This school has clear guidance on the storage of medication and equipment at school.

- This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment, e.g. asthma inhalers, epi-pens etc are readily available wherever the child is in the school and on off-site activities, and are not locked

away.

- Pupils may carry their own medication/equipment, or they should know exactly where to access it. Those pupils deemed competent to carry their own medication/equipment with them will be identified and recorded through the pupil's IHP in agreement with parents/carers.
- This school will store controlled drugs securely in a non-portable container, with only named staff having access. Staff at this school can administer a controlled drug to a pupil once they have had specialist training.
- This school will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately. Under no circumstances will medication be stored in first aid boxes (the only exception is asthma inhalers which are stored in class red bag).
- This school will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents/carers are asked to collect all medications/equipment at the end of the school year, and to provide new and in-date medication at the start of each year.
- This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits (if deemed necessary by parents, school and school nurse). They are collected and disposed of in line with local authority procedures.

This school has clear guidance about record keeping.

- As part of the school's admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools.
- This school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent/carer, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEN but does not have an EHC plan, their special educational needs are mentioned in their IHP. Appendix 1 is used to identify and agree the support a child needs and the development of an IHP.
- This school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register.
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- This school makes sure that the pupil's confidentiality is protected.
- This school seeks permission from parents/carers before sharing any medical information with any other party.
- This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

- This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.

- This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- This school understands the importance of all pupils taking part in off site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities in order they are accessible to all pupils. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.
- This school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these. Conversations with parents requesting this will be recorded on CPOMs.

This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity and offsite visits.

- This school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.
- This school will not penalise pupils for their attendance if their absences relate to their medical condition.
- This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO/ inclusion team who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.
- Pupils at this school learn what to do in an emergency, through our PSHE curriculum.
- This school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. 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 school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks

- This school is committed to identifying and reducing triggers both at school and on out-of-school visits, this includes communicating with off site venues as appropriate.
- School staff have been given training and written information on medical conditions (for pupils in their care) which includes avoiding/reducing exposure to common triggers.
- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

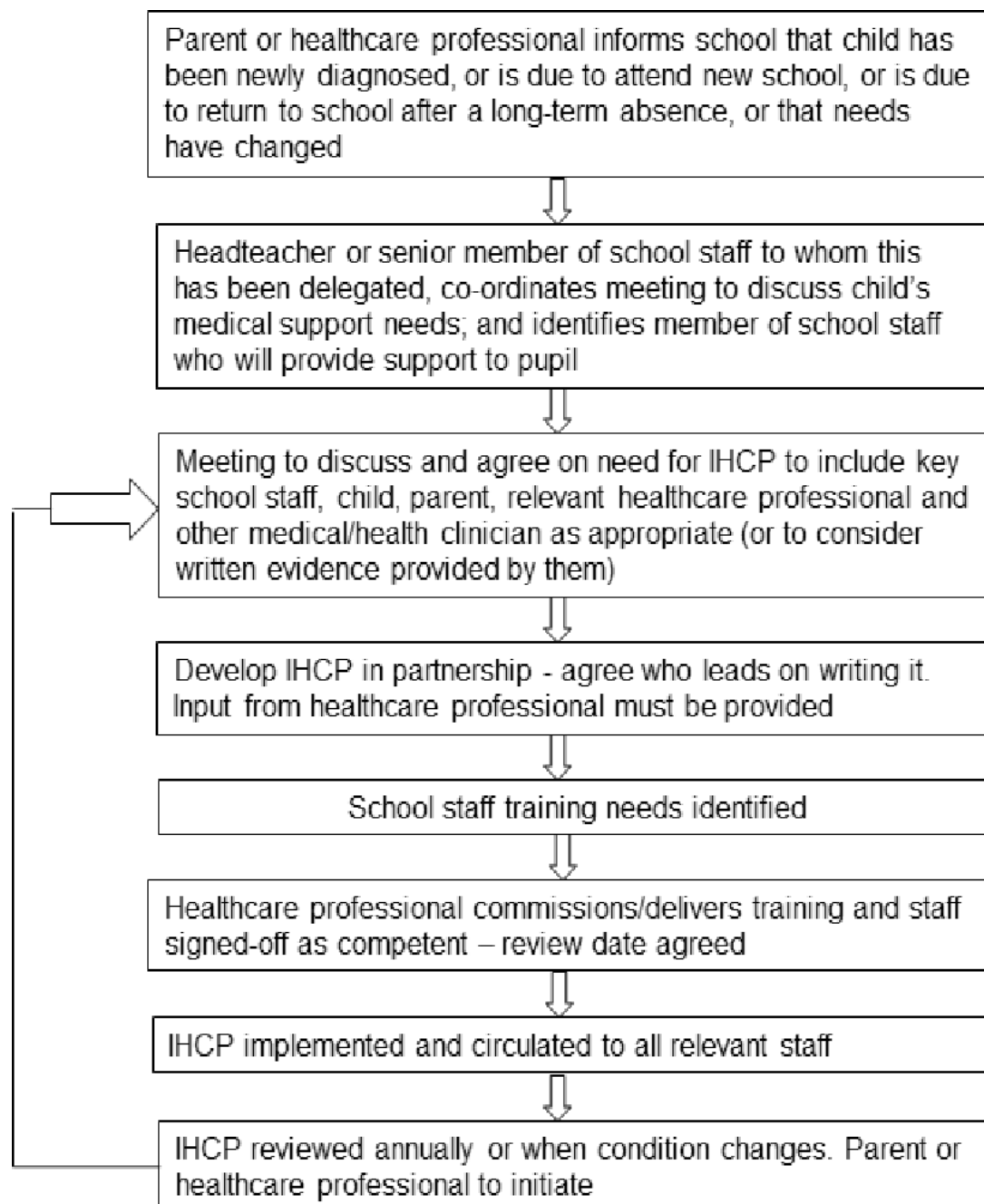
- This school works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.
- Key roles and responsibilities are outlined in Appendix 2.

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

- In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents/carers, school nurses, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services and governors.
- Should parents and pupils be dissatisfied with the support provided they should discuss these concerns to the Headteacher.

Appendix 1

Model process for developing individual healthcare plans



Appendix 2

Roles and responsibilities

Governing bodies – must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Headteacher – should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

School staff – any member of school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School nurse – every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they will do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals - including GPs, paediatricians, nurse specialists/community paediatric nurses – should notify the school nurse and work jointly when a child has been identified as having a medical condition that will require support at school. They may provide advice on

developing healthcare plans. Anyone dealing with the medical care of a pupil in school should contact the named school nurse for that school to ensure a coordinated approach.

Pupils – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents/carers – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Appendix 3 -

ASTHMA AWARENESS FOR SCHOOL STAFF

What to do in an asthma attack

- Keep calm.
- Encourage the pupil to sit up and slightly forward.
- Make sure the pupil takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the pupil.
- Ring to ask for a first aider to come to the pupil.

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.

Call 999 or a doctor urgently if:

- The pupil's symptoms do not improve in 5–10 minutes.
- The pupil is too breathless or exhausted to talk.
- The pupil's lips are blue.
- You are in doubt.

Ensure the pupil takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.

If an ambulance is called, then the Arbor information will be accessible and ready for ambulance crew on arrival.

This will give name, age, next of kin information.

Common signs of an asthma attack are:

1. coughing
2. shortness of breath
3. wheezing
4. tightness in the chest
5. being unusually quiet
6. difficulty speaking in full sentences
7. sometimes younger children express feeling
8. tight in the chest as a tummy ache.

After a minor asthma attack

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

Important things to remember in an asthma attack

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send another member of staff/pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance/doctor.
- A member of staff will accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.

The term pupil has been used but the same procedures would be applied should an adult experience any of the systems described in this appendix.

Appendix 4

EPILEPSY AWARENESS FOR SCHOOL STAFF

Complex partial seizures

Common symptoms

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

Ring the office and ask for a first aider to come to the pupil and to call 999 for an ambulance if...

- You know it is the pupil's first seizure
- The seizure continues for more than five minutes
- The pupil is injured during the seizure
- You believe the pupil needs urgent medical attention

Do...

- Guide the pupil from danger
- Stay with the pupil until recovery is complete
- Be calmly reassuring

Don't...

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

Tonic-clonic seizures

Common symptoms:

- the pupil goes stiff,
- loss of consciousness
- falls to the floor

Do...

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

Don't...

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

Call 999 for an ambulance if...

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

If an ambulance is called the Arbor information will be accessible and ready for the ambulance crew on arrival.

This will give name, age, next of kin information.

The term pupil has been used but the same procedures would be applied should an adult experience any of the systems described in this appendix.

Appendix 5

ANAPHYLAXIS AWARENESS FOR STAFF

ANAPHYLAXIS

Symptoms of allergic reactions:

Ear/Nose/Throat - Symptoms:

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

Eye - Symptoms:

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

Airway - Symptoms:

Wheezy breathing, difficulty in breathing and or coughing (especially at night time).

Digestion:

Swollen lips, tongue, itchy tongue, stomach ache, feeling sick, vomiting, constipation and or diarrhoea.

Skin:

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

Symptoms of Severe Reaction/ Anaphylaxis:

- These could include any of the above together with:
- Difficulty in swallowing or speaking.
- Difficulty in breathing -severe asthma
- Swelling of the throat and mouth
- Hives anywhere on the body or generalized flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness (drop in blood pressure)
- Alterations in heart rate (fast Pulse)
- Sense of Impending doom (anxiety/panic)
- Collapse and unconsciousness

Treatment

- Ask for the first aider to come to pupil.
- Send a member of staff to collect the epipen if it is not with the pupil and ask office staff to ring for an ambulance and inform parents.
- If pupil is conscious keep them in an upright position to aid breathing. If unconscious then place in recovery position.

- If pupil is conscious and alert, ask them to self-administer their epipen (age dependent). If the pupil is unconscious a trained member of staff will administer the epipen. Record time of administration.
- If no improvement within 5 minutes then 2nd epipen to be administered.
- Keep used epipens and give to paramedics when they arrive.
- If an ambulance is called the SIMS information will be accessible and ready for the ambulance crew on arrival.
- This will give name, age, next of kin information.

The term pupil has been used but the same procedures would be applied should an adult experience any of the systems described in this appendix.

Appendix 6

DIABETES AWARENESS AND TREATMENT FOR STAFF

What is it?

- Abnormal fluctuations in blood sugar can lead to someone with diabetes becoming unwell and, if untreated, losing consciousness.
- There are two conditions associated with diabetes - hyperglycaemia (high blood sugar) and hypoglycaemia (low blood sugar).
- Hypoglycaemia is the more common emergency which affects brain function and can lead to unconsciousness if untreated.

Signs and symptoms:

Hypoglycaemia:

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

Hyperglycaemia:

- Thirst
- Vomiting
- Fruity/sweet breath
- Rapid, weak pulse
- First aid aims

Hypoglycaemia:

- Raise blood sugar level as quickly as possible
- Monitor
- Get casualty to hospital, if necessary or phone 999

Hyperglycaemia:

- Get casualty to hospital as soon as possible or phone 999

Treatment

Hypoglycaemia:

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

Hyperglycaemia:

- Call 999 immediately
- Further actions
- If the casualty loses consciousness
- Open airway and check breathing
- Place them in recovery position
- Prepare to give resuscitation
- If an ambulance is called the SIMS information will be accessible and ready for the ambulance crew on arrival.
- This will give name, age, next of kin information.

The term pupil has been used but the same procedures would be applied should an adult experience any of the systems described in this appendix.

Appendix 7

Individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support
in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities,
equipment or devices, environmental issues etc

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to