



## **South Avenue Primary School**

### **Supporting Pupils at School with Medical Conditions Policy**

#### **Introduction**

South Avenue Primary School places the highest priority on safeguarding and promoting the welfare of its pupils. Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at the School with medical conditions who are accepted under the provisions of the School's Admissions Policy. Therefore, teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

This policy will be reviewed regularly and will be readily accessible to parents and staff through our School website. It should be read in conjunction with the School's SEN (Special Educational Needs) Policy, the Accessibility Plan, the Medicines Policy and the First Aid Policy.

#### **Policy Implementation**

The School is required to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively. The overall responsibility for the successful administering and implementation of this Policy is given to the Special Needs Co-ordinator and Wellbeing Leader who will also be responsible for ensuring that sufficient staff are suitably trained and that cover arrangements (in case of staff absences or staff turnover) are in place to ensure that someone is always available and on site, for briefing supply teachers, ensuring risk assessments for school visits and other school activities outside of the normal timetable are in place where necessary and for the monitoring of individual healthcare plans.

All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this Policy.

#### **Definitions of Medical Conditions**

Pupils' needs may be broadly summarised as being of two types:

- Short-term, affecting their participation in School activities because they are for example on a course of medication

- Long-term, potentially limiting their access to education and requiring extra care and support (deemed special medical needs)

### **The Role of Staff**

Some children with medical conditions may be disabled. Where this is the case, the Governing Body recognises its duties under the Equality Act 2010. Some may also have Special Educational Needs and may have a Statement, or 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 guidance should be read in conjunction with the South Avenue Primary School SEN Policy.

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. It is essential that these children can access and enjoy the same opportunities at school as any other child. The School, health professionals, parents and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs or the School's facilities and resources were insufficient to meet the needs of the individual.

The Headteacher is responsible for ensuring that this policy is followed; day to day responsibility for the policy is delegated to the Senco and Wellbeing Leader.

Staff must not undertake health care procedures without appropriate training. At this School, it is recognised that a first-aid certificate does not necessarily constitute appropriate training in supporting children with specific and potentially complex medical conditions. Healthcare professionals will be asked to provide training and subsequent confirmation of the proficiency of staff in a medical procedure. This is updated as and when necessary, in accordance with the pupils needs. If staff are asked to administer medicines they should do so in accordance with the School's Medicine Policy.

### **Procedures to be followed when Notification is received that a Pupil has a Medical Condition**

The School will ensure that the correct procedures will be followed whenever notification is received that a pupil has a medical condition. Procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when a pupil's needs change and arrangements for any staff training and support. For children starting at this School, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to this School mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

In making the arrangements, the School will:

- Take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening with some instances more obvious than others
- Focus on the needs of each individual child and how their medical condition impacts on their school life

- Ensure that arrangements give parents, carers and pupils confidence in the School's ability to provide effective support for medical conditions in school
- Show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care
- Ensure that arrangements are clear and unambiguous about the need to support pupils with medical conditions to participate in school trips and visits, or in sporting activities and not prevent them from doing so, making arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

Staff will be properly trained to provide the support that pupils need and should liaise with the Senco and Wellbeing Leader to ensure that best practice is followed. South Avenue Primary School recognises that its first-aid trained staff are not medically qualified. Any member of staff with concerns about supporting a pupil with a medical condition must refer to the Senco and Wellbeing Leader.

The School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. This will usually be led by the Senco and Wellbeing Leader and following discussions, an Individual Health Care Plan (IHCP) will be put in place.

Where a child has an IHCP, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child (regardless of whether they have an IHCP) needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

### **Admissions**

The School will make sure that no child with a medical condition is denied admission or prevented from attending the School because arrangements for their medical condition have not been made. However, in line with the School's Safeguarding duties, the School will ensure that pupil's health is not put at unnecessary risk and therefore will not accept a child into school at times where it would be detrimental to the health of that child or others.

### **Individual Health Care Plans**

Individual Health Care Plans (IHCP) will be written and reviewed by the Senco, Wellbeing Leader and Medical Officer, although it will be the responsibility of all members of staff supporting the individual children to ensure that the Plan is followed.

Individual Health Care Plans will help to ensure that the School effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of cases too, especially where medical conditions are long-term and complex. However, not all

children will require one. The School, health care professionals and parents should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will make a final decision.

Individual Health Care Plans will be stored in the main school office and also in the child's classroom, easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their SEN should be mentioned in their IHCP. IHCPs (and their reviews) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. The IHCP must be completed by the lead Professional (usually the Senco and Wellbeing Leader) with support from parents and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the School.

The School will ensure that IHCPs are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the School assesses and manages risks to the child's education, health and social wellbeing and minimises disruption. Where the child has a SEN identification in a Statement or EHC plan, the IHCP should be linked to or become part of that Statement or EHC plan.

Each IHCP will include:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded/noisy conditions, travel time between lessons
- Specific support for the pupil's education, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the child's condition and the support required
- Arrangements for written permission from parents and the Head for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g. risk assessments
- Where confidentiality issues are raised by the parents or child, the designated individuals to be entrusted with information about the child's condition

- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their IHCP. The Emergency Health Care Plan will not be the School's responsibility to write or review.

Should supporting arrangements be required as a matter of urgency, provisional arrangements (IHCP: Provisional) will be put in place, parents will be notified and a meeting will be booked to enable provisional arrangements to be replaced as soon as possible with an IHCP formulated and agreed following the school procedures.

### **The Child's Role in Managing Their Own Medical Needs**

In keeping with our aim to develop independence in our pupils and to prepare them for adult life, if it is deemed, after discussion with the parents, that a child is competent to manage their own health needs and medicines, the School will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily; these will be stored in a cupboard in the pupil's classroom to ensure that the safeguarding of other children is not compromised. The School does also recognise that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them. See appendix 1 and appendix 2.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health care Plan. Parents should be informed, outside of the review, so that alternative options can be considered.

### **Managing Medicines on the School Site**

The school's procedures for managing medicines can be found in the Medicine Policy.

### **Unacceptable Practice**

- Although School staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice to:
  - Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
  - Assume that every child with the same condition requires the same treatment.
  - Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged).
  - Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual health care plans.
  - Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments

- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively.
- Require parents, or otherwise make them feel obliged, to attend the School to administer medication or provide medical support to their child, including toileting issues.
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child

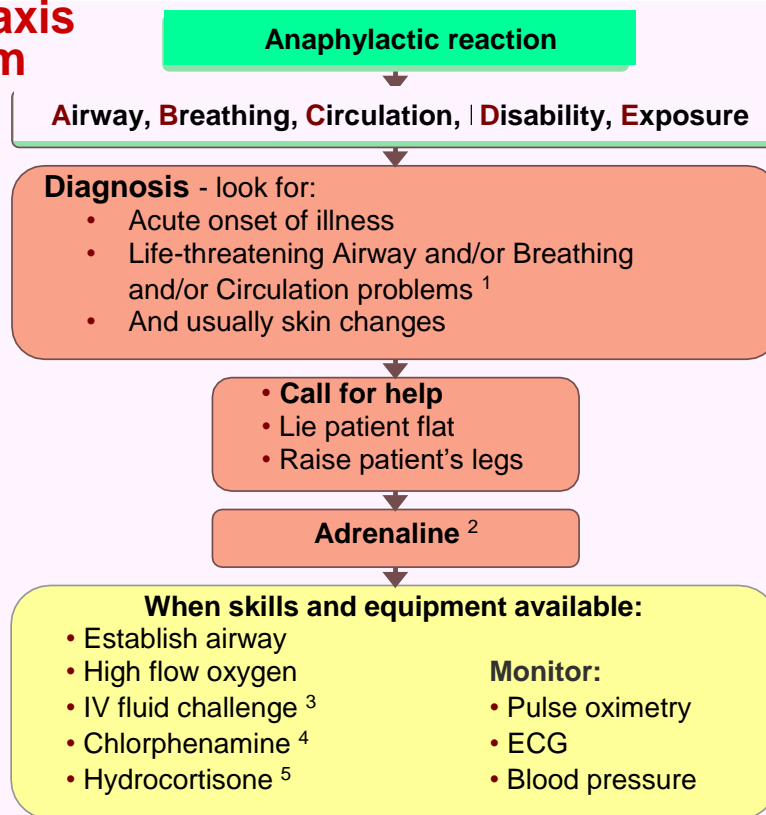
### **Working in Partnership with Parents**

South Avenue Primary School highly values its excellent relationships with parents and guardians and recognises the importance, in accordance with our aims and ethos, of working in partnership with parents in all matters connected with pupil welfare, health and progress. Constructive relationships, underpinned by good communication between all parties are required in order to ensure that pupils with medical conditions receive the best possible support. Parents are expected to disclose fully and in a timely manner any medical information the School requires in order to support pupils and to update the Senco and Wellbeing Leader or Class teacher as required. Where adjustments to normal working practices (e.g. participation in School sport) are requested on medical grounds, parents may be asked for written confirmation from appropriate medical professionals (e.g. the pupil's GP or consultant). In cases where there is a variance of opinion between the Senco and Wellbeing Leader and parents as to how a pupil's needs should best be met, the School will take appropriate advice from suitable external professionals.

### **Complaints**

Should parents or pupils be dissatisfied with the arrangements proposed or support provided they should discuss their concerns directly with the Senco and Wellbeing Leader, who will inform the Headteacher of any concerns reported. If for any reason this does not resolve the issue, they may make a complaint via the complaints procedure outlined in the School's Complaints Policy.

# Anaphylaxis algorithm



**1 Life-threatening problems:**

**Airway:** swelling, hoarseness, stridor

**Breathing:** rapid breathing, wheeze, fatigue, cyanosis, SpO<sub>2</sub> < 92%, confusion

**Circulation:** pale, clammy, low blood pressure, faintness, drowsy/coma

**2 Adrenaline** (*give IM unless experienced with IV adrenaline*)  
 IM doses of 1:1000 adrenaline (repeat after 5 min if no better)

- Adult 500 micrograms IM (0.5 mL)
- Child more than 12 years: 500 micrograms IM (0.5 mL)
- Child 6 -12 years: 300 micrograms IM (0.3 mL)
- Child less than 6 years: 150 micrograms IM (0.15 mL)

Adrenaline IV to be given **only by experienced specialists**  
 Titrate: Adults 50 micrograms; Children 1 microgram/kg

**3 IV fluid challenge:**

Adult - 500 – 1000 mL  
 Child - crystalloid 20 mL/kg

Stop IV colloid if this might be the cause of anaphylaxis

	<b>4 Chlorphenamine</b> (IM or slow IV)	<b>5 Hydrocortisone</b> (IM or slow IV)
Adult or child more than 12 years	10 mg	200 mg
Child 6 - 12 years	5 mg	100 mg
Child 6 months to 6 years	2.5 mg	50 mg
Child less than 6 months	250 micrograms/kg	25 mg

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