Policy for Supporting Children with Medical Conditions (including First Aid)

Berkeley Primary School

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Berkeley Primary School
Supporting Children with Medical Conditions Policy

Legislative background

At Berkeley Primary School we recognise and will meet our duties and responsibilities in relation to supporting pupils at school with medical conditions. These duties and responsibilities are contained in the legislation and statutory guidance listed below:

- Department for Education's statutory guidance - 'Supporting pupils at school with medical conditions' December 2015; governing bodies must have regard to this guidance in order to meet the duties / responsibilities of the Children and Families Act 2014.
- The Children and Families Act 2014 (Section 100) places a duty upon governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions.
- Equality Act 2010: some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010.
- Special Educational Needs and Disability (SEND) Code of Practice January 2015: some children with medical conditions may also have special educational needs (SEN) and may have a Statement, or Education, Health and Care (EHC) Plan. For children with SEN this policy / procedure statement should be read in conjunction with the school's SEND policies and the SEND Code of Practice.
- Human Medicines (Amendment No. 2) Regulations 2014 – allows schools to hold stocks of asthma inhalers containing salbutamol for use in an emergency. These regulations came into effect on 1 October 2014.

Introduction

At Berkeley Primary School children with medical conditions, in terms of both physical and mental health, will be appropriately supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. Children with medical conditions will be encouraged and supported to access and enjoy the same opportunities at school as any other child.

We recognise that pupils with long-term and complex medical conditions may require on-going support, medicines or care whilst at school to help them to manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. Berkeley Primary School recognises that each child's needs are individual.

We also recognise that needs may change over time, and that this may result in extended absence from school. The school will make every effort to minimise the impact upon a child's educational attainment and support his or her emotional and general well-being, including any necessary re-integration programmes. The school will strive to give pupils and their parents confidence in the school's approach.

The school recognises that some children who require support with their medical conditions may also have special educational needs and may have a Statement or Education, Health and Care (EHC) Plan – also introduced by the Children and Families Act 2014. We will work together with other schools, health professionals, other support services, and the Local Authority. Sometimes it will be necessary for the school to work flexibly, for example, by means of a combination of attendance at school and alternative provision / personalised learning.

Policy arrangements

- The SENDCO, will ensure that sufficient staff are suitably trained. Staff will adhere to the Individual Health Care Plan (IHCP).
- All relevant staff including supply and other temporary staff will be made aware of the child's condition.
- Cover arrangements will be put into place to cover for staff absence to ensure that appropriate provision is always available.
- Risk assessments will be put into place for educational visits, and other school activities outside the normal timetable.
- IHCP's will be monitored and involve appropriate health care professionals.

Procedure to be followed when notification is received that a pupil has a medical condition

The school, upon being notified that a child is coming into school with a medical condition, in consultation with all relevant stakeholders including parents, will ensure that arrangements are put into place to cover transition from another setting. These arrangements will vary from child to child, according to the existing IHCP. The school will also ensure that arrangements are implemented following reintegration into the school or when the needs of a child change.

In other cases, such as a new diagnosis or children moving to a new school mid-term, the school will make every effort to ensure that appropriate arrangements are in place as soon as possible, ideally within two weeks. The school may need to meet health care professionals first.

The school will provide support to pupils where it is judged by professionals that there is likely to be a medical condition.

Individual Health Care Plans (IHCP's)

The school's Designated Senior Lead for Medical Conditions is the SENDCO, Teresa Suddaby. She will normally be responsible for developing IHCP's, in liaison with, the class teachers and with appropriate oversight of, a relevant healthcare professional (e.g. school nurse / nurse specialist diabetes / epilepsy / paediatrician, etc). The purpose of an IHCP is to ensure that there is clarity about what needs to be done, when and by whom. An IHCP will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and they are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex and require specific management. However, not all children will require an IHCP. The school, healthcare professionals and parents will agree, based upon evidence, when an IHCP would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will take a final view.

A flow chart for agreeing the support required is provided in Appendix A and a template IHCP is provided in Appendix B. Input from a healthcare professional must be provided.

The IHCP is confidential to parents / young person and to those school staff who need to know. The level of detail within an ICHP will depend upon the complexity of the child's condition and the degree of support needed.

IHCP's, and their review, may be initiated, in consultation with the parent, by the SENDCO, a member of the school staff or a healthcare professional involved in providing care for the child. IHCP's will be drawn-up in partnership between the school, parents, and a relevant healthcare professional, e.g. Specialist or Community / School Nurse / other health professional. The child should also be involved in the process. The aim is to capture what needs to be done to help staff and the child to manage their condition and to overcome any potential barriers to getting the most from their education. Responsibility for ensuring that the plan is finalised rests with the school.

IHCPs will be reviewed at least annually or more frequently if evidence is presented that the child's needs have changed. IHCP's are devised with the child's best interests in mind, ensuring that an assessment of risk to the child's education, health and social well-being is managed minimising disruption. Reviews will be linked to any EHC Plan / Statement, as appropriate.

Information to be recorded

When deciding upon the information to be recorded on IHCPs, the following will be considered:

- 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 corridors, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs e.g. exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed, including in emergencies. If a child is self-managing their

medication, this should be clearly stated with appropriate arrangements for monitoring.

- Who will provide the 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 Headteacher 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., appropriate Risk Assessments.
- Where confidentiality issues are raised by the parent or child, the designated individuals who are to be entrusted with information about the child's condition.
- 'What to do in an emergency' including who to contact and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform the development of their school IHCP.
- Informing / sharing appropriate IHCP information with other relevant bodies (e.g. Home to School Transport) – through appropriate agreement / consent.

In addition to completing an IHCP, all parents/carers of children with asthma are consequently ask to complete and return the Asthma UK School Asthma Card (Appendix C).
From this information the school keeps its medical register and asthma cards in the office and within the classrooms. Any irregularities are reported to parents in writing, for example a child needing to take asthma relief more than is usual for that child. Asthma Cards are then sent to parents/carers of children with asthma on an annual basis to update. Parents/carers are also asked to update or exchange the card for a new one if their child's medicines, or how much they take, changes during the year.

Use of emergency salbutamol inhalers in the school

From 1st October 2014, the Human Medicines (Amendment No.2) Regulations 2014 allow 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 has been given on the Asthma card (see Appendix C), who have either been diagnosed with asthma or prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler will only be used if the child's inhaler in not available or is unusable. The inhaler will be stored in the medical cabinet in the office. Parents will be notified if the emergency inhaler is used (see Appendix D).

Roles and responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively; both with staff within the organisation and with outside agencies, as the circumstances of each child dictate.

Governing Body

The Governing Body will ensure that:

- pupils in school with medical conditions are supported. Safeguarding governor is John Veall.
- this policy is reviewed at least annually, developed, implemented and monitored.
- staff receive suitable training and that they are competent before they take on the responsibility to support children with medical conditions.
- there are quality assurance systems in place to ensure that pupils in school with medical conditions are supported (e.g. case monitoring / assurance audits).

Headteacher

The Headteacher has overall responsibility for the development of IHCPs, but the Designated Lead is the SENDCO. The SENDCO will ensure that the Supporting Pupils at School with Medical Conditions Policy / Procedure is developed and effectively implemented with partners, including ensuring that all staff are aware of the policy and that they understand their role in implementing the policy.

The SENDCO will ensure:

- that all staff who need to know are aware of a child's medical condition;
- that sufficiently trained staff are available to implement the policy and deliver against all the IHCPs, including in contingency and emergency situations;
- that all staff are appropriately insured to support pupils in this way;
- liaise with the school nurse in respect of any child who has a medical condition, including in cases where the situation has not yet been brought to the attention of the school nursing service.

School Staff

Any member of the school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines. 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 staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on the responsibility of supporting children with medical conditions.

Pupils

Pupils with medical conditions may be best placed to provide information about how their condition affects them. They will be involved in discussions about their medical support needs and contribute as much as possible to the development of, and review of, their IHCP. Other children will often be sensitive to the needs of those with medical conditions and this will be considered as part of wider planning.

Parents / Carers

Parents / carers should provide the school with sufficient and up-to-date information about their child's medical needs. At Berkeley Primary School, parents / carers are key partners and they will be involved in the development and review of their child's IMP, including its drafting. Parents / carers should carry out the action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local Authority

Berkeley Primary School will communicate / liaise with the Local Authority as appropriate / required by a child's medical needs / condition. The Local Authority has a duty to commission a school nursing service to this school. The school nursing team is 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 should do this before the child starts at the school. The Local Authority will provide support, advice and guidance, as appropriate.

Providers of Health Services

Berkeley Primary School will communicate / liaise with providers of health services as appropriate / required by a child's medical needs. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical Commissioning Groups (CCGs)

Berkeley Primary School will communicate / liaise with CCG colleagues as appropriate /required by a child's medical needs. CCGs commission other healthcare professionals such as specialist nurses. They ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions.

Staff training and support

Training needs for staff will be assessed by looking at the current and anticipated needs of pupils already on roll. It may be possible to determine training needs by early information relating to a child about to be admitted to the school. All members of staff providing support to a child with medical needs will have been trained beforehand. All staff training in relation to medical conditions will be recorded / signed off in terms of competency.

The type of training, and frequency of refresher training, will be determined by the actual medical condition that a child may have and this will be supported by the Governing Body. Some training may be arranged by the school, and other types may make use of the skills and knowledge provided by the school nursing service, or specialist nursing services, among others. In some cases, a specific health care professional will be required to provide appropriate training. Training may involve on-site or off-site provision.

Staff will be made aware of the specific needs of each child with a medical condition and will be competent and confident to deliver the support. It must be noted that a First Aid certificate alone will not suffice for training to support children with medical conditions. All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack (see Appendix E). In the event of an asthma attack the school follows the procedure outlined by Asthma UK in its School Asthma Pack.

The child's role in managing their own medical needs

At Berkeley Primary School, the children who require medication or other procedures will be supervised in receiving them from a relevant member of staff, with a witness who knows the child in the case of administration of medication and having checked the child's first name and surname prior to administration of medication. If a child refuses to take medicine or carry out a medical procedure, staff will follow the procedure agreed in the IHCP. Parents/carers and relevant health professionals will be informed so that alternative options can be considered.

Managing medicines on school premises

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Where this is not possible, the following will apply:

- Non-prescription medicines will not be administered by school staff.
- No child will be given prescription medicines without their parent's written consent (see appendix F) (except in exceptional circumstances where the medicine has been prescribed to a young person without the knowledge of the parents).
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or pump, rather than its original container.
- Medicines will be stored safely. Children who need to access their medicines immediately, such as those requiring Asthma inhalers, will be shown where they are. On educational visits, medicines will also be available and they will be looked after by a relevant member of staff.
- If a controlled drug has been prescribed, it will be kept securely and stored in a non-portable container. Named staff only will have access to such medication so that it can be administered to the specific child.
- The school will keep a record of doses administered, stating what, how and how much was administered, when and by whom. This record must be checked before administering a medicine to ensure this hasn't already been given. This must be witnessed by another member of staff who knows the child. The child's first name and surname must be checked with them before the medication is given. Any side effects of the medication will be noted.
- Medicine must be brought in and collected by an adult as children should not be responsible for medicine.
- When no longer required, medicines will be returned to the parent to arrange for safe disposal.

Emergency procedures

A child's IHCP will clearly define what constitutes an 'emergency' and the action to be taken, including ensuring that all relevant staff are aware of emergency symptoms and procedures. It may be necessary to inform other pupils in general terms so that they can inform a member of staff immediately if they think help is needed.

If a child is taken to hospital, staff will stay with the child until the parents / carers arrive, or accompany a child taken to hospital by ambulance. The staff member will take with them the data collection

sheet from the school office to enable accurate information about the child to be provided to the emergency services at the call out stage, during any first response stage, or subsequent moving on to hospital.

Educational visits and sporting activities

The school will consider what reasonable adjustments and risk assessments are required so that planning arrangements take into account all steps needed to ensure that children with medical conditions are included. This will require consultation with parents / carers, pupils and advice from relevant healthcare professionals to ensure that pupils can participate safely.

Liability and indemnity

The Governing Body at Berkeley Primary School ensures that appropriate insurance is in place and that it reflects the level of risk. The insurance covers staff providing support to pupils with medical conditions. From time to time, the school will need to review the level of cover for healthcare procedures and any associated related training requirements (such as may be the case with specific children with complex needs).

Complaints

Parents / carers who are dissatisfied with the support provided should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they can make a formal complaint via the school's complaints procedure.

First Aid in School

At all times we ensure we meet the regulations to have adequate First Aiders on the school premises, this includes meeting the requirements in the Statutory Framework for the Early Years Foundation Stage. Our lunchtime supervisors, family workers and support assistants have a range of regular first aid training. These included Level 3 Paediatric First Aid (Senior First Aider), First Aid at Work (Senior First Aider) and Emergency Paediatric (First Aider). This list is regularly monitored and reviewed to ensure qualifications do not lapse. This list is shared with staff so all know who to call if there is a first aid requirement. (See list)

Our first aiders:

- act as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- ensure that an ambulance or other professional medical help is summoned when appropriate.
- send pupils home to recover, where necessary
- complete accident reports on the same day, or as soon as is reasonably practicable, after an incident (minor injuries on CPOMs and others reported to HSE).
- ensure there is an adequate supply of medical materials in first aid kits around school and replenish the contents of the kit, checking expiry dates

In the event of an accident resulting in injury:

- The closest member of trained staff present will assess the seriousness of the injury and will provide the required first aid treatment if they can. They will seek the assistance of a senior qualified first aider, if they deem the injury to be more serious.
- The senior first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, we will contact parents immediately
- The relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury (see Health and Safety Policy for what is recorded and where.)

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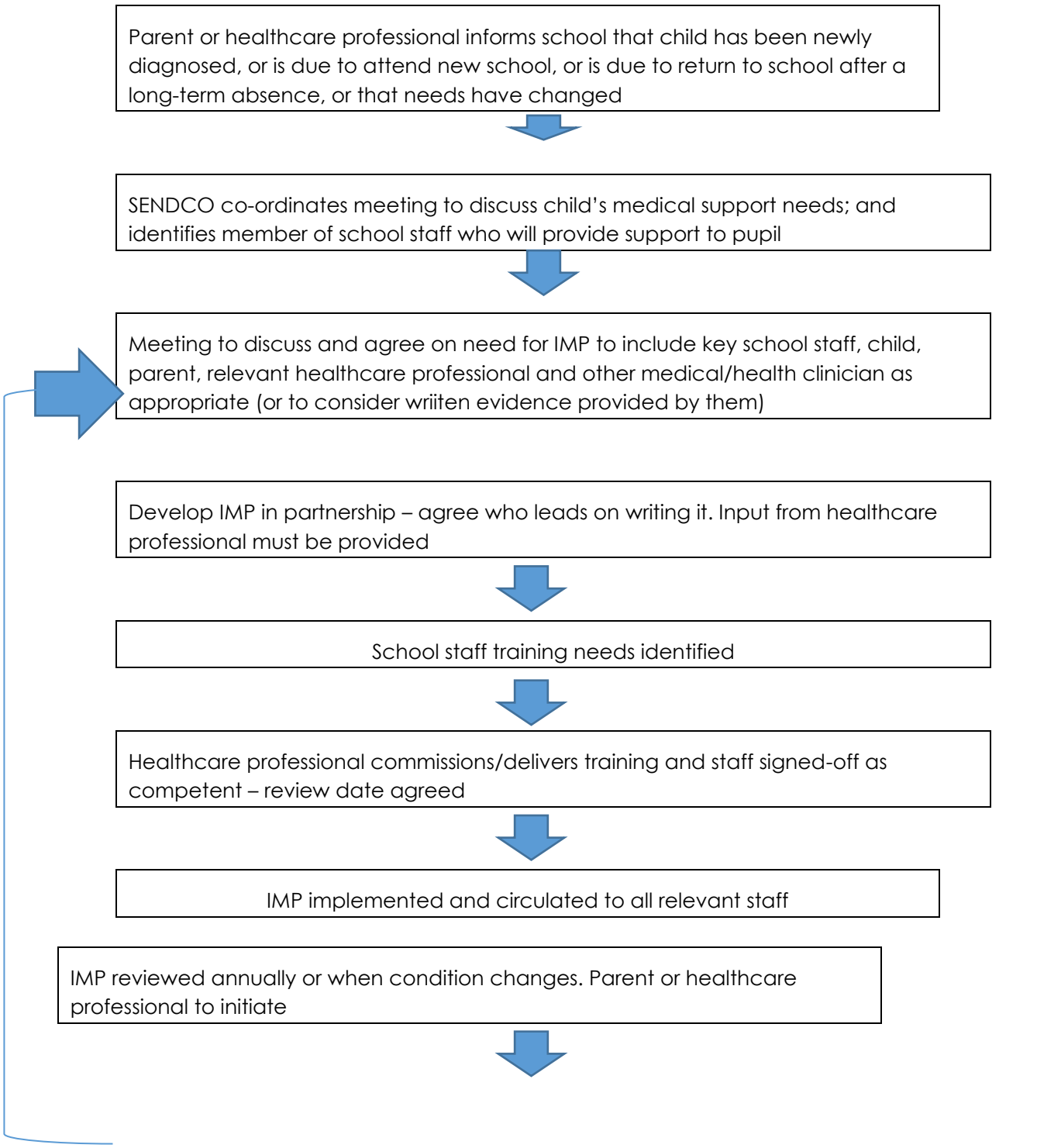
Appendix A Process for developing Individual health care plans (IHCPs).



Appendix B
INDIVIDUAL HEALTH CARE PLAN

Child's name:

Class:

Date of birth:

Address:

Medical diagnosis or condition:

Date:

Review date:

CONTACT INFORMATION

Family Contact 1 –		Family Contact 2 –	
Name		Name	
Phone number (home)		Phone number (home)	
(work)		(work)	
(mobile)		(mobile)	

CLINIC/HOSPITAL CONTACT		GP	
Name		Name	
Phone number		Phone number	

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Who is responsible for providing support in school?

Describe Medical needs (Signs, symptoms, triggers, treatments etc)

Action to be taken

Name of medication (dose, method of administration, when, side effects etc)

Daily care requirements

Plan developed with

Forms copied to

Whilst every effort will be taken to ensure this individual healthcare plan is up to date, it remains the parents/carers responsibility to inform school of any changes.

Parents Voice

I as parent/ guardian will make every effort to keep the school informed of any changes required of them:-

Signature of parent/guardian……Date……../……/…….

PUPIL VOICE

Signature of Head teacher/SENDCO

……Date……../……/…….

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Appendix C School Asthma Card
To be filled in by the parent/carer

Child's name	
Date of birth	
Address	
Parent/carer's name	
Telephone - home	
Telephone - work	
Telephone - mobile	
Doctor/nurse's name	
Doctors/nurses telephone	

This card is for your child's school. Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year. Medicines should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed
For wheeze, cough, shortness of breath or sudden tightness in the chest, give or allow your child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature

	Expiry dates of medicines checked	
Medicine	Date Checked	Parent/carer's signature

What signs can indicate that your child is having an attack?

Does your child tell you when he/she needs medicine?			
Yes		No	

Does your child need help taking his/her asthma medicine?			
Yes		No	

What are your child's triggers (things that make their asthma worse)?

Does your child need to take any medicines before exercise or play?			
Yes		No	
If Yes, please describe below			
Medicine		How much and when taken	

Does your child need to take any other asthma medicines while in the school's care?			
Yes		No	
If Yes, please describe below			
Medicine		How much and when taken	

Consent for use of Emergengy Salbutamol Inhaler		
In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.	Yes	No

Parent/carer's signature	Date

Asthma UK Adviceline Ask an asthma nurse specialist 0800 121 62 55 asthma.org.uk/adviceline 9am – 5pm

Appendix D Letter to inform parents if emergency salbutamol inhaler is used

Berkeley Primary School
Headteacher: Anna Cvijetic BEd (Hons)
Deputy Headteacher: Wendy Howlett BA (Hons)

Marsden Drive
Scunthorpe
North Lincolnshire
DN15 8AH

☏ 01724 867065
www.berkeleyprimary.co.uk
admin.berkeleyprimary@northlincs.gov.uk

Child's Name:_____ Date:_____

Dear _____ ,

This letter is to formally notify you that _____ has had problems with their breathing today.

This happened when _____.

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

Their own asthma inhaler was unusable, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given _____ puffs.

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

Yours sincerely,

Appendix E
What to do in an asthma attack In every classroom

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.
What to do in an asthma attack

1. Make sure the child takes one to two puffs of their reliever inhaler (usually blue) preferably through a spacer.
2. Sit the child up and encourage them to take slow steady breaths.
3. If no immediate improvement, make sure the child takes two puffs of reliever inhaler, (one puff at a time) every two minutes. They can take up to ten puffs.
4. If the child does not feel better after taking their inhaler as above, or if you are worried at any time, call 999 for an ambulance. If an ambulance does not arrive within ten minutes repeat step 3.

What to do

- Keep calm.
- Encourage the child or young person to sit up and slightly forward – do not hug, or lie them down.
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the child.

If there is no immediate improvement
Continue to make sure the child or young person takes one puff of reliever inhaler every five minutes or until their symptoms improve.

Call 999 or a doctor urgently if:

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

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

Common signs of an asthma attack are:

Coughing	Being unusually quiet
Shortness of breath	Difficulty speaking in full sentences
Wheezing	Sometimes younger children express feeling tight in the chest as a tummy ache
Tightness in the chest	

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.

Asthma UK Adviceline Ask an asthma nurse specialist 0800 121 62 55
asthma.org.uk/adviceline 9am – 5pm, Monday – Friday

Appendix F

Medicine Administration Parental Agreement Letter

No child will be given medicines without their parent's written consent – (except in exceptional circumstances where the medicine has been prescribed to a young person without the knowledge of the parents). Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Date:……/……/… ….The following to be completed by the parent /guardian please print

Child's name: ……Class: ……..

Name & strength of medicine: …….....

……

Expiry date: ……./……../……..

How much to be given: ……

When to be given & how to be given: ……

Quantity given to school: ……

Any other instructions: ……..

……..

Description of the illness: ……..

NOTE: Medicines must be the original container and provided by the Dispensing Chemist.

I agree to the medication being stored in: ……

The information is, to the best of my knowledge, accurate at the time of writing and I give consent to Berkeley Primary School staff to administer medicine in accordance with the Instructions above. I will inform the school immediately, in writing, if there is any change in Dosage or frequency of the medication or if the medicine is stopped.

Parent's signature: Print Name:

Date:

Headteacher signature: Date:

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Berkeley Primary School Record of Inhalers

Name _____

DATE	TIME	Type of inhaler e.g. blue, brown nebuliser	Dose Given	Any reactions? (side effects)	Print name of staff who administered the inhaler and sign

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Berkeley Primary School Record of Medication

Name_____

Date	Time	Name of medication	Dose given	Any reactions/Side effects	Signature of staff member & Witness	Print name & Witness