

# **St Matthew's Church of England Primary School**



## **Policy for Supporting Pupils at School with Medical Needs**

## **Contents:**

1. Introduction
2. Aims
3. Objectives
4. Roles and Responsibilities
  - 4.1 The Governing Body
  - 4.2 The Head Teacher
  - 4.3 School Staff
  - 4.4 Parents/Carers
  - 4.5 Pupils with Medical Needs
5. Procedures
  - 5.8 Arrangements to Give Medication in School
  - 5.9 Receiving medication in school
  - 5.10 Procedure for easy access to Inhalers and Adrenaline pens
  - 5.11 Storage of medication
  - 5.12 Administering Medication
  - 5.13 Emergency Medication
  - 5.14 Analgesia (pain killers)
  - 5.15 Over the Counter Medicine (e.g. hay fever remedies, eye drops.)
  - 5.16 Offsite Visit Arrangements
  - 5.17 Controlled Drugs
  - 5.18 Homeopathic medicines
  - 5.19 Record Keeping
  - 5.20 Transcribing
  - 5.21 Safe Disposal of Medicines
  - 5.22 Safe disposal of medicines requiring injection – Sharps
  - 5.23 Emergency Procedures
6. Individual Health Plan (IHP)
  - 6.1 Writing an IHP
  - 6.2 Review of IHP
  - 6.3 Storing and Access to IHP
7. Unacceptable Practice
8. Complaints
9. Legal Framework
10. Information about Specific Conditions
  - 10.1 Allergies/Anaphylaxis
  - 10.2 Management of a child/young person with Allergies/Anaphylaxis
  - 10.3 Asthma/Difficult Asthma
  - 10.4 Management of a child/young person with Asthma/Difficult Asthma
  - 10.5 Eczema
  - 10.6 Management of a child/young person with Eczema
  - 10.7 Diabetes Mellitus (Type 1)
  - 10.8 Management of a child/young person with Diabetes Mellitus (Type 1)
  - 10.9 Enteral Feeding
  - 10.10 Management of a child/young person with Enteral Feeding
  - 10.11 Specific care for a nasogastric (NG) tube
  - 10.12 Specific care for a gastrostomy tube/button
  - 10.13 Epilepsy
  - 10.14 Generalised Seizures (tonic clonic)
  - 10.15 Focal Seizures (partial seizures)
  - 10.16 Management of a child/young person with Epilepsy in School

## **1. Introduction**

- 1.1 The school values of St Matthew's Church of England Primary School of faith, learning together, respect and choices reflect the kind of provision made for all pupils including those with medical needs.
- 1.2 This document is designed to set out clearly how St Matthew's Church of England Primary School meets the needs of children with medical needs, including those with medical needs and special educational needs (SEN). It is recognised that this may include a child with long or short-term medical needs. This policy sets out the provision and duty of care for these children.

## **2. Aims**

- 2.1 To enable the school to make quality provision for pupils on role who have medical conditions so that they have full access to education, including school trips and physical education.
- 2.2 To enable pupils to access and enjoy the same opportunities at school as any other child as set out in section 100 of the Children and Families Act 2014 and the DfE document: Supporting Pupils in Schools with Medical Conditions December 2015.
- 2.3 To ensure the school complies with the Equality Act 2010 and the SEN Code of Practice where a child's medical condition is linked to a Special Educational Need.

## **3. Objectives**

- 3.1 To work with parents, medical practitioners and other relevant agencies to ensure the appropriate care and medical needs are delivered in school and during off-site visits.
- 3.2 To provide written procedures to ensure that the medical needs of pupils in school are met.
- 3.3 To ensure that the school understands the health conditions of their pupils.
- 3.4 To provide appropriate annual training for all staff to ensure that they are competent and confident in supporting the medical needs of any pupils they may be working with.
- 3.5 To ensure that all staff understand the common medical conditions that affect children at school and the importance of medication being taken as prescribed.
- 3.6 To ensure that all staff understand their duty of care to pupils and are confident in following the correct procedures in the event of a medical emergency.

## **4. Roles and Responsibilities**

### **4.1 The Governing Body**

The Governing Body will:

- Ensure that this policy to support pupils with medical conditions in school is implemented, monitored and reviewed annually.

- Ensure that sufficient staff have had the appropriate training to support pupils with medical needs and are competent before they take on responsibility to support children with medical conditions
- Liaise with the health services when necessary regarding the policy in general or its application to specific pupils
- Ensure that the policy covers arrangements for children who are competent to manage their own health needs and medicine
- Ensure that the school's policy is clear about the procedures for managing medicines
- Ensure there are written records kept of all medicines administered to children
- Ensure that the school's policy sets out what should happen in an emergency situation
- Ensure that their arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips, visits and sporting activities and not to prevent them from doing so
- Ensure that the appropriate level of insurance is in place that appropriately reflects the level of risk

## 4.2 The Head Teacher

The Head Teacher will:

- Ensure the school's policy for management of medical needs is developed and effectively implemented.
- Ensure that staff are appropriately insured and are informed that they are insured to administer medications in school.
- Ensure that there is awareness training provided, so that all staff are aware of the school's policy in supporting pupils with medical conditions and their role in implementing that policy.
- Ensure that all staff who support children with medical needs are appropriately qualified, trained, and supported, and that there are sufficient numbers of staff trained.
- Ensure that supply teachers are made aware of the provision for all pupils with medical needs in their care.
- Ensure that Individual Health Care Plans are developed in agreement with healthcare professionals, school and parent/carers, considering the appropriateness and evidence provided.
- Ensure that a school register is maintained of pupils who have Individual Health Care Plans, including dates that these are to be reviewed.
- Ensure procedures are followed and Individual Health Care Plans are reviewed as appropriate, including contingency and emergency situations.
- Ensure that all staff have access and adhere to the policy.
- Ensure that accurate records are kept regarding children with medical needs.
- Ensure there is liaison with the school health nurse or community children's nurses about the specific medical needs of children in the school, including the need for Individual Health Plans and training for staff.
- Be responsible for making decisions about administering medication in school, guided by the school's policy.
- Share information with parents to ensure the best care for a pupil.
- Seek parents' agreement before passing on information about their child's health to other school/health service staff in line with general data protection regulations.
- Ensure that parents' cultural and religious views are respected.
- Make sure that all parents can access the school's policy and procedures for dealing with medical needs either via the school website or upon request by hard copy.

While the above responsibilities remain the overall responsibility of the Head Teacher the day-day implementation of these requirements will be delegated to the SENCO.

#### 4.3 School Staff

School Staff will:

- Take part in training regarding a child's medical needs if they have volunteered to support the child or administer medication.
- Understand the nature of the condition, where they have pupils with medical needs in their class and be aware of when and where the pupil may need extra attention.
- Be aware of the likelihood of an emergency arising and what action to take if one occurs.
- Identify staff who are trained to support an individual child with medical needs and be aware of the need to make alternative arrangements if those staff are absent or unavailable.
- Inform parents when the medication is due to be out of date or to run out, providing at least weeks' notice.

It is acknowledged that no member of staff can be required to administer medicines, they have the right to refuse. (This includes supervising pupils who self-administer medication).

#### 4.4 Parents/Carers

Parents and Carers will:

- Provide the Head Teacher SENCO with information about their pupil's medical condition and treatment, or special care needed at school.
- Complete the form SS12A (provided by school) when their child joins the school and thereafter on an annual basis.
- Agree jointly with the Head Teacher or SENCO on the school's role in helping with their child's medical needs.
- Complete consent forms detailing their child's medical needs.
- If medication is to be given in school, parents must:
  - Update the school in writing of any changes in their child's condition or medication.
  - Provide sufficient medication and ensure that it is correctly labelled and in its original packaging, with the exception of insulin pens/pumps as these are likely to be presented without original packaging.
  - Replace supplies of medication as required if medication runs out or is out of date.
  - Dispose of their child's unused medication by returning to the issuing Pharmacy.
  - Give permission for their child to self-administer medication (e.g. inhaler).

#### 4.5 Pupils with a medical need

Pupils with a medical condition must:

- Provide information on how their medical condition affects them.
- Advise parents/carers or a staff member when they are feeling unwell.
- Adhere with the information and guidance in their Individual Health Plan.
- Inform school staff of any self-administration.

## 5. Procedures

5.1 When a child is offered a place at St Matthew's Church of England Primary School, parents will be requested to supply any information about medical conditions which their child has, so that an appropriate support plan and any training can be put into place before the child starts at school. This may involve communication with any prior setting the child has attended and consultation with parents and health professionals. Parents will also be asked to complete the form SS12 when their child joins the school and thereafter on an annual basis.

5.2 Where there is any difference of opinion between parents and health professionals as to required interventions, advice will be sought from other agencies (e.g. school health, Inclusion Support).

5.3 If a child has a longer term medical need which necessitates a long period of absence from school, the school will liaise with external agencies to ensure there is a continuity of education at the appropriate level for the child. School has a responsibility to provide work for children that are off sick and this will be met through discussion with the class teacher and Head Teacher.

5.4 If a child has a lengthy absence from school because of a medical need, a case conference involving home, school and medical professionals may be required to discuss the child's reintegration back into school. Strategies for re-integration may include a reduced timetable, provision to stay indoors at break times and pupil buddies if required. Where there are frequent absences for medical reasons, an Early Help referral may be made to call a meeting to share information and agree how the situation can best be managed and as to whether any additional support is needed from health agencies.

5.5 If a child is absent or likely to be absent for SATs tests, the primary responsibility for exam entry remains with the school. The school will negotiate with the LA and any other agencies involved, ensuring that the child's interests are addressed in this regard.

5.6 No pupil will be excluded from a school or extra-curricular opportunities because of his/her medical needs unless a risk assessment deems it necessary. If a risk assessment deems it necessary, every effort will be made to make adaptations to allow access for the child.

5.7 It is the duty of parents/carers to ensure that the correct medical information is supplied in the case of residential visits on the forms supplied.

### 5.8 Arrangements to Give Medication in School

- Medication will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.
- A parental request form must be completed each time there is a request for medication to be administered. The arrangement must be agreed by the Head Teacher or the SENCO.
- Where a child is able to self-administer medication (e.g. inhaler) a written request must be completed by the parent/carer.
- If there is any doubt about the need to give a particular medication this will be discussed with the School Nurse / Community Children's Nurse.
- A confirmation form, signed by school and parent/carer will be kept on file, with a copy of the confirmation form retained by the parent/carer.
- Changes to instructions will only be accepted when received in writing. Verbal messages cannot be accepted.

## 5.9 Receiving medication in school

- No prescription medication can be accepted into school unless it is clearly labelled with:
  - The child's name;
  - The name and strength of the medication;
  - The dosage and when the medication should be given;
  - The expiry date;
  - Any special storage arrangements;
  - The date the medication has been issued by a chemist;
  - The medicine must be in date.
- All prescription medication must come into school in the original, labelled, child proof container from the chemist. Where a child requires two types of medication each should be in a separate container. On arrival at school all medication should be handed to the Head Teacher or the SENCO.

## 5.10 Procedure for easy access to Inhalers and adrenaline pens

- During lesson time, pupils will be able to access inhalers easily from an unlocked medical box in the pupil's classroom.
- Adrenaline pens will also be stored in the unlocked medical box.
- Medical boxes will be taken by the class teacher/LSP to the hall/playground at lunchtime and break times. (If classes are having an early lunch then the medical box will be taken into the hall first and then into the playground after lunch by a Lunch-time Supervisor).
- PE/swimming lessons: Medical boxes will be taken by the class teacher/LSP (wherever the activity is taking place).

## 5.11 Storage of medication

- Any medication received into school will be stored in a locked wall mounted cabinet in the Deputy Head's Office (EYFS/KS1 site) and the SLT office (KS2 site). These areas are restricted; children and young people cannot access unless with a member of staff. This is with the exception of medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens which will always be readily available to pupils within the Medical box within their classroom and not locked away.
- Medication that needs to be refrigerated will be kept in a designated fridge situated in the Staff room (EYFS/KS1 site) and the SLT office (KS2 site). These areas are restricted; children and young people cannot access unless with a member of staff.
- Staff involved with a child who may need access to medication will be aware of the storage arrangements because details will be written on the Medicine Administration Report (MAR).

## 5.12 Administering Medication

- Staff who administer medication will have received the appropriate training to give prescription medicines and undertake healthcare procedures.
- No member of staff without appropriate training will be asked to give prescription medicines and undertake healthcare procedures.
- Children may self-administer medications (e.g. asthma inhalers). It will be clearly stated in the forms relating to medications in school whether the child needs supervision or not.
- A record will be made if a child has a dose of medication even if he or she is self-administering.
- Pupils who are self-administering inhalers will be supervised by a trained member of staff.

- A pupil who has been prescribed a controlled drug may legally have it in their possession if competent to do so. However, passing it to another child for use is an offence.
- A controlled drug (e.g. Ritalin) will be clearly identified by the School Nurse / Community Child's Nurse on the IHP.
- Controlled drugs that have been prescribed for a pupil will be securely stored in a locked wall mounted cabinet and only named staff will have access. In some cases, written instructions from the parent or on the medication container, dispensed by the pharmacist may be sufficient. The school will decide, having taken into consideration the training requirements as specified in a pupil's health care plan.

### 5.13 Emergency Medication

- This type of medication (e.g. Adrenalin auto-injector such as Epi-pen for anaphylactic reactions) must be readily available in an emergency and is kept in unlocked medical box in the pupil's classroom.
- A copy of the consent form must be kept with the medication and must include clear, precise details of the action to be taken.
- The procedures should identify:
  - where medication is to be stored;
  - who should collect it in an emergency;
  - who should stay with the child;
  - when to arrange for an ambulance/medical support;
  - recording systems;
  - supervision of other pupils nearby;
  - support for children witnessing the event;

### 5.14 Analgesia (pain killers)

- It is recognised that pupils may require analgesia at times (e.g. headaches, etc.). This will be undertaken in consultation with parents / carers and/or pupil where appropriate.
- An IHP is not required for intermittent use of analgesics but a request for medication to be administered will be completed. Parental consent must always be obtained before giving non-routine doses of analgesic, and the administration should be recorded.
- Where pupils regularly require analgesia (e.g. for migraine) an Individual Health Plan detailing under what circumstances they may take analgesics will be completed.
- An individual supply of their medication should be kept in school in the central locked cabinets within KS1/KS2 and the above guidelines on consent/record keeping etc. will be followed.
- General supplies of analgesia (e.g. Paracetamol) will not be kept in school.
- **Pupils will never be given aspirin or codeine, or any medicines containing aspirin or codeine.**

### 5.15 Over the Counter Medicine (e.g. hay fever remedies, eye drops.)

- These should only be accepted in exceptional circumstances and be treated in the same way as prescribed medication, although these do not require a label from the pharmacy.
- Parents must clearly label the container with the child's name, dose and time, and complete a request form.



## 5.16 Offsite Visit Arrangements

- For offsite visit arrangements, including residential trips, guidance is available from the Educational Visits Advisors:

[Aileen\\_Barlow@sandwell.gov.uk](mailto:Aileen_Barlow@sandwell.gov.uk)  
[Christina\\_Grange@sandwell.gov.uk](mailto:Christina_Grange@sandwell.gov.uk)

- Schools should ensure for all offsite visits that:
  - a medication is in date;
  - the manufactured dose matches dosage advised from parent / carer which has been transcribed on to medication record form;
  - Parental consent has been obtained;
  - Schools have a specific list of medication;
  - Parents / carers inform the school of medication prior to the visit
  - There is a complete record of medication administration.
  - Information about medical needs is included in the offsite risk assessment

## 5.17 Controlled drugs

- Controlled drugs are sometimes prescribed for children (e.g. Ritalin and other similar for children with Attention Deficit Hyperactivity Disorder (ADHD)). The standard drug is short lasting, and children will need a dose at lunchtime in school. There is now a long acting version, but this is not suitable in all cases. When administering these drugs, school will follow the above guidelines for use, with particular attention to storing medication in a locked non-portable container and only named staff should have access.
- Careful recording of administration and amount of drug will be kept in school, stating what, how and how much was administered to the pupil, when and by whom, and the remaining tablet count. Any side effects should also be noted.

## 5.18 Homeopathic medicines

- Many homeopathic medicines need to be given frequently during the day and often at short intervals. This is difficult to manage in a school situation. Because of this, St Matthew's CofE Primary School will only agree to administer medicines which have been prescribed by a general practitioner, paediatrician or non-medical prescriber (e.g. pharmacist).

## 5.19 Record keeping

- A **Request for school to administer medication form** should be completed each time there is a request for medication to be administered.
- This form must detail all valid information. Forms will be completed by office staff but **must** verified by the Head Teacher, the SENCO (EYFS/KS1) or other designated teacher (KS2).
- A confirmation form, signed by the school and parent/carers will be kept on file, with a copy of the confirmation form retained by the parent/carers.
- Administration of medicines will be carried out by two members of staff. **The Medical Administration Record (MAR)** will be completed by the staff administering the medication to include:
  - child's name;
  - reason for request;
  - name and strength of medication provided;

- clear dosage instructions;
  - date and time the medication should be given;
  - up to date emergency contact names and telephone numbers.
  - that the date of expiry and issue of medicine has been checked
- A **Pupil Medicine Record** will be kept, which includes the name of the medicine(s), the date received by the school and the quantity received. This record will also include the time(s) of the administration and the person responsible for the administration.
  - Reasons for not administering regular medication will be recorded and parents will be informed as soon as possible.
  - A child will never be forced to accept medication.
  - Changes to instructions will only be accepted by school when received in writing from the parent/carer, **verbal messages must not be accepted**.
  - Where a child is self-administering medication (e.g. inhaler), school will require a written request. Self-administration will be supervised and the child should always tell a designated member of staff when they are taking medication so that a record can be kept as above.
  - Records will be kept in the school offices in each building for EYFS/KS1 and KS2. All staff will be aware of this.
  - On off-site visits, the teacher in charge should carry copies of any relevant Individual Health Care Plans/medication details.

## 5.20 Transcribing

- Transcribing should not be confused with prescribing. Transcribing is the act of copying the details of a prescribed medication onto a **Medication Administration Record (MAR)**.
- This will be undertaken by school staff who are trained to give medication, and two members of staff should sign the MAR sheet to agree it is correct.
- It is important to note that although you are not prescribing, transcribing must be treated with the same vigilance as dispensing medication to a pupil. Errors can occur when transcribing if the medication information is not up to date or it is not checked thoroughly.
- It is the responsibility of Parents / Carers to ensure that school have the most up to date medication information. Any changes **MUST** be reported to school by parents as soon as the change is made.
- Parents **MUST** provide written confirmation from the prescribing professional of the changes to the medication, before changes can be agreed with school.
- When transcribing the following information **MUST** be included:
  - Name of Pupil;
  - Date of Birth of Pupil;
  - Name of Medication;
  - Strength of the medication (e.g. 5mg/5mls or 5mg tablets);
  - Dose (e.g. 5mgs = 5mls);
  - Route (e.g. oral, inhaled, ears, eyes, etc.);
  - Time;
  - (A photograph of the pupil is also good practice).

## 5.21 Safe Disposal of Medicines

- A Safe Disposal of Medicines Book and a receipt file will be kept in the locked medicines cabinet located in in the Deputy Head's Office (KS1) and the Medical Room (KS2).
- Medicines will be returned to the child's parents and a receipt obtained and filed when:

- the course of treatment is complete (This includes empty bottles);
  - labels become detached or unreadable;
  - instructions are changed;
  - the expiry date has been reached;
  - the term or half-term ends.
- At the end of every half-term a check will be made of the lockable medicine cabinet by the SENCO (EYFS/KS1) and other designated teacher (KS2).
  - Any medicine, which has not been returned to parents and is no longer required, out of date, or not clearly labelled will be disposed of safely by returning it to the issuing pharmacy and a receipt will be obtained and filed. (This includes empty bottles).
  - If it is not possible to return a medicine to parents, it must be taken to the issuing pharmacy for disposal and a receipt obtained and filed.
  - No medicine will be disposed of into waste systems or into refuse bags. (Current waste disposal regulations make this practice illegal).

## 5.22 Safe disposal of medicines requiring injection – Sharps

- For a child who requires injections it is the parents' responsibility to provide the equipment required in order that these can be given. Parents must also provide school with an empty Sharps container, which must be used to dispose of any needles following use.
- Sharps containers must be used for disposal of any sharp implements, which may have become contaminated with bodily fluid.
- Sharps containers are kept in the medicines locked cabinet in the Deputy Head's Office (EYFS/KS1) and the Medical Room (KS2).
- The school has a policy on the correct procedure for disposal and collection of clinical waste.
- Clinical waste includes any items that have been soiled with bodily fluids. If this includes sharp items, a specific box for sharps needs to be maintained.
- When a sharps box is 3/4 full it should be sealed, and arrangements made for the container to be collected by parents and replaced. If this is not possible school will make their own decision on who collects their clinical waste. (Sandwell Contract Centre regarding companies that provide a collection service for Sharps on 0121 507 3869)

## 5.23 Emergency procedures

- As part of general risk management processes, the school has arrangements in place for dealing with emergencies. Where a child has a Health Care Plan, this will 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 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.
- If in any doubt about a child's condition or there is any likelihood that a rapid deterioration could take place, the school will call an ambulance without delay and then notify parents.

## 6. Individual Health Plan (IHP)

- The school uses an Individual Health Plan (IHP) for children/young people with complex medical needs to record important information about the individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. An Emergency Flowchart will be attached, with the exception of Anaphylaxis care plans. Further documentation can be attached to the Individual Health Plan if required.

The IHP will:

- Inform the appropriate staff about the individual needs of a pupil with emergency health needs.
- Identify important individual triggers for pupils with medical needs at school that bring on symptoms and can cause emergencies. The school uses this information to help reduce the impact of triggers.
- Ensure this school's emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in an emergency.

## 6.1 Writing an IHP

- Not all children with a medical condition will need an IHP as it depends on the severity of their condition. Examples of medical needs which may generate an IHP are listed below:
  - Diabetes Type 1
  - Enteral feeding
  - Tracheostomy
  - Anaphylaxis
  - Central line or other long term venous access
  - Difficult asthma
  - Epilepsy.
- IHPs will be sent to school by the school nurse / community children's nurse at the end of each academic year to be reviewed by the parent.
- It is the parents/carers responsibility to complete the IHP with the School Nurse/Community Children Nurses and to ensure these are returned to the nursing service before the end of the academic year. If the school nurse / community children's nurse does not receive an IHP, all school staff should follow standard first aid measures in an emergency. The school will contact the parent/carer if health information has not been returned. If an IHP has not been completed, the school will contact the parents/carers and may convene an Early Help Assessment meeting or consider safeguarding children/young people procedures if necessary.
- IHP will be completed prior to the start of the school year, when a relevant diagnosis is communicated to the school.
- The finalised plan will be given to the parents/carers/pupil, where appropriate, school and school nurse / community children's nurse.

## 6.2 Review of IHP

- Parents, carers and pupils are responsible for informing school/school nurse / community children's nurse of any changes so that the IHP can be updated. This would include if there have been changes to their symptoms or medication and treatment changes.
- The IHP will be reviewed by the school nurse service every academic year, however this will be a minimum of every 2 years or more frequently by other agencies i.e. Community Children's Nurses. In addition, the IHP will be reviewed more frequently if there are changes in the care required.
- The parents/carers should direct any additional information to Mrs Amphlett, letters or health guidance, in order that the necessary records are altered quickly, and the necessary information disseminated.

### 6.3 Storing and Access to IHP

- The school has a clear and accessible system for identifying pupils with IHP and medication requirements. A central register will be kept by the school of pupils with complex medical needs needing an IHP and in addition this information will also be available through the SIMs data system. The SENCO has responsibility for the maintenance of the register.
- A copy of the register will be shared with all staff at least half-termly, and more often if pupils are added to the register.
- A copy of the register will be given to Lunchtime Supervisors and Kitchen staff which will be kept in a secure place. It is the responsibility of the SENCO to ensure that these copies are updated at the same time as the central copy so that all copies hold the same information.
- A robust procedure is in place to ensure that the pupil's record, contact details and any changes to the administration of medicines, condition, treatment or incidents of ill health in the school is updated on the school's SIMs record system.
- The SENCO will follow up with parents/carers and health professionals if further detail on a pupil's IHP is required or if permission or administration or medication is unclear or incomplete.
- Parents/Carers and pupils (where appropriate) are provided with a copy of the pupil's current agreed IHP by the School Nurse/Community Children Nurses.
- IHPs will be kept in the school offices in both sites (EYFS/KS1 and KS2) depending on the age of the pupil.
- The central copy will be held in the Head Teacher's Office.
- When a member of staff is new to a pupil group, for example, due to staff absence (this includes supply teachers) the school will ensure that they are made aware of the IHP and the needs of the pupils in their care. This will be shared through a class log book.
- All documents shared with staff will be kept in a locked cupboard to ensure that all staff protect pupil confidentiality.
- The information in the IHP will remain confidential unless needed in an emergency.

### 7. Unacceptable practice

The following practice is unacceptable and should not be tolerated at St Matthew's Church of England Primary School:

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assuming that every child with the same condition requires the same treatment;
- Ignoring the views of the child or their parents; or ignoring medical evidence or opinion, (although this may be challenged);
- Sending children with medical conditions home frequently or preventing them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalising children for their attendance record if their absences are related to their medical condition (e.g. hospital appointments);
- Preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Requiring parents, or otherwise making them feel obliged, to attend school to administer prescribed medication or provide medical support to their child, including with toileting issues.

- Preventing 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).
- No parent should have to give up working because the school is failing to support their child's medical needs. However, staff should use their discretion and judge each case on its merits with reference to the child's Health Care Plan and with regard to implications for the health and safety and supervision of other pupils.

## **8.Complaints**

- Complaints concerning the support provided to pupils with medical conditions should be dealt with via the school's complaints procedure which can be found on the school website. Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

## **9.Legal Framework**

- Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management of committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.
- Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010; where this is the case governing bodies must comply with their duties under that Act.
- Some children may also have special educational needs (SEN) 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. A child's medical needs should be considered alongside their other needs, as required by the Special educational needs and disability (SEND) code of practice 2014.
- Section 2 of the Health and Safety at Work Act 1974, and the associated regulations provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.
- Under the Misuse of Drugs Act 1971 and associated regulations, the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child who has been prescribed a controlled drug.
- The Medicines Act 1968 specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration. Management of children with medical needs in education Children's Services Revised Dec 2020 Page 9 of 80
- Regulation 5 of the School Premises (England) Regulations 2012 (as amended) Provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet.
- It must not be a teaching accommodation. (Also applies to independent schools and academies under School Standards [England] Regulations 2010.)
- Section 19 of the Education Act 1996 provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless

such arrangements are made for them. This education must be full-time, or part-time as is in the child's best interests because of their health needs.

- Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must, in discharging their functions in relation to the conduct of the school, promote the wellbeing of pupils at the school. (For a full list of safeguarding legislation see page 21 of the, 'Supporting pupils at school with medical conditions', statutory guidance 2015)

## 10. Information about Specific Conditions

### 10.1 Allergies/Anaphylaxis

- Anaphylaxis (pronounced ana-fil-ax-is) is a severe and often sudden allergic reaction. It can occur when someone with allergies is exposed to something, they are allergic to (known as an allergen). Reactions usually begin within minutes and rapidly progress but can occur up to 2-3 hours later.
- Some children and young people may have a mild reaction when exposed to an allergen requiring over the counter anti histamine medication, these symptoms may include flushing of the skin, rash/swelling of skin, complaining of abdominal pain. Severe symptoms requiring anti histamine and adrenaline may include persistent cough, swollen tongue/lips, difficulty speaking/swallowing.
- Not all children with allergies/food sensitivities have severe reactions requiring anti histamines and/or adrenaline injection. However, it remains appropriate to have an Individual Health Plan (IHP) documenting the type of reactions they experience and how to prevent and manage these.
- Anaphylaxis is the result of the immune system, the body's natural defence system, overreacting to a trigger. This is often something you're allergic to, but not always. Anyone can be affected at any age and in some cases, there's no obvious trigger. This is known as idiopathic anaphylaxis.

### 10.2 Management of a child/young person with allergies/anaphylaxis:

- **Oral Antihistamines** e.g. Cetirizine (non-sedating), Loratidine (non-sedating), Chlorphenamine
- **Pre-loaded Auto Adrenaline** Injectors (AAI's) e.g. Epipen, Emerade, JEXT
- **Inhaled bronchodilator.**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

For more information, contact: Sandwell School Nurse Team – 0121 612 2974

### 10.3 Asthma/Difficult Asthma

- Asthma is a common condition. It affects the airways – the small breathing tubes that carry air in and out of our lungs. The airways become inflamed and when they come into contact with “triggers” these is:
  - Swelling of the airway wall
  - An increase in mucus
  - Tightening of the airway muscles.
- A viral induced wheeze can be common if you have suffered from a viral infection and repeated episodes could result in wheeze occurring whenever a child/young person suffers

from a cold. **This does not always result in an asthma diagnosis and would not require an Individual Health Plan (IHP)**

- Difficult asthma may be defined as being present in a patient with a confirmed diagnosis of asthma whose symptoms and/or lung function abnormalities are poorly controlled with treatment which experience suggests would usually be effective. i.e resulting in HDU/ITU admission or poor adherence despite Inhaled Corticosteroids / Long Acting Beta Agonists / Leukotriene Receptor Antagonists.

**The school nurse service completes Individual Health Plan (IHP) for difficult asthmatics.**

- All pupils with a diagnosis of asthma/viral induced wheeze should present a copy of the wheeze plan to the school.
- The school is responsible to complete their own Asthma UK wheeze/asthma care plans.
- The cause of asthma is different to what triggers asthma. Causes can include:
  - Asthma tends to run in families
  - Children with allergies can go on to develop asthma
  - Smoking increases the risk of a child developing asthma
  - Being born early
  - Bronchiolitis
  - Exposure to environmental triggers.
  - Pollution

#### 10.4 Management of a child/young person with Asthma/Difficult Asthma

- Relievers and Preventer Inhalers
- Steroid Tablets
- Leukotriene Receptor Antagonists (LTRAs) (most commonly used LTRA, Montelukast)
- LABAs (long acting Beta 2 agonist), for example salmeterol and formoterol (commonly used to management of difficult asthma).
- Theophylline, which comes as a tablet or a capsule (commonly used in case of difficult asthma).

For more information, contact: Sandwell School Nurse Team – 0121 612 2974

#### 10.5 Eczema

- Atopic eczema (atopic dermatitis) is a chronic inflammatory itchy skin condition that develops in early childhood in the majority of cases. It is typically an episodic disease of exacerbation (flares, which may occur as frequently as two or three per month) and remissions. In some cases, it may be continuous. Atopic eczema often has a genetic component that leads to the breakdown of the skin barrier. This makes the skin susceptible to trigger factors, including irritants and allergens, which can make the eczema worse.
- Atopic eczema (AE) is a complex condition and a number of factors appear important for its development including patient susceptibility and environmental factors. Patients typically have alterations in their skin barrier, and overly reactive inflammatory and allergy responses. A tendency to atopic conditions often runs in families and is part of your genes and can be hereditary. If one or both parents have eczema, it is more likely that children will develop it too. This makes the skin of patients with eczema much more susceptible to infection and allows irritating substances/particles to enter the skin, causing itching and inflammation. AE cannot be caught from somebody else.
- Approximately one third of children with atopic eczema will also develop asthma and/or hay fever. Atopic eczema affects both males and females equally.



- **\*Not all children diagnosed with eczema will require an Individual Health Plan (IHP), therefore guidance will be sought from the school nurse service, patient specialist consultant if eczema is having an impact on the child's/young person's learning.**

#### 10.6 Management of a child/young person with Eczema:

'Topical' means 'applied to the skin surface'. Most eczema treatments are topical, although for more severe eczema some people need to take 'oral' medication (by mouth) as well.

- Moisturisers (emollients): These should be applied several times every day to help the outer layer of your skin function better as a barrier to your environment. The drier your skin, the more frequently you should apply a moisturiser.
- Topical steroid creams or ointments • Antibiotics and antiseptics • Topical calcineurin inhibitors: Calcineurin inhibitors, tacrolimus ointment and pimecrolimus cream, may be used when atopic eczema (AE) is not responding to topical steroids.
- Antihistamines
- Bandaging (dressings): Sometimes these may be applied as 'Wet wraps' which can be useful for short periods. It is important to be taught how to use the dressings correctly. Your doctor or nurse will advise you regarding the suitability of the various bandages and dressings available.
- Ultraviolet light:
- Other treatments: People with severe or widespread atopic eczema not responding to topical treatments may need oral treatments (taken by mouth). These medications would differ from antibiotics, antihistamines etc.

For more information, contact: Sandwell School Nurse Team – 0121 612 2974

#### 10.7 Diabetes Mellitus (Type 1)

- Type 1 diabetes is when the levels of glucose (sugar) in your blood become too high. It happens because the body is no longer able to produce insulin which is the hormone that controls the amount of sugar in your blood stream.
- It is not known why this happens but it is not related to obesity or the age of the child. The child will need life-long treatment with dietary management and by replacing the insulin that they do not have. This is given in the form of injections 4 times a day, alongside their meals, or as continuous infusion of insulin via a pump. The child can use their arm, leg or stomach as injection sites.
- The aim is to maintain the blood sugar at normal levels rather than having highs and lows. Hypoglycaemia (hypo) happens when the blood sugar is very low. Hypoglycaemia must be treated immediately because if untreated the child may become unconscious and may have a seizure. Hyperglycaemia (hyper) means that there is too much glucose in the blood.
- It is NOT the same as Diabetes Type 2 which happens when the body has insulin but is not able to use it. This condition is related to obesity, familial diabetes and is managed by controlling the diet and/or taking daily oral medication.

#### 10.8 Management of a child with Type 1 Diabetes in school.

- School have trained staff who are competent to support and supervise the child to manage their condition. Training must be updated every year or if there are changes
- Education staff will need to be trained to test the child's blood sugars and give insulin as prescribed.

- School will need to provide an appropriate environment to maintain the dignity and privacy of the child, access to soap and water, clean environment, storage of equipment and a lockable fridge. A bathroom is not an acceptable environment.
- Hypoglycaemia is **an emergency**, so the child will need their emergency box with them at all times.
- Education staff will need to work closely with the medical team and parents to manage the child's condition so that the child does not have significant disruption to their day.
- Education staff to work with the specialist team and dietician to write an individual care plan.
- Parents will need to provide equipment and medication on a daily/weekly basis and report any issues from the previous day.

For more information, contact: Paediatric Diabetes Team at Sandwell Hospital – 0121 553 1831

### 10.9 Enteral Feeding

Enteral feeding is used for children and young people who cannot take in sufficient nutrition by mouth to keep healthy. The child will be fed through a tube going into the stomach either by:

- A nasogastric tube which goes via a nostril and down the back of the throat into the stomach.
- A gastrostomy tube which goes directly into the stomach through the abdominal wall. Some children will no longer be able to eat/drink anything orally but others will continue to eat orally. This will depend on the reason for enteral feeding.
- The child does not have a safe swallow so is at high risk of aspirating food/fluid into their lungs.
- The child has an underlying condition which makes it difficult for them to maintain adequate nutrition e.g., neuromuscular conditions, cancer treatment or inflammatory bowel disease.
- Dietary requirements for children having to take an unpalatable diet or medications The feeding regime will depend on the needs of the child/young person and will be managed by the specialist multidisciplinary team at the hospital, including Paediatrician, Paediatric Dietician and Community Children's Nurse. The Community Children's Nurses will provide training and support to the child's school.

### 10.10 Management of a child with enteral feeding in school

- School will need appropriately trained staff to do the feeds or to supervise the child doing their own feed. This will include troubleshooting any problems with the tube and to be clear about what action to take. Training must be updated every year or if there are changes
- School will need to provide an appropriate environment to do the feed to maintain the dignity and privacy of the child, access to soap and water, clean environment, storage of equipment and possibly a lockable fridge. A bathroom is not an acceptable environment.
- Education staff will need to work closely with the medical team and parents to establish a suitable feeding regime in school so that the child does not have significant disruption to their day. The regime will need to include time for the child to be fed orally, if this is possible for them.
- Education staff to work with CCN and dietician to write an individual care plan.
- Parents will need to provide equipment and feed on a daily/weekly basis and report any issues from the previous day.

### 10.11 Specific care for a nasogastric (NG) tube

- The tube is held in place under tape fixed to the child's face. This tape can come off if it gets wet. The staff caring for the child need to be alert to this and be able to change the tape.
- The tube is relatively easy to pull out, so it should be tucked away at the back of the neck, when not in use. It is not pleasant having an NG tube passed, so all care must be taken to reduce the chance of the tube coming out.
- Children can do their usual activities with an NG tube. They would need specific waterproof tape attached if they go swimming from school.
- If the tube comes out, it is not a medical emergency. The parents would need to be contacted either to replace the tube themselves or arrange for the tube to be replaced. This could potentially be done at the end of the school day.
- It is common for the child's skin to become sore under the tape. Staff need to inform the parents if they are concerned.

### 10.12 Specific care for a gastrostomy tube/button

- A gastrostomy tube is initially placed under surgical conditions by creating a stoma (hole) through the abdominal wall into the stomach. The stoma is kept open by inserting a tube which is held in place by a balloon under the abdominal wall. It is changed routinely every 3-4 months in the community by the parents or the CCN
- The stoma site can become sore and red. Parents should be informed if this has happened and they can get advice from their CCN
- Children can go swimming with a gastrostomy stoma. There is no need to cover it with a protective dressing.
- If the tube comes out, it is a **MEDICAL EMERGENCY**. This is because the stoma will start to close within an hour and potentially the child would require surgery to open the stoma again.

**Who you need to contact:** Community Children's Nursing Team at Sandwell Hospital 0121 507 2633 Community Children's Nursing Team Birmingham

### 10.13 Epilepsy

Epilepsy is a brain disorder that causes recurring seizures. Anyone can have a one off seizure, but the reoccurrence of seizures means that it is epilepsy. It is caused by the misfiring of electrical activity in the brain, depending on where this happens, and which part of the brain is affected determines the type of seizure. There are two main types of epilepsy:

### 10.14 Generalised Seizures (tonic clonic)

Generalised seizures affect the whole brain, there are two seizure types:

- Absence seizures last 5-20 seconds, the young person will stop what they are doing and look blank. They may roll their eyes; they may make chomping movements with their mouth. Absence seizures can be easily missed as they are so short especially in a large class. There is no intervention needed with an absence seizure. Staff will only need to note any seen and advise parents. The young person will have no recollection of the event.
- A Generalised seizure will last at least 1 minute but may last more than 5 minutes. The young person will drop to the floor and all four limbs may shake. The seizure may start as a focal seizure and spread into generalised seizure.

### 10.15 Focal Seizures (partial seizures)

- Focal seizures affect one part of the brain, the seizure that is then observed depends on the part of the brain affected. Focal seizures can present in many different ways, signs to look out for are; Jerking of one limb, rolling of eyes, eyes fixed and focused to one side, chomping of the mouth, making repetitive movements.
- Anyone can have a seizure but someone who has 2 or more seizures is classed as having Epilepsy. However, some children and young people are more susceptible as a result of brain injury or an underlying condition.

### 10.16 Management of a child with Epilepsy in school

- School must have appropriately trained staff. The training will include management of seizures and administration of emergency medication. Training must be updated every year.
- Education staff will need to work closely with the School Nurse / Community Children's Nurse (CCN) and parents to establish a suitable environment for the child/young person in school so that the child does not have significant disruption to their day.
- Education staff to work with School Health Nurse and/or CCN to write an individual Health plan. • The child/young person can take part in sports. They should not climb higher than double their height without a rope or safety harness. If swimming the lifeguard should be informed of the young person's condition.
- The majority of children and young people will be treated with medication which is usually twice a day. Some children and young people will need medication during the school day.
- Some children will need emergency treatment if they have a generalised seizure lasting longer than 5 minutes.
- School need to call an ambulance in the following situations; if this is the young person's first seizure, if the seizure lasts 5 minutes and they do not have emergency treatment, if you are concerned about the young person's breathing or if the seizure continues after the administration of emergency medication.

For further information, contact: School Health Nurse, 0121 612 2974. They will liaise as necessary with: Community Children's Epilepsy Nurse, 0121 507 2633