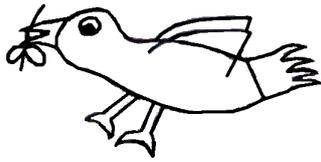


Mengham Infant School

Supporting Pupils at School with Medical Conditions



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Mengham Infant School
Where a happy child is a learning child

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MENGHAM INFANT SCHOOL

SUPPORTING PUPILS IN SCHOOL WITH MEDICAL CONDITIONS POLICY

Regard to Documentation

At Mengham Infant School, we made due regard to the following documents:

- Department for Education's statutory guidance, 'Supporting pupils at school with medical conditions', April 2014 (This statutory guidance also refers to other specific laws.)
- Children and Families Act 2014 (Section 100)
- Equality Act 2010
- Special Educational Needs Code of Practice
- Other school policies, such as Child Protection, Equal Opportunities, Behaviour, Administering Medicines, and Special Educational Needs.

Introduction

Mengham Infant School is an inclusive community that aims to support and welcome pupils with medical conditions. This school aims to provide all pupils with all medical conditions the same opportunities as others at school. We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Pupils with medical conditions are encouraged to take control of their condition. Pupils will feel confident in the support they receive from the school to help them do this.

- The school will ensure all staff understand their duty of care to children in the event of an emergency.
- All staff need to feel confident in knowing what to do in an emergency.
- This school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- This school understands the importance of medication being taken as prescribed.
- All staff understand the common medical conditions that affect children at this school.
- Staff receive training on the impact medical conditions can have on pupils.
- Mengham Infant School aims to include all pupils with medical conditions in all school activities.
- Parents / carers of pupils with medical conditions feel secure in the care their children receive at this school.
- The medical conditions policy is understood and supported by the whole school and local health community.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEN Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

Key Roles & Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Mengham Infant School's ability to provide effective support will depend on working co-operatively with other agencies, where necessary. Partnership working between school staff,

healthcare professionals, local authorities, parents and pupils. The partnership between these groups will ensure that the needs of pupils with medical conditions are met effectively.

The Governing Body:

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

The Headteacher:

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

School Staff:

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

The School Nurse:

- Is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.
- May support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.
- Can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

Other Healthcare Professionals, including GPs and Paediatricians:

- Should notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- May provide advice on developing healthcare plans.
- May be able to provide support in schools for children with particular conditions e.g. asthma, diabetes, epilepsy.

Pupil with Medical Condition (where appropriate):

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

Parents

- Should provide the school with sufficient and up-to-date information about their child's - medical needs.
- Should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting.
- Should carry out any 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.
- Must ensure all medicines (including over the counter products – OTC) are prescribed by a healthcare professional, ie GP. Medicines which have not been prescribed by a healthcare professional for a child, will only be administered at school in exceptional circumstances and in the case of an emergency. If a child requires an OTC medicine on a regular basis, it must be prescribed by a GP and will then be managed as part of a short term medical requirement.
- Please note antihistamines (ie, Piriton or Piritize) will not be administered at school unless prescribed by a GP.
- Must ensure that all prescribed medicines are supplied to the school in the original packaging, with a pharmacy label containing the child's details, including dosage etc. The medicine must be in date and any contents also labelled with a pharmacy label, for example, inhalers.

Local Authorities:

- Are commissioners of school nurses.
- Under section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education.
- Should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.
- Should work with schools to support pupils with medical conditions to attend full time.
- Where a pupil would not receive suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.
- Statutory guidance for local authorities, Ensuring a good education for children who cannot attend school because of health needs, January 2013, sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Procedures at Mengham Infant School

Mengham Infant School may be notified that a child has a medical condition when he/she first joins the school, often at the start of Reception; or at a later date, following a new diagnosis.

Starting at Mengham Infant School

As part of the induction process, parent(s)/carer(s) meet with their child's class teacher. Information is collected regarding the health of the child and any long or short term medical needs.

If a long term medical need is identified, the parent will be asked to complete an Individual Health Care Plan (IHP) for their child, in conjunction with any relevant medical professionals, and then to meet with the Inclusion Manager, who has responsibility for over-seeing the support for pupils with medical conditions. Copies of reports from medical professionals should be brought to this meeting.

Pupil Receiving a New Diagnosis

The school may be informed by a pupil's parent, or a medical professional, that a pupil has a newly diagnosed illness or medical condition. The parent will be asked to complete an Individual Health Care Plan for their child, in conjunction with any relevant medical professionals, and then to meet with the Inclusion Manager, who has responsibility for overseeing the support for pupils with medical conditions. Copies of reports from medical professionals should be brought to this meeting.

Following Notification of a Long-term Medical Condition:

- The school will make every effort to ensure that arrangements are put in place as soon as possible.
- If the child will require the administration of medication of any kind, a consent form must be completed by the parent/carer and given in at the front desk, together with the medication in its original packaging, with the dosage regime clearly printed on the outside, together with the child's name.
- 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.
- The school will also acknowledge that some medical conditions will be more obvious than others. The school will therefore aim to ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- The school will endeavour to make sure that arrangements give parents/carers and pupils confidence in the school's ability to provide effective support for medical conditions in school.
- The arrangements will demonstrate an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.
- The school will ensure that staff members are properly trained to provide the support that pupils need.
- The school will 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, unless it would not be in their best interest owing to their health needs.
- The school will make arrangements for the inclusion of pupils in such activities, with any adjustments, as required; unless evidence from a clinician such as a General Practitioner (GP) states that this is not possible.
- The school aims to ensure that no child with a medical condition is denied admission or prevented from attending because arrangements for their medical condition have not been made.

However, in line with our Safeguarding duties, the school will ensure that a pupil's health is not put at unnecessary risk from, for example, infectious diseases.

- The school will therefore not accept a child in school at times where it would be detrimental to the health of that child and others.
- 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 sort of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. The Headteacher, School Nurse and the Inclusion Manager will usually lead this. Following the discussions a Health Care Plan may be put in place.

- Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff members are aware of emergency symptoms and procedures.
- Other pupils should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- It may be necessary to make special arrangements for a pupil on reintegration, following illness; or whenever a pupil's needs change, including arrangements for any staff training and support.
- If a pupil with a long-term medical condition transfers to another school, arrangements will be made, in consultation with the parent, to ensure that all the relevant information is communicated to the new school.

Individual Health Care Plans (IHPs)

- At Mengham Infatn School, the responsibility for over-seeing the support for pupils with medical conditions has been delegated to the Inclusion Manager, working alongside the Headteacher. This duty is carried out in conjunction with the parent(s)/carer(s), the School Nurse, and any other Healthcare Professionals involved in providing care to the child. Whenever appropriate, the child should also be involved.
- It is the responsibility of **all** members of staff supporting the individual children to ensure that the Individual Health Care Plan is followed.
- The Class Teacher will remain responsible for the child's educational development and ensuring that their medical conditions are supported at school, and the advice on the Individual Health Care Plan is adhered to. This will involve keeping all staff members, including support or cover staff, informed about the needs of a pupil with medical needs.

Individual Health Care Plans:

- help to ensure that the school effectively supports pupils with medical conditions.
- will capture the key information and actions that are required to support the child effectively.
- will vary in detail from pupil to pupil depending on the complexity of the child's condition and the degree of support needed.
- provide clarity about what needs to be done, when and by whom.
- are often essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention may be needed.
- are helpful in the majority of other cases, especially where intervention may be needed or where medical conditions are long term and complex.
- should mention if a pupil has, in addition, special educational needs.
- will be easily accessible to all who need to refer to them, while preserving confidentiality. A copy will be kept in the front office, with the Inclusion Manager and in the classroom .
- it should be taken on all school outings and off-site activities.
- are reviewed annually, or when a child's needs change.

However, not all children will require one. The School, Healthcare Professionals and Parent/Carers should agree, based on evidence, when an Individual Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Healthcare Professional is best placed to take a final view.

Staff Training

- All new staff will be inducted on the policy when they join the school during their Mengham Infant School Induction. Records of this training will be stored with the Inclusion Manager.

- All nominated staff will be provided with awareness training on the school's policy for supporting children with medical conditions which will include what their role is in implementing the policy. This training will be carried out yearly or if the need arises.
- The awareness training will be provided to staff by Headteacher or Inclusion Manager.
- We will retain evidence that staff have been provided the relevant awareness training on the policy by Storing with the Inclusion Manager.
- Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confidence in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.
- Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.
- A 'Staff training record– administration of medicines' form will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training

MANAGING MEDICINES ON SCHOOL PREMISES

Mengham Infant School will undertake to ensure compliance with the relevant legislation and guidance in *Health Guidance for Schools* with regard to procedures for supporting children with medical requirements, including managing medicines. Responsibility for all administration of medicines at Mengham Infant School is held by the Headteacher who is the responsible manager.

It is our policy to ensure that all medical information will be treated confidentially by the responsible manager and staff. All administration of medicines is arranged and managed in accordance with the *Health Guidance for Schools* document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Our administration of medicine requirements will be achieved by:

- Establishing principles for safe practice in the management and administration of:
 - prescribed medicines,
 - non-prescribed medicines,
 - maintenance drugs,
 - emergency medicine.
- Providing clear guidance to all staff on the administration of medicines.
- Ensuring that there are sufficient numbers of appropriately trained staff to manage and administer medicines.
- Ensuring that there are suitable and sufficient facilities and equipment available to aid the safe management and administration of medicines.
- Ensuring the above provisions are clear and shared with all who may require them.
- Ensuring the policy is reviewed periodically or following any significant change which may affect the management or administration of medicines.

Administration:

The administration of medicines is the overall responsibility of the parents. The Head Teacher is responsible for ensuring children are supported with their medical needs whilst on site, and this may include managing medicines where appropriate and agreed with parents.

Routine Administration

Prescribed medicines:

- It is our policy to manage prescribed medicines (eg. inhalers) where appropriate following consultation and agreement with, and written consent from the parents.
- It is not our policy to generally administer very short-term prescribed medicines unless there is very good reason for doing so with the agreement of the Head Teacher. We would expect parents to bring into school and administer these medicines accordingly.

Non-prescribed medicines:

- It is our general policy not to take responsibility for the administration of non-prescribed medicines, (eg. Calpol or cough mixtures provided by the parents) as this responsibility rests with the parents.
- On occasions when children require paracetamol it is our policy to administer providing that written consent from the parents has been received in advance and administration is in accordance with guidance provided in the *Health Guidance for Schools* document.
- Children under 16 years old are never to be administered aspirin or medicines containing Ibuprofen unless prescribed by a doctor.
- Responsibility for decision-making about the administration of all non-prescribed medicines will always be at the discretion of the responsible manager who may decide to administer under certain miscellaneous or exceptional circumstances.

Maintenance drugs:

- It is our policy to manage the administration of maintenance drugs (eg. Insulin) as appropriate following consultation and agreement with, and written consent from the parents. On such occasions, a health care plan will be written for the child concerned.

Non-Routine Administration

Emergency medicine:

- It is our policy (where appropriate) to manage the administration of emergency medicines such as (for example):
 - injections of adrenaline for acute allergic reactions,
 - rectal diazepam for major fits,
 - injections of Glucagon for diabetic hypoglycaemia.
- In all cases, professional training and guidance from a competent source will be received before commitment to such administration is accepted.

Procedure for Administration

- When deciding upon the administration of medicine needs for children we will discuss this with the parents concerned and make reasonable decisions about the level of care required.
- Any child required to have medicines will have an 'administration of medicines/treatment' consent form completed by the parent and kept on file.
- Individual health care plans will be completed for children where required and reviewed periodically in discussion with the parents to ensure their continuous suitability.
- For any child receiving medicines, a 'record of prescribed medicines' sheet will be completed each time the medicine is administered and this will be kept on file.
- If a child refuses to take medication the parents will be informed at the earliest available opportunity.

Medical Accomodation

The Medical Room will be used for medicine administration/treatment purposes. The room will be made available when required.

Training

- Where staff are required to carry out non-routine or more specialised administration of medicines or emergency treatment to children, appropriate professional training and guidance from a competent source will be sought before commitment to such administration is accepted.
- A 'staff training record' sheet will be completed to document the level of training undertaken.
- Such training will form part of the overall training plan and refresher training will be scheduled at appropriate intervals.

Storage

- The storage of medicines is the overall responsibility of the Head Teacher who will ensure that arrangements are in place to store medicines safely.
- The storage of medicines will be undertaken in accordance with product instructions and in the original container in which the medicine was dispensed.
- It is the responsibility of all staff to ensure that the received medicine container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.
- It is the responsibility of the parents to provide medicine that is in date. This should be agreed with the parents at the time of acceptance of on-site administration responsibilities.

Disposal

- It is not Mengham Infant School's responsibility to dispose of medicines. It is the responsibility of the parents to ensure that all medicines no longer required including those which have date-expired are returned to a pharmacy for safe disposal.
- 'Sharps boxes' will always be used for the disposal of needles. Collection and disposal of the boxes will be locally arranged as appropriate.

Child's Role

Statutory Requirement: The Governing body will ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual healthcare plan. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare plan.

Emergency Procedures

A child's individual healthcare plan 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 should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Accurate information about the child will be provided to the emergency services at the call out stage, during any first response stage, or subsequent moving on to hospital.

Unacceptable Practice

Although School Staff should use their discretion and judge each case on its merits with reference to the child's IHP, it is not generally acceptable practice to:

- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their Parents/Carers; 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 IHPs.
- If the child becomes ill, send them to the school office unaccompanied or with someone unsuitable.
- Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- Prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require Parents/Carers, or otherwise make them feel obliged, to attend the school to administer medication or provide medical support to their child, including toileting issues.
- No Parent/Carer should have to give up working because the school is failing to support their child's medical needs.
- 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/Carers to accompany the child, unless this is in the best interest of the child, or for Health and Safety reasons.

Day trips / Off site Activities

Statutory Requirement: *The Governing body should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.*

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities with in reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Complaints

The governing body will ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.

Should Parents/Carers or Pupils be dissatisfied with the support provided, they should discuss their concerns directly with the Class Teacher, Inclusion Manager or Headteacher. If, for whatever reason, this does not resolve the issue, parents may make a formal complaint, details of which are outlined in the school's Complaints Procedure.

SUPPORTING MEDICAL CONDITIONS.

ASTHMA

- Pupils with asthma need to keep their reliever inhalers with them, or close at hand, at all times. They should also have a spare inhaler available.
- Pupils are not to keep their reliever inhaler with them but it is essential that all pupils with asthma are allowed to access their reliever inhaler freely at all times. Reliever inhalers should never be kept in a locked room or drawer.
- Reliever inhaler need to be available during PE lessons, school trips and other activities outside the classroom.
- It is important to know which reliever belongs to which pupil. Each asthma medication should be clearly labeled with the pupil's name.
- The expiry date of all asthma medication should be checked every six months.
- Parents will always be told if their child is using their reliever inhaler more than usual.

Spare Reliever Inhaler

All parents of pupils with asthma should be asked to provide a spare reliever inhaler, separate from the one the pupil keeps at school.

Pupils with asthma should always be aware of where to go to get their reliever inhaler (including their spare) when they need it.

spare inhalers should be kept in the pupil's individual classroom.

Healthcare Plans can be used to help both parents and the designated staff member to record and check asthma inhalers and other medication.

Pupils should not usually need to take preventer inhalers during school hours. If they are needed, they may need to be reminded to take them. This should be written on the pupil's Healthcare Plan

Do Inhaler Medicines have an Expiry Date?

All reliever and preventer inhalers have an expiry date. Parents should be responsible for ensuring that all their child's asthma medication is within the expiry date.

a named staff member should be responsible for checking the expiry dates of all spare reliever inhalers kept at school, three times a year.

Healthcare Plans can be used to help both parents and the designated staff member record and check medication expiry dates.

Spacers

Spacers may often be needed and used at school.

Each pupil with asthma who has been prescribed a spacer by their doctor or asthma nurse should have his or her own individually labeled spacer. This should be kept with their inhaler.

Nebulisers

Some children and young people with asthma have nebulisers at home. However, pupils with asthma should not normally need to use a nebuliser at school.

If a doctor or asthma nurse does advise that a pupil needs to use a nebuliser in school, the staff involved will need training by a healthcare professional.

PE, School Sport, Games and Activities

Pupils with asthma should be encouraged to participate in all PE and activity-based lessons.

Pupils with asthma should be encouraged to become involved in after-school clubs and sport activities.

If exercise and physical activity makes a child or young person's asthma worse, always ensure that they use their reliever inhaler (usually blue) immediately before they warm up.

Always start a session with warm up exercises.

Avoid things that trigger asthma during exercise (eg dust, cold air, smoke, pollen, cut grass).

Always make sure they have their reliever inhaler with them.

If a pupil has asthma symptoms while exercising, they should stop, take their reliever inhaler and

wait at least five minutes or until they feel better before starting again.
Always end a session with warm down exercises.

PE Teachers and Sport Coaches:

Always make sure they know which pupils they teach/coach have asthma and what triggers their asthma.

Understand how to minimise potential asthma triggers during exercise.

PE staff should ensure that each pupil's inhaler is labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they should be encouraged to do so. Speak to the parents if they are concerned that a pupil has undiagnosed or uncontrolled asthma.

These pupils may need to have their asthma reviewed by their doctor or asthma nurse.

Make time to speak to parents to relieve concern or fears about their children with asthma participating in PE.

If a pupil needs to sit out for five minutes, try to keep them involved as much as possible, for example by asking them to take notes on the match or getting them to do some ball work (if they are feeling well enough to do so).

Classroom teachers should follow the same principles as described above for games and activities involving physical activity.

A very small minority of children with difficult-to-control asthma may find it difficult to participate fully in exercise because of the nature of their asthma. However, there have been changes to PE and exercise in schools and there are now opportunities to try alternative ways of exercising, enabling more children and young people to get involved.

EMERGENCY PROCEDURES.

Common Symptoms of an Asthma Attack:

Coughing, shortness of breath, wheezing, tightness in the chest, being unusually quiet, express feeling tight in the chest as a tummy ache.

Serious if:

- Not respond to inhaler,
- Difficulty speaking, playing, feeding.
- Symptoms getting worse.
- Lips are blue.

Do:

- Help the child take their usual dose of reliever immediately, preferably through a spacer.
- Sit the child upright.
- Get them to take slow, steady breaths.
- Keep calm and reassure them and do not leave them alone.
- If there is no immediate improvement: Continue to give 2 puffs of reliever inhaler – one puff at a time every two minutes, up to 10 puffs.

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 must always be told if their child has had an asthma attack.

Call an ambulance urgently if:

- The pupils symptoms do not improve.
- If the child does not start to feel better after taking the reliever
- The pupil is too breathless or exhausted to talk.
- The pupil's lips are blue.
- If there is any doubt .

DIABETES

What is Diabetes?

- Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes).
- About one in 550 school-age children have diabetes, and 2 million people suffer in the UK. The majority have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. People with Type 2 diabetes are usually treated by diet and exercise alone.
- Each person may experience different symptoms and this should be discussed when drawing up the health care plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention.
- Staff with diabetes should make their condition known and their treatment plan available.

Medicine and Control for Children

- The diabetes of the majority of children is controlled by injections of insulin each day. Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection. Older children may be on multiple injections and others may be controlled on an insulin pump. Most children can manage their own injections, but if doses are required at school supervision may be required, and also a suitable, private place to carry it out.
- Increasingly, older children are taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of longacting insulin at home, usually at bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. The child is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give. Diabetic specialists would only implement this type of regime when they were confident that the child was competent. The child is then responsible for the injections and the regime would be set out in the individual health care plan.
- Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting. Most older children will be able to do this themselves and will simply need a suitable
- place to do so. Younger children will need adult supervision to carry out the test and/or interpret test results.
- When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional. Administering injections is a matter for personal preference and no member of staff will be expected to carry out this task without full training and their consent.
- Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Schools may need to make special arrangements for pupils with diabetes if the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low. Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar – a **hypoglycaemic reaction** (hypo) in a child with diabetes:

- **hunger**
- **sweating**
- **drowsiness**
- **pallor**

- **glazed eyes**
- **shaking or trembling**
- **lack of concentration**
- **irritability**
- **headache**
- **mood changes, especially angry or aggressive behaviour**

Each child may experience different symptoms and this should be discussed when drawing up a health care plan.

If a child has a hypo, it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later.

**An ambulance should be called if:
recovery takes longer than 10-15 minutes or if the person becomes unconscious**

- Some children may experience **hyperglycaemia** (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.
- Information and photographs of children with diabetes are in the staff and medical room.

EPILEPSY

Definition of Epilepsy:

This policy has been written in line with information provided by Epilepsy Action, the Department for Education & Skills, the local authority and the school health service. Mengham Infant School recognises that epilepsy is a common condition affecting children and welcomes all children with epilepsy to the school. Mengham Infant School supports children with epilepsy in all aspects of school life and encourages them to achieve their full potential. This will be done by having a policy in place that is developed in conjunction with the local authority and understood by all school staff. This policy ensures all relevant staff receive training about epilepsy and administering emergency medicines. All new staff and supply staff will also receive appropriate training.

Pupils with epilepsy experience a range of difficulties at school. Some reasons why pupils with epilepsy can have difficulties at school are:

- difficulty concentrating
- working more slowly than others
- being too tired.

Epilepsy can lead to variation in a pupil's performance, and may also be associated with developmental delay and learning difficulties. Pupils and their families may find these effects have an impact socially, and sensitive input from school staff is needed to prevent damage to the pupil's self-esteem.

Behavioural and learning difficulties in and outside school can be due to:

- frequent and/or prolonged seizures
- damage to the brain
- side effects of epilepsy medication.

They can also result from a low level of epileptic activity in the brain, which can disturb brain uncton without causing a seizure. People with epilepsy often complain of a poor memory and the reasons for this may vary. Epileptic activity or underlying damage to the brain may cause memory problems. Some anti-epileptic drugs may cause side effects including memory problems, drowsiness, dizziness, headache or disturbances to vision. Having many seizures or severe seizures can cause damage to the brain, and this can lead to learning disabilities. Epilepsy can

occur in combination with other factors, and sometimes epilepsy and learning disabilities can both be a part of a syndrome. (A syndrome is a group of signs and symptoms that, added together, indicate a particular medical condition.)

When a child with epilepsy joins Mengham Infant School, or a current pupil is diagnosed with the condition, the head teacher arranges a meeting with the pupil and the parents to establish how the pupil's epilepsy may affect their school life. A Health Care Plan will be created through close liaison with the child's family, school nurses and school staff. This should include the implications for learning, playing and social development, and out of school activities. They will also discuss any special arrangements the pupils may require. With the pupil's and parent's permission epilepsy will be addressed as a whole school issue through assemblies and in the teaching of PSHE or citizenship lessons. Children in the same class as the pupils will be introduced to epilepsy in a way that they will understand. This will ensure the child's classmates are not frightened if the child has a seizure in class. The school nurse or an epilepsy specialist nurse may also attend the meeting to talk through any concerns the family or head may have, such as whether the pupil requires emergency medicine. The following points in particular will be addressed.

Record Keeping

During the Health Care Plan meeting, the Headteacher will agree and complete a record of the pupil's epilepsy and learning and health needs. The document may include issues such as agreeing to administer medicine and any staff training needs. The Health Care plan will be created and agreed by parents and the health professional, if present, and signed by the parents and head teacher. This form will be kept safe and updated when necessary. Staff will be notified on any changes in the pupil's condition through regular staff briefings. This will make staff aware of any special requirements, such as seating the pupils facing the class teacher to help monitor if the student is having absence seizures and missing parts of the lesson.

The Health Care Plan will contain the information highlighted above and identify any medicines or first aid issues of which staff need to be aware. In particular it will state whether the pupil requires emergency medicine, and whether this medicine is rectal diazepam or buccal midazolam. It will also contain the names of staff trained to administer the medicine and how to contact these members of staff. If the pupil requires emergency medicine then the school's policy will also contain details of the correct storage procedures in line with DfES guidance found in Managing Medicines in Schools and Early Year Settings.

Emergency Procedures

First aid for the pupil's seizure type will be included on their IHP and all staff will receive basic training on administering first aid. The following procedure giving basic first aid for tonic-clonic seizures will be prominently displayed in all classrooms:

1. Stay Calm
2. If the child is convulsing then put something soft under their head.
3. Protect the child from injury(remove harmful objects from nearby)
4. NEVER try and put anything in their mouth or between teeth.
5. Try and time how long the seizure lasts – if it lasts longer than usual for that pupil or continues for more than 5 minutes then call medical assistance.
6. When the child finishes their seizure stay with them and reassure them.
7. Do not give them food or drink until they have fully recovered from the seizure.

Sometimes a child may become incontinent during their seizure. If this happens, try and put a blanket around them when their seizure is finished to avoid potential embarrassment. First aid procedure for different seizure types can be obtained from the school nurse, the pupil's epilepsy specialist nurse or Epilepsy Action.

Learning and Behaviour

Mengham Infant School recognises that children with epilepsy can have special education needs because of their condition. Following the initial meeting, staff will be asked to ensure the pupils is not falling behind in lessons. If this starts to happen the teacher will initially discuss the

situation with parents. If there is no improvement, then discussions should be held with the school's Inclusion Manager and school nurse.

If necessary, a plan will be created and if necessary and the child may undergo an assessment by an educational or neuropsychologist to decide what further action may be necessary.

ANAPHYLAXIS

Statement of Intent:

This policy is concerned with a whole school approach to the health care and management of those members of the school community suffering from specific allergies.

Mengham Infant School:

- is aware that children who attend may suffer from food, bee/ wasp sting, animal or nut allergies and we believe that all allergies should be taken seriously and dealt with in a professional and appropriate way.
- position is not to guarantee a completely allergen free environment, rather: to minimise the risk of exposure, encourage self-responsibility, and plan for effective response to possible emergencies.
- is committed to no food and drink sharing.

The *Statutory Framework* states that the provider must obtain information about any dietary requirements/allergy. As such parents are asked to provide details of allergies in the child's Enrolment Form, which is submitted before starting school.

Aim:

The intent of this policy is to minimize the risk of any child suffering allergy-induced anaphylaxis whilst at school.

An allergic reaction to nuts is the most common high risk allergy, and as such demands more rigorous controls throughout the policy.

The underlying principles of this policy include: the establishment of effective risk management practices to minimise the student, staff, parent and visitor exposure to known trigger foods and insects / staff training and education to ensure effective emergency response to any allergic reaction situation.

This policy applies to all members of the school community:

- School Staff
- Parents / Guardians
- Volunteers
- Supply staff
- Students

Definitions:

- **Allergy** - A condition in which the body has an exaggerated response to a substance (e.g. food and drug) also known as hypersensitivity.
- **Allergen** - A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.
- **Anaphylaxis** - Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to food, stings, bites, or medicines.
- **Epipen** - Brand name for syringe style device containing the drug Adrenalin, which is ready for immediate inter-muscular administration.
- **Minimized Risk Environment**- An environment where risk management practices (e.g. Risk assessment forms) have minimised the risk of (allergen) exposure.

- **Health Care Plan-** A detailed document outlining an individual student's condition treatment, and action plan for location of EpiPen.

Procedures and Responsibilities for Allergy and Intolerance Management:

General

- The involvement of parents and staff in establishing individual Health Care Plans.
- The establishment and maintenance of practices for effectively communicating a child's healthcare plans to all relevant staff.
- Staff training in anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency.
- Age appropriate education of the children with severe food allergies and intolerances.

Medical Information

- The school will seek updated information via medical form at the commencement of each calendar year.
- Furthermore, any change in a child's medical condition during the year must be reported to the school.
- For pupils with an allergic condition, the school requires parents / guardians to provide written advice from a doctor (GP), which explains the condition, defines the allergy and intolerance triggers and any required medication.
- The Inclusion Manager will ensure that a Health Care Plan is established and updated for each child with a known allergy or intolerance, in liaison with School Nurses and Parents.
- Teachers and teacher assistants of those pupils and key staff are required to review and familiarise themselves with the medical information.
- Action Plans with a recent photograph for any pupils with allergies and intolerances will be posted in relevant rooms with parental permission.
- Where pupils with known allergies and intolerances are participating in school excursions, the risk assessments must include this information.
- The wearing of a medic-alert bracelet is allowed by the School.

Medical Information (EpiPens)

Where EpiPens (Adrenalin) are required in the Health Care Plan:

- Parents/ guardians are responsible for the provision and timely replacement of the EpiPens.
- The EpiPens are located securely in relevant locations approved by the Head teacher.

Roles and Responsibilities.

Parent's Role:

- Parents are responsible for providing, in writing, on-going accurate and current medical information to the school.
- Parents are to send a letter confirming and detailing the nature of the allergy/intolerance; including:
 - The allergen (the substance the child is allergic to)
 - The nature of the allergic reaction (from rash, breathing problems to anaphylactic shock)
- What to do in case of allergic reaction, including any medication to be used and how it is to be used.
- Control measures – such as how the child can be prevented from getting into contact with the allergen.
- If a child has an allergy requiring an EpiPen, or the risk assessment deems it necessary, a Health Care Plan must be completed and signed by the parents.
- It is the responsibility of the Parent to provide the school with up to date medication / equipment clearly labelled in a suitable container.
- In the case of life saving medication like EpiPens the child will not be allowed to attend without it.
- Parents are also required to provide up to date emergency contact information.
- Snacks and lunches brought into school are provided by each child's Parent.

- It is their responsibility to ensure that the contents are safe for the child to consume.
- Parents should liaise with Staff about appropriateness of snacks and any food-related activities (e.g. cooking)

Staff's Role:

Staff are responsible for familiarising themselves with the policy and to adhere to health & safety regulations regarding food and drink.

- If a child's Enrolment Form states that they have an allergy/intolerance then a Health Care Plan is needed. It must be in place before the child starts attending sessions. A risk assessment should be carried and any actions identified to be put in place. The Assessment should be stored with the child's Health Care Plan.
- Upon determining that a child attending school has a severe allergy, a team meeting will be set up as soon as possible where all staff concerned attend to update knowledge and awareness of child's needs.
- All staff who come into contact with the child will be made aware of what treatment/medication is required by the school Leader and where any medication is stored.
- All staff are to promote hand washing before and after eating.
- Snack time biscuits and snacks are monitored by staff and are peanut, nut free and other allergens depending on the children attending. All staff should know the procedures at snack and lunch time to ensure the safety of children with allergies.
- However staff cannot guarantee that foods will not contain traces of nuts.
- All tables are cleaned with an approved solution.
- Children are not permitted to share food.
- As part of the staff training, EpiPen use and storage has been discussed.
- We may ask the parent for a list of food products and food derivatives the child must not come into contact with.
- Emergency medication should be easily accessible, especially at times of high risk.
- Staff should liaise with parents about snacks and any food-related activities.

Role of Other Parents

- Snacks and lunches brought to the school by other parents should be peanut and nut free.
- The school will ensure that parents are regularly reminded and will monitor the contents of lunchboxes and snack.

Anaphylaxis has a whole range of symptoms

- Any of the following may be present, although most pupils with anaphylaxis would not necessarily experience all of these:
 - generalised flushing of the skin anywhere on the body
 - nettle rash (hives) anywhere on the body
 - difficulty in swallowing or speaking
 - swelling of throat and mouth
 - alterations in heart rate
 - severe asthma symptoms (see asthma section for more details)
 - abdominal pain, nausea and vomiting
 - sense of impending doom
 - sudden feeling of weakness (due to a drop in blood pressure)
 - collapse and unconsciousness.

Actions

In the event of a child suffering an allergic reaction:

- A trained member of staff will assess the situation and follow the pupil's emergency procedure closely. These instructions will have been given by the paediatrician / healthcare plan/ professionals during training. Administer appropriate medication in line with perceived symptoms.

- We will delegate someone to contact the child's parents.
- If a child becomes distressed or symptoms become more serious telephone 999.
- Keep calm, make the child feel comfortable and give the child space.
- If medication is available it will be administered as per training and in conjunction with the child's Health Care Plan
- If parents have not arrived by the time ambulance arrives, a member of staff will accompany the child to hospital.