EBOR ACADEMY TRUST

Policy Number

11

Statutory Supporting Pupils with Medical Needs
Including Medicines in School

Approved by: Standards Committee

Approval Date: March 2023

Review Period: Every 3 years

Review Date: March 2026

Policy for publication on school websites and promotion to staff

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Date Created/updated: Mar 23
Version Number: 4

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1. What is the purpose of this policy?

Ebor Academy Trust welcomes all pupils, including those who have medical needs. We aim to ensure that all our pupils stay healthy and safe, and that they are ready to learn. For some pupils, a medical need could create a barrier to learning and progress if it is not managed well. In consultation with the pupil, parents/carers and any professionals involved, we want to ensure that all our pupils enjoy their time in school and thrive, without exception. Any pupil with a medical condition is supported to access a full education, including physical education and school trips.

Section 100 of the Children and Families Act 2014 places a statutory requirement on schools to make appropriate arrangements to support pupils with medical needs. This policy outlines how our schools fulfil their legal obligation to support these children.

Schools do 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, decisions should be based upon the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. The impact of a medical condition on a child will vary and some may be life-threatening. The needs of the individual child should therefore always be fully considered.

Some pupils with a medical condition will be defined as disabled under the definition from the Equalities Act 2010. In this situation, the governing body should comply with the requirements outlined in this act. For pupils with Special Educational Needs, this policy should be read alongside the SEND Code of Practice 2015.

This policy should be read in conjunction with the First Aid policy, Health and Safety policy, SEND policy, Anti-bullying policy and Accessibility policy.

2. Roles and Responsibilities

<u>Each School is responsible for:</u>

- Making suitable arrangements for the support of pupils with medical needs in school.
- Ensuring that staff access appropriate training, including the suitable number of staff with first aid training and Paediatric First Aid.
- Ensuring that pupils with medical needs access a full education.
- Ensuring pupils with medical needs access the equipment they require to meet their needs.
- Ensuring that pupils are not refused entry on medical grounds. In line with their safeguarding duties, however, governing bodies should ensure that pupil health is not put at risk from, for example, infectious diseases. In such instances, they do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so. In such instances, Local Health Protection Team advice will be followed.

The Head of School has overall responsibility for the day-to-day implementation of this policy. This includes ensuring that:

-There is a named person in school who leads on this policy for children with medical needs, a leader in school such as themselves or the SENCO.

- Staff access the appropriate training to meet medical needs in school in a timely manner and a record of training is kept up to date in school in a central location.

- Staff are competent prior to supporting individual pupils with medical needs and have the appropriate training. This should be done in partnership with health care agencies where appropriate.

- Risk assessments should include details for pupils who may need adjustments or additional equipment to stay safe on school trips, visits, or any additional activities. As far as possible, all pupils should have equal access to all opportunities on offer, unless there is clear medical advice to the contrary.

- Individual Health Care Plans (IHCP's) are written and regularly updated by a named individual who has a leadership role in school and shared with appropriate staff.

- Staff are trained in and aware of emergency and contingency procedures in place in school. This includes the safe evacuation of pupils with a medical or physical need.
- The social and emotional needs of pupils with medical conditions are met effectively, including following any prolonged absence. The impact of any medical condition for every individual should be understood.
- Details of a medical condition are held appropriately confidentially, depending upon the circumstances of the individual.
- School staff stress the importance to children of not handling or taking another person's medicine.
- The appropriate number of staff in school have appropriate First Aid training and Paediatric Frist Aid, and enhanced training is provided for those working directly with children with a known medical condition. See links for training information below (Appendix C).

School staff should be made aware that it is not generally acceptable to:

-prevent children accessing their inhalers and medication or administering it as required.
-assume that each child with the same condition requires the same treatment.
-ignore the views of parents/carers or medical advice (although this may be challenged on occasions).
-send children home frequently for reasons related to their medical condition or prevent them from accessing school activities (unless this is a medically advised and agreed decision).
-penalise a child for attendance issues if these are related to a medical condition.
-prevent a child from having a drink, snack, toilet/other break when they need to, in order to manage a medical condition.
-require or cause parents to feel obliged to attend school to provide medical support to their child, including with toileting or attending school trips.
-separate a child with an allergy from their peers unless this is specified in their IHCP or requested by parents.

It is important that parents and carers:

-Provide school with up-to-date information regarding any medical needs and inform them of any changes. Parents should provide a copy of any Allergy Plans issued by Healthcare Professionals.
-Work with the school to create an appropriate IHCP as required and regularly review the plan with school.
- As far as possible, administer medicines at home, unless giving it within the school day is unavoidable.
-Ensure that medicines given to the school are in date and replaced as required, such as inhalers and adrenaline auto-injectors (AAI's). **TWO AAI's should be provided by parents/carers for children who require them**. Parents can be signposted to expiry alerts for the relevant AAI their child is prescribed to ensure they get replacement devices in good time.
-Ensure that the school has up to date contact details in the event of an emergency or illness.

It is important that pupils:
- Follow their own IHCP (as far as appropriate for that individual child)
- Are sensitive to the medical needs of other pupils. This value should be supported by the ethos and the curriculum offer in school.

Teaching Staff are responsible for:
-ensuring they make daily, reasonable adjustments as required for the needs of pupils with medical conditions.
- having the correct support in place in class and knowing the IHCP's of pupils in their class.
- following the school's emergency and contingency procedures and plan for the needs of pupils with medical conditions.
-storing any equipment, such as inhalers and AAI's in an accessible, secure location, as recommended on the label. They should take the necessary medication and IHCP's with them on any school trips/visits.
-carefully planning any food related activities in relation to allergies.
-keeping their own medication secure.
Please note: Staff should aim to check medical equipment expiry dates, such as on AAI's or inhalers every term as good practice, so they can remind parents/carers of the need to renew in good time.

3. Individual Healthcare Plans

An Individual Health Care Plan (IHCP) should include the key facts about the medical condition and any actions that are required. The detail of the plan will vary as the complexity of needs vary and not all pupils with minor conditions will necessarily require an IHCP (see appendix A).

These plans should be updated regularly in school, (at least annually) and when there are any changes. These reviews should be carried out by a named person in school who has a leadership role, ie. SENCo/Deputy Head/ Senior Leader.

An IHCP should include the following:
- The medical condition – triggers, signs, symptoms and treatment.

- The needs of the pupil – including medication that should be administered (where it can't just be given at home), when it should be given and how much (dosage, side effects and storage). It should include any equipment required, dietary requirements, instructions for use of any treatments and any other adjustment requirements, such as rest breaks, how absences will be managed etc.
- Actions required, when these are required, and what to do in the case of an emergency. **It should also clearly outline what constitutes an emergency for that individual. The plan should clearly state when to call for an ambulance.**
- Who will provide the support required in school. It may also be appropriate to include who will provide cover when an allocated person is absent.
- Who the plan will be shared with in school.
- Additional arrangements for school trips/visits.

4. What will be the provision for children with more significant, longer term medical needs?

The attendance manager will maintain a list of pupils who have a more acute medical need that may result in a more prolonged period of absence. In most cases, a Medical Care Plan (MCP) will be written in consultation and collaboration with health care professionals. This is separate to an Individual Health Care Plan (IHCP). Initially, an MCP will be reviewed on a weekly basis, and then at longer intervals as appropriate.

If the child goes into hospital, the medical team at the hospital will contact the SENCO and the Local Authority to make further arrangements for appropriate work to be set. The school will most likely provide copies of teacher planning. If the child has special educational needs and an EHCP (Education Health Care Plan) or an SEN Support plan, a copy of this will also be provided. Where pupils are not able to receive a suitable education in a mainstream school due to their health needs, the local authority has a duty to make other arrangements. The statutory guidance for local authorities states that they should be ready to make other arrangements when it is apparent that a child will be away from school for 15 days or more because of health needs.

It is possible that an MCP might also include an element of part-time attendance at school. Where appropriate, ICT and remote learning resources will be used to provide and share learning with the child, set by the class teacher.

Procedures will be in place to make reasonable adjustments for pupils with medical needs to support transitional arrangements and reintegration following a period of absence or when pupils' needs change. For new pupils due to enter at the start of the academic year, these arrangements should be in place. For pupils transitioning into one of our academies during the academic year, or in the event of a new diagnosis, schools will make every effort to ensure arrangements are in place and are completed in no more than two weeks.

5. What will be the provision for children for other health-related absences?

If it becomes apparent that a child's absence due to illness is likely to exceed 10 days, or has already exceeded 10 days, the attendance manager and SENCO should be informed. A decision on provision appropriate to a child's medical needs will then be made on an individual basis by the school leadership. Parents may wish to have a meeting with the class teacher who can provide appropriate work. Please refer to Ebor Attendance Policy for procedures and implications.

6. Specific Medical Conditions

Please see Appendix B for information on specific areas of medical need. This is not an exhaustive list of conditions, but it outlines the procedures in place for some of the most common medical needs in school.

7. The administration of medicines

The administration of medicines in school must remain the responsibility of the child's parents but academy staff are willing to help with the supervision of certain medicines. It may well not be within the contractual duty of all staff in school to administer medicines. However, staff may volunteer to do so.

We are often asked to assist parents/carers by administering medicines to children. This arises when:

a) A child has a long-term illness (such as Asthma, Diabetes or Epilepsy) which is controlled by regular medication.

b) A child is recovering from a short-term illness and is receiving a course of medicine (such as antibiotics).

We therefore propose that the following guidance is followed:

a) As far as possible, medicine should be administered at home. For example, if antibiotics need to be taken 3 times a day, it is often appropriate for it to be given in the morning, at teatime and bedtime. Staff will only be able to administer medicines where the consequences of a dose being missed will not be serious. Where a missed dose may lead to serious consequences, we may ask parents/carers to take responsibility for administration.

b) For specialist schools, there may be exceptions where a more bespoke approach is implemented, agreed between professionals, parent/carers and school leaders, where staff have further medical training or expertise on site. For longer term medical needs and the administration of regular medication, such as inhalers, please see Appendix B.

c) Whenever medicine must be administered in school, it is important that parents and carers complete the appropriate documentation. In most cases, before medicines

can be administered at school, parents/carers should complete a form giving permission for a member of staff to administer the medicine, clarifying when and how it should be given and stating their understanding that the Academy and its staff cannot be held legally responsible if, for some reason, the medicine is not administered.

d) A record of medicines administered must be held in school. This should state what was given, how much was given, when and by whom. Any side effects of medicines given should also be recorded and parents/carers informed. Staff administering medicines should follow the prescriber's instructions.

e) For the protection of other children, we must ensure that medicines to be administered at school are kept secure and stored in the correct place i.e., a fridge if this is specified on the label. Medicines should be sent in the smallest practicable amounts and should be looked after by a member of staff, not the child (except in the case of inhalers – see below).

f) Medicines must be clearly labelled with the child's name, name of the medicine and dosage.

g) If parents feel their child is responsible enough to look after their own inhaler it is important that they still contact the school to complete a form, so the school is aware that your child has an inhaler.

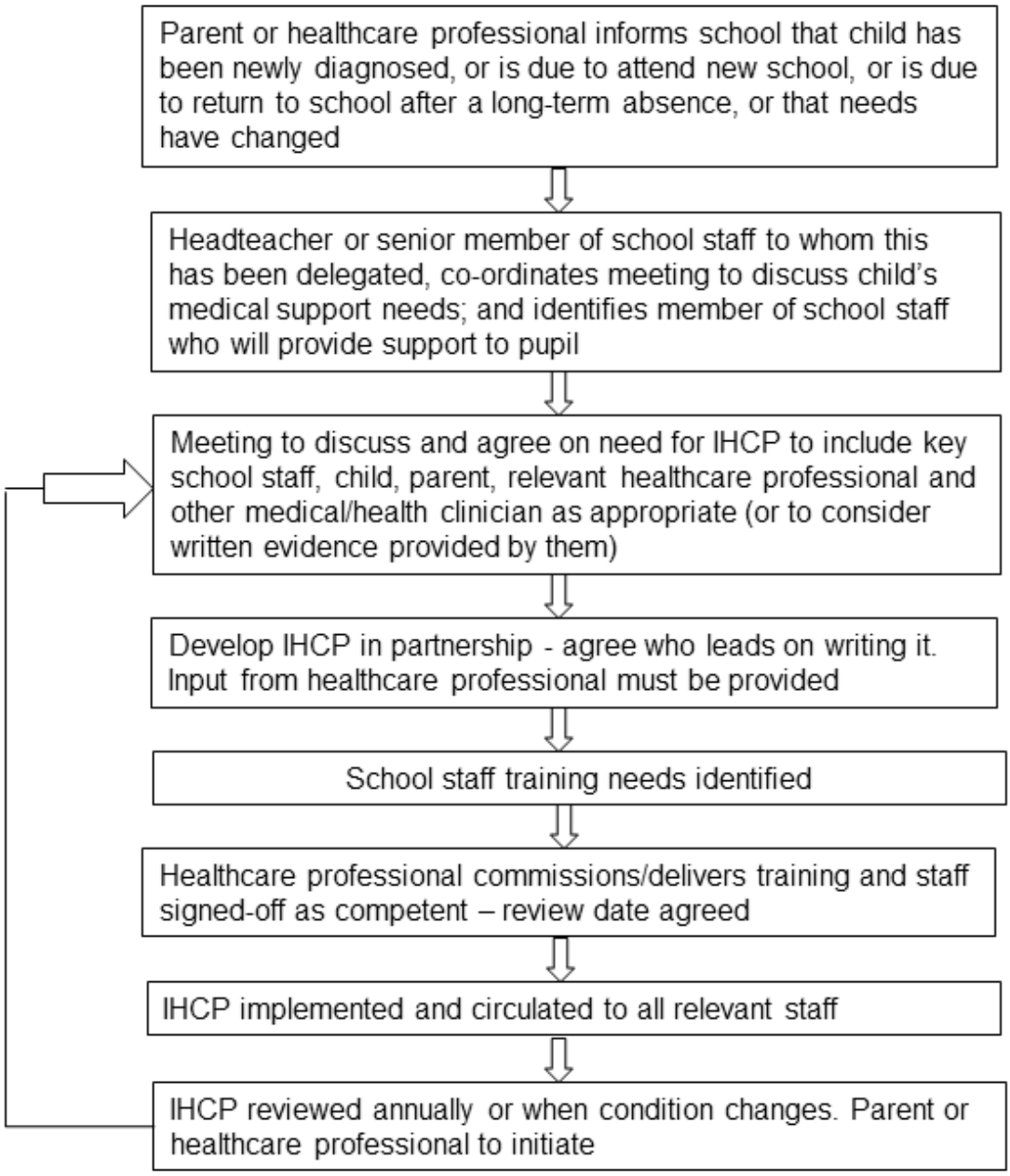
h) The inhaler should be clearly labelled with your child's name and class/form group.

8. How do we know which children have medical needs?

The school office will maintain a list. If there is uncertainty around whether a child requires an IHCP, the school should follow the flowchart on Appendix A below.

APPENDIX A

Flowchart to help schools decide whether or not a pupil should have an IHCP in place.



APPENDIX B

i). Asthma

Asthma is one of the most common chronic medical conditions to occur in children. Children who suffer with asthma need to be able to gain quick access to their inhalers (and spacers in the case of some younger children). We encourage older children to be responsible for their own inhalers. For older children, it is good practice to have more than one inhaler in school. One can be kept in the designated, safe medical storage area and one kept in a secure place in their bag/locker.

For younger children, the class teacher will keep an inhaler in the classroom in designated and secure medical storage (First Aid Cupboard/box). Members of staff need to ensure that such devices and medicines are taken with them and available to children when taking the class for PE, Forest Schools etc. and on off-site visits. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson and complete a warmup.

Parents sign a form to acknowledge that an inhaler has been provided and must ensure the inhaler is clearly labelled with the child's name and class. Children with Asthma should have an IHCP, but some health practitioners also issue an Asthma Care Plan. Where this is the case, parents/carers should share the plan with the school, and it should be shared with relevant staff and incorporated into the IHCP.

All staff who have contact with children who have Asthma should know what to do in the event of an asthma attack. The following guidelines are the recommended steps to follow in an asthma attack by ASTHMA UK:

a) Take one to two puffs of your reliever inhaler (usually blue), immediately. If an individual's inhaler cannot be located, use the school emergency inhaler.
b) Sit down and try to take slow, steady breaths. If you do not start to feel better, take a further two puffs of your reliever inhaler (one puff at a time) every two minutes. You can take up to ten puffs.
c) If you do not feel better after taking your inhaler as above, or if you are worried at any time, call 999.
d) If an ambulance does not arrive within 10 minutes and you are still feeling unwell, repeat step b) - take two puffs of your reliever inhaler (one puff at a time) every two minutes. You can take up to ten additional puffs).

School staff should know what signs to look out for. The common signs of an asthma attack include coughing, being short of breath (younger children may describe this as a tummy ache), wheezy breathing, feeling tight in the chest, being unusually quiet, nasal flaring, becoming unable to talk or complete a sentence, or a blue tinge around the lips.
Call an ambulance immediately if the person appears exhausted, has a blue/white tinge around the lips, is turning blue or has collapsed.

ii). Diabetes

Diabetes is a serious condition where your blood glucose level is too high. There are two main types, type 1 and type 2. Most children in school will have type 1 diabetes, which is a serious, lifelong condition where blood glucose level is too high because the body can't make a hormone called insulin. Diabetes can affect a child's learning because it can cause difficulties with attention, memory and perceptual skills if it's not managed well.

In line with Diabetes UK guidance, you must do something as soon as you notice symptoms of a hypo, or if a blood test has shown blood glucose levels (also called blood sugar) are too low.

If you don't act quickly, this could lead to unconsciousness or fitting. This is called a **severe hypo**, and you would need help to treat this.

Treat the hypo immediately. The person should eat or drink 15 to 20g of a fast-acting carbohydrate — see examples below. Do not leave a person who is having a hypo unattended.

You should test blood sugar again after 10 to 15 minutes to check it is back above 4mmol/l. If it is still less than 4, you should have some more fast-acting carbohydrate and retest after 10 minutes. Fast-acting carbohydrates for people for low blood sugar include:

- five glucose or dextrose tablets
- five jelly babies
- a small glass of a sugary (non-diet) drink
- a small carton of pure fruit juice
- two tubes of a glucose gel such as GlucoGel.

  If you're not sure how much carbohydrate is in a product, check the food label. It's important to check this often, as ingredients can change.

Aftercare for a Hypo

After a hypo, the person may need to eat or drink a bit more. This is to stop blood sugar levels going down again.

Try to eat 15 to 20g of a slower-acting carbohydrate. This could be a:

- sandwich
- piece of fruit
- bowl of cereal
- glass of milk
- next meal

What to do when someone is having a severe hypo

In the case of a severe hypo the individual may be unconscious and unable to swallow.

- put them into the recovery position (on their side, with their head tilted back and knees bent)
- give you a glucagon injection – if there is one and someone knows how to use it.
- call an ambulance – if you don't have a glucagon injection or if you haven't recovered 10 minutes after the injection.

iii). Anaphylaxis

Anaphylaxis is a severe and life-threatening generalised or systemic hypersensitivity reaction to a trigger. Around 5-8% of children in the UK live with a food allergy, and these young people are also at risk of Anaphylaxis. 20% of severe allergic reactions happen at school and it can occur in children who have no history of it. It is essential that staff are trained in recognising the signs of allergic reaction. Anaphylaxis can be caused by a number of different triggers, including foods (nuts, sesame, milk, shellfish, dairy products) and non-foods (wasp and bee stings, certain medicines, latex, pollen, even exercise). The symptoms of anaphylaxis include generalised flushing of the skin, rash (hives) anywhere on the body, a sense of impending doom, swelling of throat and mouth, difficulty in swallowing or speaking, alterations in heart rate, severe asthma, abdominal pain, nausea, vomiting, a sudden feeling of weakness, collapse and unconsciousness. In the event of an attack, it is important to administer an AAI as soon as possible and then call 999 for an ambulance. Anaphylaxis is likely when the following 3 things occurs:

- **Sudden onset (a reaction can start within minutes) and rapid progression of symptoms**
- **Life-threatening airway/breathing difficulties or circulation problems – altered heart rate, sudden drop in blood pressure, feeling of weakness**
- **Changes to the skin eg, flushing, hives.**

Adrenaline should be administered as soon as possible. If a child has been exposed to a known allergen, they should be given adrenaline to help avoid an allergic reaction progressing to anaphylaxis.

In the instance of anaphylaxis, the actions below should also be followed:
-Stay with the child and call for help- **DO NOT MOVE THE CHILD OR LEAVE THEM UNATTENDED.**
-Remove the trigger if possible (e.g., insect sting)
-Lie the child flat (with or without legs elevated), a sitting position may make breathing easier if they are struggling to breathe.
-USE ADRENALINE WITHOUT DELAY and note the time given. Inject at the upper, outer thigh through clothing if necessary.
-CALL 999 and state ANAPHYLAXIS.
-If no improvement after 5 minutes, administer a second AAI.
-If no signs of life commence CPR/use defibrillator.
-Phone parent/carer as soon as possible.

All pupils must go to hospital after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Parents of children who need an AAI should supply the school with one that will be stored securely, in the classroom medical box/cupboard, accessible at all times by adults.
A second AAI should be stored in a plastic wallet/medical box that also contains the name of the child, her/his photograph, a copy of the child's individual care plan, as well as any other medication prescribed (inhaler, antihistamine). They should be stored at room temperature, protected from direct sunlight and extreme temperatures.
AAI's are single use and should be disposed of in a sharps bin after use. They can also be given to ambulance crews to dispose of.

Children who have AAI's should have this equipment available to them in the sports hall/sports grounds/on school trips. Leaders of the sessions should have first aid training that includes anaphylaxis awareness training. Staff should know the medical needs of the pupils attending, including any allergies and procedures in place to manage these needs.
For out of school activities, a person trained in administering an AAI should be in attendance. This should not be the parent/carer of the child. This should only be arranged as a last resort. The school is responsible to have an appropriately trained member of staff available.

iv). Allergies, Catering and Food Arrangements

School caterers follow the Food Information Regulations 2014 which states that allergen information relating to the 'top 14' allergens must be available for all food products. Our school kitchen and food are nut free.

Each school will have a system in place for ensuring that all catering staff can identify the pupils with known allergies, and that this information is passed on and updated regularly by an allocated person.

Staff should be educated about reading food labels to identify food allergens and how to reduce the risk of cross contamination.

As an 'allergy aware trust,' we aim to provide a safe learning environment for all the school community. Individual schools may decide to produce their own risk assessment based on the known allergies of pupils in their school and they should communicate these allergies and the level of risk to the school community, including parents and carers, and request that products containing identified allergens are not included in lunches or sent in for snacks. In the case of food labels that state 'may contain' an allergen, it is up to the discretion of the local governing body to decide if they will also request parents not to bring these products in a situation where a known allergen poses a significant risk to a member of the school community.

We have procedures in place, as outlined in this policy, that are followed in the event pupils are exposed, but it is necessary to safeguard against this as far as possible and minimise the risk. Where appropriate, staff will be trained in understanding and dealing with Anaphylaxis (severe allergic reactions).The responsibility for schools is to ensure that risks are avoided as

far as possible, and to ensure that the risk factors of individual pupils are at the forefront of decision making.

APPENDIX C – Useful Links

The anaphylaxis campaign 'Allergy Wise for Schools' includes a free online e-learning course designed to ensure that all staff are aware of the signs, emergency treatment and the implications for management of severely allergic children. The Allergy UK's School Allergy Awareness Group (SAAG) also provide a toolkit for schools, www.allergyuk.org.uk/information-and-advice/for-schools/school-allergy-action-group-resource-kit

Resources to support awareness of allergies for pupils/lessons can be found at: https://www.anaphylaxis.org.uk/campaigning/making-schools-safer-project

Other useful links:
https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/
https://allergyuk.org – Allergy UK
https://www.sparepensinschools.uk

Asthma UK – www.asthma.org.uk
Diabetes – www.diabetes.org.uk

Infectious Diseases - https://www.gov.uk/topic/health-protection/infectious-diseases