

Bournville Infant School

Supporting children with Special Medical Conditions Policy

Rationale:

From 1st September, 2014, Section 100 of the Children and Families Act 2014 placed a duty on our Governing Body to make arrangements for supporting children with medical conditions. Governors must also consider their duties under the Equality Act (2010). The Health and Safety at Work Act 1974 provides that it is the responsibility of the governing body to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety. The school takes advice and guidance from Birmingham Local Authority's *Medical Guidance in Schools* handbook and Birmingham Local Authority policy *Medication in Schools*, and 'Supporting pupils at school with medical conditions' DfE, September 2014.

Entitlement:

Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.

Aims:

The policy and procedures of our school are primarily designed for the benefit of the child but are also there to maintain the safety of the school staff and other pupils.

The school aims to:

- Ensure children with medical needs can access and enjoy the same opportunities at our school as any other child, if at all possible
- Focus on the needs of each individual child and how their medical condition impacts on their school life
- Assist parents in providing medical care for their children, making arrangements which give parents and children confidence in the school's ability to effectively support them
- Educate staff and children in respect of special medical needs; children are taught about illness and disability and are encouraged to respect medicines.
- Ensure that the appropriate staff are properly trained to support individual pupils
- Liaise as necessary with medical services in support of the individual pupil
- Monitor and keep appropriate records of meetings with parents, health professionals and of any medicine administered

The school accepts that all employees have rights in relation to supporting pupils with medical needs as follows:

- Choose whether or not they are prepared to be involved
- Receive appropriate training within the Local Authority guidelines
- Work to clear guidelines
- Bring to the attention of the Senior Leader Team any concern or matter relating to supporting pupils with medical needs

All teachers and teaching assistants are insured for administering medicines by Birmingham Local Authority. They are NOT insured to complete invasive procedures, such as injecting medicines or fitting nasal feeding tubes. Clarification will be sought from the Local Authority and School Nursing Service if there are any concerns.

Procedures

Once our school is aware of a child with special medical needs, the following procedure must be followed:

- Charlotte Crowson and (where possible) a relevant health professional meets with parents and child (where appropriate) to ascertain how to meet the child's medical needs on a day-to-day basis through the development of an individual healthcare plan (see below). In the case of Charlotte Crowson's absence, a member of the Senior Leadership Team will take part in the meeting.
- All relevant staff will then be informed of the child's condition
- Separate meetings are needed regarding day or residential visits in order to risk assess, especially where the medical needs are complex.
- Where necessary, training is provided for staff who are willing to meet the needs of a child with medical needs, including those staff who may provide cover in case of absence.
- The Head Teacher will organise training with the relevant healthcare provider.
- Wherever feasible, arrangements are in place before a child starts at our school. Close liaison takes place between Bournville Infant School and any feeder Nursery. If a child starts mid-term, where possible, arrangements are put into place before the child starts.
- When a child with medical needs leaves our school, preparations are discussed with their new school to ensure a smooth transition.
- In case of teacher absence, the Year Group Leader will inform any cover staff of any special medical needs and of any Individual Healthcare Plans. The Year Group Leader should also show the cover staff the location of the medical cupboard and care plans. In the absence of the Year Group Leader, this will be done by a member of the Senior Leadership Team.

Schools do **NOT** have to wait for a formal diagnosis before providing support to pupils. The prime responsibility for a child's health lies with the parent/carer who is responsible for the child's medication and should supply the school with information. However, teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency.

Individual Healthcare Plans (Appendix 1)

An individual Healthcare Plan (IHCP) is agreed at the initial meeting (see above). If no healthcare professional is available at the meeting, advice will be sought. Appropriate self-care and independence are encouraged for the child, although children will always be monitored by an adult. The IHCP gives the key information and actions required to support the child effectively. The level of detail within the IHCP will vary dependent on the complexity of the condition and degree of support needed. Even the same medical condition will differ for each individual. When designing an IHCP, the following points are considered for inclusion:

- the medical condition, its triggers, signs and symptoms;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, use of rest periods or additional support in catching up with lessons, the need to provide work at home for a planned absence, counselling sessions; the child may need support from one of our Teaching Assistants or Family Support Worker or the class/set teacher may need to send home work. Charlotte Crowson, in charge of Attendance, will need to liaise with the parents to encourage minimal time loss from lessons for medical appointments. ***Children will NOT be penalised for their attendance record if their absences are related to their medical condition.***

Not all children with a medical need will require an individual healthcare plan (IHCP). For example, most children with asthma will not need an IHCP unless the condition is severe. The school, healthcare professional and parent will agree what is appropriate. If a consensus cannot be reached, the Head Teacher

or Deputy Head Teacher will take the final view. Where an IHCP is agreed, it provides clarity about what needs to be done, when and by whom, as stated above.

Where a child has Special Educational Needs (SEN) but does not hold a statement or Education and Health Care Plan (EHC) plan, their SEN are mentioned in their IHCP.

A review period for the completed IHCP of at least annually is agreed, or earlier if evidence is presented that the child's needs have changed.

A flow chart for agreeing the support a child needs and developing an IHCP is available in Appendix 2.

Expectations:

It is expected that:

- employees will consider carefully their response to requests to assist with the supporting of medical needs and that they will consider each request separately.
- where parents have asked the school to administer medication the prescription and dosage regime should be typed or printed clearly on the outside. The school will only administer medicines in which the dosage required is 3 times a day, or needs to be administered at particular times. If medication is prescribed parents are asked to support school procedure and discuss with GP if timing of medication can be arranged to avoid medication being taken during school hours. If a child is clearly unwell the parent will be asked to take and treat them at home.
- before any medicine can be administered the parent/carer must complete and sign the School Medicine Record (Appendix 3). This completed form is kept in a First Aid file in the medication cupboard in the Head Teacher's office.
- all medicines must be brought to and from the Head Teacher's office by an adult. They will be stored in a cool box, which is accessible to adults, but out of reach of children. (In exceptional circumstances, and with medical advice, additional medication may be stored securely in the classroom.)
- medicines should be clearly labelled with:
Child's name
Name of medicine
Dose and time to be given
Any other special instructions
- whenever a child leaves the premises, or during extra curricular activities after school, the teacher must assess whether it is necessary to take their medication.
- all medication must be collected by an adult when no longer needed. If it is not possible to return the medicine to the parents it will be taken to the local pharmacy.

No medicine will be disposed of into the sewerage system or into the refuse. Current waste disposal regulations make this practice illegal.

- inhalers are kept in classrooms to allow for quick access and should be taken to the hall/school grounds during P.E.
- although inhalers are sent home at the end of each term to be cleaned and replenished, it is the responsibility of the parents to inform school of any changes in dosage or administration.

Sarah Barker is the nominated **Medical Needs Co-ordinator** and is a paediatric first-aider. Sarah McKenna is the Deputy Medical Needs Co-ordinator, also a paediatric first-aider and is able to support in case of absence. Sarah Barker is responsible for:

1. Overseeing the medical procedures in school
2. Ensuring that the information on medication is accurate and up to date, that medication has not reached its expiry date and that the equipment and devices are cleaned and kept in working order.
3. Ensuring that the medication box is checked regularly and any medication which is no longer required is returned to parent/carer.
4. Developing and maintaining lists of those children and those with other allergies or chronic medical conditions are updated at the beginning of each academic year.

5. Ensuring that children with special medical needs have an Individual Healthcare Plan developed by Charlotte Crowson in partnership with parents, school staff, school nurses and medical advisors. A copy of this is displayed in the staffroom, one inside the medication cupboard in classrooms, one by the medical storage area in the main entrance and one in the class register. At the request of parents/carers, the care plan may also be displayed prominently on the exterior of the medication cupboard door.
6. Ensuring that IHCPs are reviewed annually.

EMERGENCY MEDICATION

Emergency medication is always readily available in the medical cupboard in the Head Teacher's office. A copy of the child's care plan is kept with the medication and includes clear and precise details of actions to be taken in an emergency.

Children who have diabetes have an emergency supply kit available at all times in the medical cupboard in Head Teacher's office. This kit includes a quick acting glucose in the form of glucose sweets or drinks. Some children may also have a concentrated glucose gel preparation eg Glucogel. This is used to treat low blood sugar levels (hypoglycaemia). The kit also contains a form of longer acting carbohydrate such as biscuits. Appropriate facilities are made available if blood glucose monitoring is needed. Staff agreeing to undertake this procedure receive training from a Diabetes Specialist Nurse.

Specialist training on asthma, diabetes and allergy awareness including Epipen use is undertaken annually for all staff. Other training relating to the specific medical conditions currently in school is arranged as necessary.

For any concerns or complaints relating to the support provided to pupils with special medical needs, please refer to the Bournville Infant Complaints Policy.

Asthma Policy

INTRODUCTION

- Asthma is a common condition. It affects about one in eight children.
- Various trigger factors make the airways over sensitive and the airways become narrow and sore.
- The most common symptoms are a cough, breathlessness, chest tightness and wheeze or a combination of these.

Bournville Infant School welcomes all pupils with asthma.

We do all that we can to make sure that the school environment is favourable to children with asthma.

We ensure other children understand asthma so that they can support their friends and so that children with asthma can avoid the stigma sometimes attached to this chronic condition.

We have a clear understanding of what to do in the event of an asthma attack.

ON ADMISSION TO SCHOOL

All parents/carers will be asked to complete an admission form giving full details of their child's asthma, regular medication, emergency contact numbers, family G.P. and any relevant hospital details.

MAIN TREATMENTS

There are 2 main types of treatments, both of which come in inhalers.

Relievers

These are usually blue inhaler delivery devices. They work almost immediately and are normally effective for up to four hours. However, if a child needs to use their Reliever inhaler more often, they should be allowed to do so, though parents should be told. Reliever inhalers work on the tightness or spasm in the airways that occurs during an asthma attack. They relax this tightness, 'opening up' the airways allowing the child to breathe more easily.

(If a child who does not have asthma ‘experiments’ with another child’s asthma medication this will not be harmful. Relievers act simply to dilate or open up the airways and will not have an adverse effect on a child who does not have asthma.)

Preventers

These usually come in brown/orange/cream inhaler delivery devices. These inhalers need to be used regularly morning and evening. They work by reducing the inflamed lining of the airway. This makes the airways less sensitive and less likely to react to the trigger factor thereby reducing the number and frequency of the attacks suffered. Preventers do not work during an asthma attack. They are rarely needed at school.

Every child with an asthma diagnosis must have a reliever inhaler (blue) available in school and a spacer device if this is normally used.

ASSESSING AN ASTHMA ATTACK

The three typical symptoms in an asthma an attack are difficulty in breathing, wheezy breathing and cough. Some children may also complain of a tight chest. Because asthma varies from child to child, it is impossible to give rules that suit everyone; however the following guidelines may be helpful:

Mild: may involve an increase in coughing, slight wheeze but the child has no difficulty in speaking and is not distressed.

Severe: the child is in distress and anxious, gasping or struggling for breath and is unable to complete a sentence. They may be pale and sweaty and may have blue lips.

SAFETY AND STORAGE OF ASTHMA INHALERS

- At Bournville Infant School inhalers are kept securely in classrooms under the supervision of the class teacher.
- Each inhaler is kept in a named, individual, lidded container which also contains dosage details and contact numbers.
- A child can access their inhaler at any time during the school day. Each inhaler must be labelled with the child’s name.
- Any member of staff can administer inhalers.
- It is particularly important that visiting staff know which children are asthmatic and where inhalers are kept.
- Lists containing the names of such children are displayed on the inside of the medication cupboard door.
- Whenever a child leaves the premises the teacher must take their inhaler box.
- Parents/carers will always be informed if their child has an asthma attack.
- Parents/carers need to check all reliever inhalers/spacer devoces termly confirming that the inhalers are in date and are full of medication.
- Inhalers should not be stored where there is excessive heat or cold.

SPORT AND EXERCISE

- It is the class teacher’s responsibility to take all inhalers to the hall/school grounds during P.E.
- The aim of full participation should be the goal for all but the most severely affected pupils with asthma.
- Teachers must be aware of the needs of children with asthma in their class and within school.
- A sensible and thorough warm up before playing games or undergoing physical exercise is particularly important for asthmatics.
- Some children have exercise induced asthma and will need to take their inhaler before they start the exercise.

ASTHMA ATTACK

It is important that all staff know how to manage a child experiencing an asthma attack.

In the event of an asthma attack school staff should follow the procedure outlined in the ‘Asthma Attack Flowchart’ (see appendix 2). This flowchart should be visibly displayed in staff room and first aid areas.

EMERGENCY INHALER KIT

Due to a change in legislation, schools are now able to keep an emergency inhaler kit in school.

This will be used, with your consent, either in the event of your child not having their own inhaler in school or your child’s inhaler being out of date.

Please note this will only be used **in an emergency** and you should continue to supply the school with an inhaler which is in date as usual.

All of our staff have received up to date training in Asthma Awareness and you will always be contacted if the emergency inhaler kit has been used for your child.

TRAINING

All staff should access asthma awareness training and receive regular updates so that they recognise and know how to manage a child having an asthma attack, when and how to call an ambulance and what to do whilst waiting for the ambulance to arrive.

UNACCEPTABLE PRACTICE

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in the individual healthcare plans;
- If the child becomes ill, send them to the school office for medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition effectively;
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

COMPLAINTS

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 issues, they may make a formal complaint via the school's complaints procedure.

Written by: Mrs J Wood
Revised in: Autumn 2014
To be reviewed: Autumn 2017

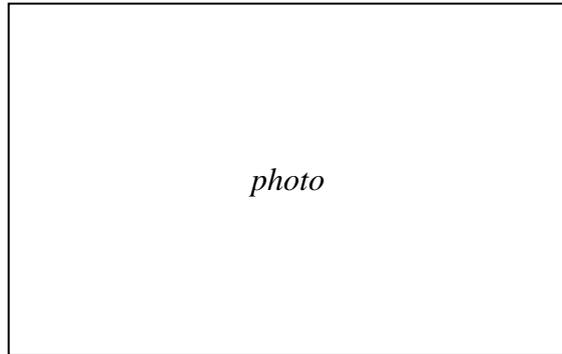
INDIVIDUAL HEALTHCARE PLAN

Name:

Date of Birth:

Class:

School:

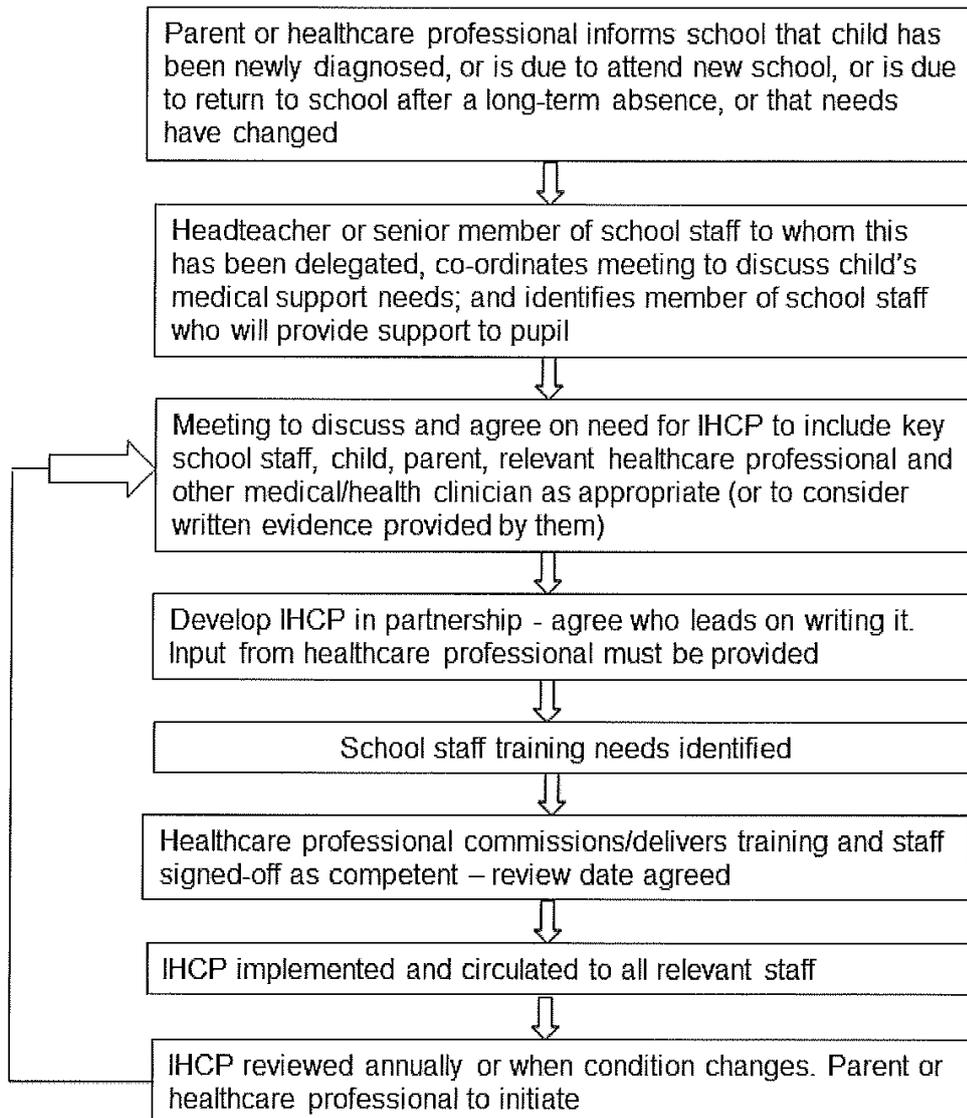


Emergency Contact Numbers:

Medical Condition:

Description of the condition and details of individual symptoms:

Annex A: Model process for developing individual healthcare plans



SCHOOL MEDICINE RECORD

Child's Name Class

Name of Medicine

How much to give (i.e. dose)

When to be given

In the case of paracetamol / calpol, time and date of last dose given by parent/carer.

.....

Any other instructions

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering the medication in accordance with school policy.
 I will inform the school immediately if there is any change in dosage or frequency of the medicine.

Parent's signature Date

Date	Time given	Dose	Name of Staff	Staff Initials

BOURNVILLE INFANT SCHOOL

Headteacher: Mrs E Pemble
Telephone: 0121 464 8777 Fax 0121 464 8780
Web site: www.bournvilleinfantschool.org.uk
Email: home2school@bnvillei.bham.sch.uk

CONSENT FORM

Use of Emergency Salbutamol Inhaler

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. I can confirm that my child has been prescribed an inhaler | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. My child has a working, in date inhaler, clearly labelled with their name which they will have in school | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the school for such emergencies | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Signed: _____

Date: _____

Name (print): _____

Child's Name: _____

Class: _____

ASTHMA ATTACK FLOW CHART

In the event of an asthma attack:-

- Stay Calm and Reassure the child
- Encourage the child to breathe slowly
- Ensure any tight clothing is loosened
- Help the child to take their Reliever (blue) inhaler



Usually 2 – 4 puffs (ideally given individually through the spacer device, if available) are enough to bring the symptoms of a mild attack under control.

HOWEVER, DO NOT BE AFRAID TO GIVE MORE IF NEEDED

RELIEVER MEDICATION IS SAFE

ALWAYS CALL FOR AN AMBULANCE

IF ANY of the following occur:

- There is no significant improvement in 5 minutes
- The child is distressed and gasping or struggling for breath
- The child has difficulty in speaking more than a few words at a time
- The child is pale, sweaty and may be blue around the lips
- The child is showing signs of fatigue or exhaustion
- The child is exhibiting a reduced level of consciousness
- You are concerned about the child's condition at any time

Whilst the ambulance is on its way, the child should continue to take puffs of their reliever (blue) inhaler as needed until their symptoms resolve.

Alternatively, if the child has a spacer device and reliever (blue) inhaler available give up to ten puffs, one puff every minute (shaking the inhaler between each puff).

If the child's condition is not improving and the ambulance has not arrived this may be repeated. Contact parents/carers, once the emergency situation is under control and the ambulance has been called.