Meeting the Medical Needs of Pupils Policy

**Aim**
The ultimate aim of this policy and scheme is to provide the safeguarding of children as defined by the schools statement on safeguarding children.

**Introduction**
Most children at some time have a medical condition, which could affect their participation in school activities. This may be a short term situation or a longer term medical condition which, if not properly managed, could limit their access to education. The Governors and staff of Corbets Tey School wish to ensure that children with medical needs receive care and support in our school. We firmly believe children should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school or other activities.

**Roles and Responsibility**
The ultimate responsibility for the management of this policy lies with the **Headteacher and Governing Body**.

Class teachers will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained.

Class teachers will work with the administration team to ensure accurate and up to date records are kept for children with medical needs.

**The Role of Staff and their ‘Duty of Care’**
Anyone caring for children, including teachers, assistants and other school staff have a common law duty of care to act like any reasonably prudent parent/carer. This duty extends to staff leading activities taking place off site, such as visits, outings or field trips and may extend to taking action in an emergency.
Teachers who have children with medical needs in their care should understand the nature of the condition, and when and where the child may need extra attention. All staff (teaching and non-teaching) should be aware of the likelihood of an emergency arising and be aware of the protocols and procedures for specific children in school through attending training provided and reading individual health plans devised for individual children. Mid-day assistants will be given information on any medical needs by class staff at handover time just before lunchtime each day.

**The role of Parent/Carers**

Parents/carers have prime responsibility for their child’s health and should provide school/centre with up to date information about their child’s medical conditions, treatment and/or any special care needed. If their child has a more complex medical condition, they should work with the school and other health professionals to develop an individual healthcare plan which will include an agreement on the role of the school/centre in managing any medical needs and potential emergencies. It is the parent/carers responsibility to make sure that their child is well enough to attend school.

**Identification**

Upon entry to school, parent/carers will be asked to complete admission forms requesting medical information. Throughout the year we request through our newsletter that parents keep us up to date with any changes in medical information. We also annually send out data sheets for parents/carers to check and amend to ensure all our records are up to date.

**Individual Health Care Plans (IHCP)**

The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. The IHCP clarifies for staff, parents/carers and the child the help the school can provide and receive. These plans will be reviewed annually as a minimum, or more frequently at the request of parents/carers or the school, or as required.

An IHCP will include:

- Details of the child’s condition
- What constitutes an emergency
- What action to take in an emergency
- What not to do in the event of an emergency
- Who to contact in an emergency
- The role the staff can play
- Special requirements e.g. dietary needs, pre-activity precautions
- Any side effects of medicines

A copy will be given to parents/carers, class teams and a copy will be retained in the medical needs file in the office and the child’s individual file. The general medical information sheet given to all staff will indicate that the child has an IHCP.

**Communicating Needs**

A medical file containing class/childcare lists together with an outline of any medical condition and actions to be taken is available to all teaching and non-teaching staff (including Lunchtime assistants).
Supervisors and Activity Leaders). A red safeguarding display board will be kept in all classes where lists of children with medical needs can be kept. This will ensure quick, easy and recognisable access to medical information as required by any staff in all classes.

Individual Health Care Plans for children are kept in the classrooms where they are accessible to all staff involved in caring for the child. An overview poster of children with IHCPs and other medical needs and a summary of their conditions can be found on the red safeguarding display boards and in care plan file in school office.

**First Aid**

The named school first aider is Karen Hoffman who should be called first in an emergency situation. Should she not be available, we have a number of school staff (for up to date list see training file, main Office list or classroom list on wall) who are trained first-aiders and in the event of illness or accident will provide appropriate first aid. In the event of a more serious accident, we will contact the parent/carer as soon as possible. If hospital treatment is required and a parent/carer is not available, 2 members of staff will take the child to hospital and stay with the child until the parent/carer arrives. If the child is required to travel in an ambulance a member of staff will accompany the child in the ambulance if their parent/carer is unavailable.

We will endeavour to inform parent/carers, by letter if their child has had an accident and received first aid attention. Details of accidents/incidents are recorded in the Accident Book together with any treatment provided.

**Physical Activity**

We recognise that most children with medical needs can participate in physical activities and extra curricular sport. Any restrictions in a child’s ability to participate in PE or specific physical activities should be recorded in their IHCP. All staff should be aware of issues of privacy and dignity for children with particular needs.

**School Visits**

When preparing risk assessments staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits.

Sometimes additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent/carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned or as part of the risk assessment and visit planning process. A copy of IHCP or Non-Emergency Medication Plan should be taken on trips and visits in the event of information being needed in an emergency or to administer any medication.

**Residential Visits**

Parent/carers of children participating in residential visits will need to complete a consent form giving details of all medical/dietary needs. Administration of medicine forms need to be completed prior to the day of departure and all medication which needs to be administered during the course of the visit should be handed directly to the group leader or nominated first aider before leaving the school/centre at the start of the visit.
**Anaphylaxis, Asthma, Diabetes, Eczema and Epilepsy**

The school recognises that these are common conditions affecting many children and young people, and welcomes all children with these conditions.

The school believes that every child has a right to participate fully in the curriculum and life of the school, including all outdoor activities and residential trips. The school ensures that all staff have a good understanding of these conditions, through relevant training and do not discriminate against any child who is affected.

**Anaphylaxis**

Anaphylaxis can be triggered by foods (nuts, shellfish, dairy products) or non foods (wasp and bee stings, certain medicines, even exercise). The symptoms of anaphylaxis can be identified by effects on the respiratory system, cardiovascular system, gastrointestinal system, skin, nervous system and genitourinary system. In the event of an attack it is important to administer an Epipen as soon as possible and then call 999 for an ambulance.

**How will staff know which children might need an epipen?**

Children’s Individual Health Care Plans are kept in classrooms on the red safeguarding display board and class staff are fully aware of the medical needs of children in their classes. A list is also stored centrally in the car plan file in the office and in individual children’s files.

**How will staff know when and how to administer an epipen?**

There will be annual training sessions for all relevant staff (ie: those involved in dealing with pupils with allergies).

**Where are epipens stored?**

Epipens are stored in each classes lockable First Aid cabinet. Each child has should have 2 epipens and any other relevent medication. A copy of their IHCP, and a list of their individual record of medication taken should be kept on the red safeguarding display board. Each item of medication is labelled with the child’s name, photograph and date of expiry of epipens.

**Asthma**

Immediate access to reliever medicines is essential. Reliever inhalers (blue) are named and kept in classrooms in secure, lockable cabinets. Parents/carers are asked to ensure that all reliever inhalers are labelled with a chemist dispensing label containing the child’s name. It is the parent/carers responsibility to ensure that the inhalers are in date and replaced regularly. Asthma medicines will only be administered to children once an administration of medicines consent form has been completed. Children are encouraged, wherever possible, to administer their own inhaler with adult supervision.

**Record keeping**

Each time a child receives their asthma medication it is recorded on an administration of inhalers record sheet kept by class staff on the red safeguarding display board in classes.
PE, games & activities, including pre-school and after school clubs

Taking part in sports, games, activities and clubs is an essential part of school life for all pupils. Staff are aware of which children have asthma from the school's medical register. Children with asthma are encouraged to participate fully in all PE lessons. Staff will remind children whose asthma is triggered by exercise, to take their reliever inhaler before the lesson and to thoroughly warm up and down before and after the lesson. Staff follow the same principles as described above for games, activities and clubs involving physical activity. Staff need to be aware of the potential triggers for children with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

The school environment

The school does all that it can to ensure the environment is favourable to pupils with asthma. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma. If however particular fumes do trigger their asthma, children will be removed from the classroom by an adult and taken to sit in the school medical room, where they can be supervised until fully recovered.

In the event of an Asthma attack

- If at all possible take the child to the office/medical room
- Stay calm and reassure the child
- Encourage the child to breath slowly
- Ensure that any tight clothing is loosened
- Help the child to take their spacer device/reliever (blue) inhaler
- Usually 2-4 puffs are enough to bring the symptoms of a mild attack under control. This medication is very safe; do not be afraid to give more if it is needed
- Inform and seek assistance from First Aider on site

ALWAYS CALL FOR AN AMBULANCE IF ANY OF THE FOLLOWING OCCUR

- There is no significant improvement in 5 – 10 minutes
- The child is distressed and gasping or struggling to breath
- The child has difficulty in speaking more than a few words at a time
- The child in 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

WHilst the AMBULANCE IS ON ITS WAY

- The child should continue to take puffs of their Reliever (blue) inhaler until the symptoms improve
- 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, repeat the process in the previous bullet point
- Contact the parents/carers, once the emergency situation is under control and the ambulance has been called
**Diabetes**

We recognise that Diabetes should not be taken lightly and is a very serious condition which could result in a Hypoglycaemia attack (Hypo) where blood sugar levels become too low, or a Hyperglycaemia attack (Hyper) where blood sugar levels become too high. Prompt medical attention will then be required to rectify the chemical and sugar imbalance in the blood. Children who are diabetic need supervision and careful monitoring so that staff are aware of any changes in the child and are able to take immediate action if they should need to. All children with Diabetes in school have their own IHCP and their details are recorded in the Medical File. Each child with diabetes has an emergency box labelled with their name and photograph and containing any relevant equipment required to control a hypo or hyper attack.

**Eczema**

We are aware that active (acute) eczema causes constant itching and can mean sleepless nights and daytime drowsiness. We recognise that children who suffer with eczema may need the support of school staff to help them deal with this condition and that they may need help to apply emollients.

**Epilepsy**

In the event of a seizure follow procedures outlined in the child’s IHCP:

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

**Head Lice**

Any case of head lice should be reported to the school. Parent/carers will be advised on an appropriate course of action as advised by the local health authority.

**Infectious Diseases**

Information concerning the control of infectious diseases can be found on The Health Protection Agency [www.hpa.org.uk](http://www.hpa.org.uk) provide information on the control of infectious diseases. A hard copy of the Control of Infections in Schools document can downloaded from this website at [http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374) (appendix 1).

**Staff training**

The school is responsible for ensuring that staff have appropriate training to support children with medical needs. Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school. Arrangements are made with appropriate agencies to update staff training on a regular basis. Teaching and support staff are directed to attend epipen training annually.
**Confidentiality**
Staff must always treat medical information confidentially. Agreement should be reached between parent/carers and the school about whom else should have access to records and other information about a child and this will be detailed in their Individual Healthcare Plan. If information is withheld from staff, they will not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

**Other agencies**
The school nurse, paediatrician or other specialist bodies may be able to provide additional background information for school staff. Any requests or referral to these services will only be made with parental consent.

**Monitoring and evaluation**
Staff and Governors, on a three yearly basis, will review this policy unless circumstances demand an earlier review.
Guidance on infection control in schools and other childcare settings

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment.

Please contact your local health protection unit (HPU) on or visit www.hpa.org.uk if you would like any further advice or information, including the latest guidance.

**COUGH INFECTION PRÁCTICE**

Wash your hands before and after each cough. Children and adults should be encouraged to cover their mouth and nose with a tissue when coughing or sneezing. Otherwise, cough into your elbow, avoid touching your face, and after touching tissues, wash your hands with soap and water.

**Coughing and sneezing**

Children and adults should be encouraged to cover their mouth and nose with a tissue when coughing or sneezing. Otherwise, cough into your elbow, avoid touching your face, and after touching tissues, wash your hands with soap and water.

**PPE (personal protective equipment)**

Surgical masks are not a substitute for hand hygiene. PPE should be worn by individuals if there is a risk of exposure. PPE includes: face masks, gloves, eye protection, and face shields. PPE should be worn when handling infected tissues, including coughing and sneezing.

**Cleaning of the environment**

The minutes of building and equipment should be frequent, thorough, and follow relevant guidelines. Use appropriate disinfectants to clean and disinfect. Some types of equipment require special cleaning and disinfection. Equipment that comes into direct contact with patients should be cleaned and disinfected after use.

**Cleaning of blood and bodily fluids**

All spills of blood, bodily fluids, and particles should be cleaned up immediately. Use disposable spill kits. Spills should be cleaned up immediately. Use disposable spill kits. Spills should be cleaned up as soon as possible. Use appropriate disinfectants to clean and disinfect. Some types of equipment require special cleaning and disinfection. Equipment that comes into direct contact with patients should be cleaned and disinfected after use.

**Lavatory**

Lavatories should be cleaned at least once a day. Use disposable wipes and disinfectants as directed.

**Medical waste**

All medical waste should be handled according to the World Health Organization’s medical waste guidelines. Medical waste should be disposed of according to the World Health Organization’s medical waste guidelines. Medical waste should be disposed of according to the World Health Organization’s medical waste guidelines.

**ANIMALS**

Animals and their owners should not be allowed to bring animals into the premises. Animals should be kept out of the premises. Animals should be kept out of the premises.

**VAPABLE CHILDREN**

Some children who have a history of bedtime with a habit that needs to be treated in order to prevent the spread of infections should be treated by a doctor or other health professional. Some children who have a history of bedtime with a habit that needs to be treated in order to prevent the spread of infections should be treated by a doctor or other health professional. Some children who have a history of bedtime with a habit that needs to be treated in order to prevent the spread of infections should be treated by a doctor or other health professional.

**FEMALES’**

Pregnant women should be advised to avoid contact with other pregnant women and to avoid close contact with other pregnant women. Pregnant women should be advised to avoid contact with other pregnant women and to avoid close contact with other pregnant women.

**IMMUNISATION**

Immunisation should be offered to all children. Immunisation should be offered to all children. Immunisation should be offered to all children.

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**Rashes and skin infections**

**Recommended period to be kept away from school or nursery or childcare centre**

10 days

**Comments**

Wash hands after handling infected tissues.

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**Hand, foot, and mouth**

**Recommended period to be kept away from school or nursery or childcare centre**

10 days

**Comments**

Wash hands after handling infected tissues.

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**Hepatitis A**

**Recommended period to be kept away from school or nursery or childcare centre**

5 days

**Comments**

Wash hands after handling infected tissues.

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**Diarrhoea**

**Recommended period to be kept away from school or nursery or childcare centre**

5 days

**Comments**

Wash hands after handling infected tissues.

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**Conjunctivitis**

**Recommended period to be kept away from school or nursery or childcare centre**

5 days

**Comments**

Wash hands after handling infected tissues.

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**Other infections**

**Recommended period to be kept away from school or nursery or childcare centre**

5 days

**Comments**

Wash hands after handling infected tissues.

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