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# Bluebell Primary School

## Supporting Medical Conditions



Aim High and Respond  
to Challenge

Celebrate and Develop  
Independence



Love learning and  
Understand Life

Take Care, of Self and  
Others

“To give every child the skills and self-belief to succeed”

# Bluebell Primary School

## Supporting Pupils With Medical Conditions Policy

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## **1. Introduction**

The Governing Body of Bluebell Primary School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

This policy sets out what governing bodies must do to meet their legal responsibilities and the arrangements they will be expected to make, based on good practice, as described in 'Supporting Pupils at School with Medical Conditions: Statutory Guidance for Governing Bodies' (DfE April 2014)

The key points are:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure the needs of children with medical conditions are effectively supported.

## **2. The role of the governing body.**

The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that the children can access and enjoy the same opportunities at school as any other child.

Schools, the Local Authority, health professionals and other support services should work together to ensure that children with medical conditions receive a full education. In some cases this may require flexibility and involve, for example, programmes of study that rely on part time attendance in school in combination with alternative provision arranged by the local authority. Consideration may also be given into how children will be reintegrated back into school after periods of absence.

Governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The governing body should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure staff are properly trained to provide the support that pupils need.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

In line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore 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.

Governing bodies must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This is in line with their wider safeguarding duties.

### **3. Roles and responsibilities.**

#### **Governing Body**

- To ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life.
- To ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions
- To ensure that any members of school staff who provide support to pupils with medical conditions can access information and other teaching support materials as needed.

#### **Headteacher**

- To ensure that this policy is effectively implemented with stakeholders.
- To ensure that all staff are aware of this policy and understand their role in its implementation.
- To ensure that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- Has overall responsibility for the development of individual healthcare plans. They should make sure school staff are appropriately insured and are aware that they are insured to support pupils in this way.

#### **School Staff**

- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.
- Take into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

#### **Supply teachers**

- Are provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

#### **The role of the school nursing team**

- At the earliest opportunity, notifies the school when a pupil has been identified as having a medical condition which requires support in school
- Supports staff to implement Health Care Plans and provides advice and training.
- Liaises with lead clinicians locally on appropriate support for pupils with medical conditions.

#### **Other healthcare professionals, eg. GP's and paediatricians**

- To notify the school nursing team when a child has been identified as having a medical condition that will require support at school.
- They may provide advice on developing healthcare plans.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma and diabetes)

**Parents/carers:**

- Notify the school if their child has a medical condition.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development and review of their child's Health Care Plan.
- Carry out any agreed actions contained in the health Care Plan.
- Ensure that they, or another nominated adult, are contactable at all times.

**Pupils:**

- Are fully involved in discussions about their medical support needs.
- Contribute to the development of their Health Care Plan.
- Are sensitive to the needs of pupils with medical conditions.

**The Local Authority:**

- Commissions school nurses for local schools.
- Promotes co-operation between relevant partners.
- Makes joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Provides support, advice and guidance, and suitable training for school staff, ensuring that Health Care Plan's can be effectively delivered.
- Works with the school to ensure that pupils with medical conditions can attend school full-time.
- Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

**Clinical commissioning groups (CCGs)**

- Ensure that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Make joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Are responsive to LAs and schools looking to improve links between health services and schools.
- Provide clinical support for pupils who have long-term conditions and disabilities.
- Ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

**4. Implementing the school's policies for supporting pupils with medical conditions.**

Governing bodies should ensure that this and related policies are reviewed regularly and is readily accessible to parents and school staff. The Headteacher, and in her absence, the Deputy Headteacher of Bluebell Primary School are responsible for ensuring that these policies are implemented effectively.

**5. Notification procedure**

- When the school is notified that a pupil has a medical condition that requires support in school, the school nursing team informs the headteacher. Following this, the school begins to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of a Health Care Plan.
- The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning

what support is required, a judgement is made by the headteacher based on all available evidence (including medical evidence and consultation with parents/carers).

- For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution.
- Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place within two weeks.

## **6. Health Care Plans**

- The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether a Health Care Plan is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher makes the final decision.
- The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review Health Care Plans. Where appropriate, the pupil is also involved in the process.
- Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the Health Care Plan.
- Health Care Plans are easily accessible to those who need to refer to them, but confidentiality is preserved.
- Health Care Plans are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.
- Where a pupil has an EHC plan, the Health Care Plan is linked to it or becomes part of it.
- Where a child has SEND but does not have a statement or EHC plan, their SEND should be mentioned in their Health Care Plan.
- Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their Health Care Plan identifies the support the child needs to reintegrate.

### **Health Care Plans include the following information:**

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The support needed for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.
- Arrangements for obtaining written permission from parents/carers and the headteacher for medicine to be administered by school staff or self-administered by the pupil.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.

## **7. Staff training and support**

- Any staff member providing support to a pupil with medical conditions receives suitable training.
- Staff do not undertake healthcare procedures or administer medication without appropriate training.
- Training needs are assessed by the school nursing team through the development and review of Health Care Plans, on a termly basis for all school staff, and when a new staff member arrives.
- Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in Health Care Plans. Staff

understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

- The school nursing team confirms the proficiency of staff in performing medical procedures or providing medication.
- A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.
- Whole-school awareness training is carried out on a termly basis for all staff, and included in the induction of new staff members.
- The school nursing team identifies suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.
- Training is commissioned by the finance officer and provided by the following bodies:
  - Commercial training provider
  - The school nurse
  - Name of GP consultant
  - Parents/carers of pupils with medical conditions
  - Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.
- The governing board will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

## **8. The child's role in managing their own medical needs**

- Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their Health Care Plan.
- Where possible, pupils are allowed to carry their own medicines and relevant devices.
- Where it is not possible for pupils to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily.
- Pupils who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a pupil to self-manage, then relevant staff should help administer medicines and manage procedures for them.
- If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's Health Care Plan is followed. Following such an event, parents/carers are informed so that alternative options can be considered.
- If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action.

## **9. Managing medicines on school premises**

### **9.1 Administration of Medicines**

- The administration of medicines to pupils is the responsibility of parents, and there is no requirement for the Headteacher or school staff to undertake these responsibilities. However, this School Policy Statement has been prepared to clarify for parents, staff and others concerned with the welfare of pupils, the school's policy should a request for the administration of medicine be received from the parents.
- There are two main sets of circumstances in which requests may be made to school staff to deal with the administration of prescribed medicines to children at school. Any medication requiring a Medical or Dental Practitioner's Prescription. Eg cases of chronic illness or long term complaints, such as asthma, diabetes or epilepsy. This may include cases where pupils recovering from a short-term illness and are well enough to return to school, but are receiving a course of prescribed medication such as antibiotics.
- In accordance with this policy, medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.
- Pupils under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent – except where the medicine has been prescribed to the pupil without the parent/carer's knowledge. In such cases, the school

encourages the pupil to involve their parents/carers, while respecting their right to confidentially.

- Non-prescription medicines may be administered in the following situations:
  - When it would be detrimental to the pupil's health not to do so
  - When instructed by a medical professional
- No pupil under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.
- Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.
- Parents/carers are informed any time medication is administered that is not agreed in an IHP.
- The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.
- All medicines are stored safely. Pupils know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, pupils are informed of who holds the key to the relevant storage facility.
- When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- Controlled drugs such as methylphenidate (brand name Ritalin) are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered.
- The school holds asthma inhalers for emergency use. The inhalers are stored in the children's classrooms and their use is recorded. Inhalers are always used in line with the school's Asthma Policy.
- Staff may administer a controlled drug to a pupil for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.
- Records are kept of all medicines administered to individual pupils – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.

## **9.2 The Headteacher's Responsibility**

- The Headteacher and the school staff cannot be required to administer, but as persons in loco parentis they must take appropriate action when a child in their care is ill, to secure either the attendance of a parent or of medical assistance.
- When a parent requests that medicine be administered to their child at school the Headteacher will deal with the case sympathetically and on its merits. The Headteacher will consider all the circumstances of the case and have regard to the best interests of the pupil and the implications for the staff.
- The Headteacher will ensure all staff are aware of the school's policy and practice with respect to the administration of medicines. In the case of pupils with known medical problems, staff who come into contact with that child will be made aware of the precautions that need to be taken and the procedure for coping with an emergency. The Headteacher and staff will do what a 'reasonable parent' would do in the circumstances prevailing at the time.
- Where medicines are to be administered at the school, the Headteacher will ensure that a relevant people are responsible for medicines.
- Parents need to complete our request for the administration of medicine form that can be obtained from our school office which needs to be agreed by the Headteacher.
- Where any doubt exists about whether or not to agree the administration of a particular course of medication in school, the Headteacher will seek advice from the School Nursing Team or the child's own doctor.

### **9.3 The Parents' Responsibility**

- It is preferable that parent's administer or supervise the self-administration of medicine to their children but parents may make a request for medicine to be administered to their child in school.
- Where a request is made, it should be in writing and to the effect that the child's doctor considers it is necessary for the child to take medicine during school hours. Parents then need to complete the relevant form available from the school office.
- If parents refuse to sign the indemnity, the Headteacher will make it clear to the parents, in writing, that the school is acting in *loco parentis* and that the staff are therefore entitled and obliged, in an emergency to take whatever action they think best in light of the facts known to them.
- The medicine – in the smallest practical amount – should be delivered to school, wherever possible by a parent, and should be handed personally to the school office.
- Parents need to ensure the container, the chemist's original container, is clearly labelled with the contents, the child's name and the dosage and/or other instructions. The receiving member of staff will check the intelligibility of the instructions. Any concerns about the supply, transportation or storage of a suitable container may be discussed with the School Nursing Team or the child's own Doctor.
- Parents should also ensure the child is familiar with the dosage and, subject to age and capacity, is able to self-administer the medicine under adult supervision.
- In cases where pupils require medication over long periods of time, any change in dosage or other arrangements must be notified by the parents, in writing to the Headteacher.

### **9.4 Guidelines**

- Information regarding long term illness/conditions, such as epilepsy or asthma, will be made available to all staff, together with appropriate instructions.
- Medicines will be kept in a secure place in the Medical Room. Under no circumstances will medicines be kept in First Aid Boxes.
- A written record of the dates and times of administration of medicine will be made and kept by the responsible staff.
- The Headteacher will ensure the staff administering medicine in school have appropriate information and training to undertake the duties, and will continue to exercise the ultimate responsibility for the administration of medicines within the school.
- Where pupils might need to use an inhaler in school, this follow the guidelines of the school asthma policy.
- Staff are aware of the need for asthmatics to carry their medication with them, or teachers to take appropriate action when, for example, participating in outdoor education or in the event of an evacuation or fire drill.
- Where a pupil's case makes it necessary, emergency supplies of drugs will be stored in the school, such as an auto adrenaline injector, but only on a single dose named patient basis. In those cases, specific training on how and when to administer will be sought from the Health Authority.
- Medicines no longer required will not be allowed to accumulate at the school. They will be returned to the parent in person for disposal.
- The review and monitoring of individual long term cases, and the necessary liaison with GP's will be undertaken by the School Nursing Team and the relevant member of school staff.

### **9.5 Circumstances Requiring Special Caution**

- Some children require treatment which school staff may feel reluctant to provide, eg the administration of rectal valium, assistance with catheters, or the use of equipment for children with tracheostomies.
- There is no requirement for the Headteacher or staff to undertake these responsibilities. However, the number of such cases will be small and with early identification and careful planning by the relevant Health Authority will result in detailed discussion with the school and the formulation of a carefully designed individual programme to meet the needs and circumstances of a particular case.

- Only staff who are both willing and appropriately trained will administer such treatment. Such administration will be in accordance with instructions issued by a doctor. Training in invasive procedures will be conducted by qualified medical personnel. The school nursing team will be asked to provide advice on nursing matters.
- For the protection of both staff and children, a second member of staff will be present while the more intimate procedures are being followed, and appropriate personal protection (eg disposable gloves) will be worn.
- Injections may only be administered by a qualified nurse or doctor, or by a person who has been trained to undertake the task. Under no circumstances should an untrained person attempt to administer an injection.
- Pupils who may experience an extreme reaction to, for example, food stuffs or wasp stings will require an individual healthcare plan. This will include immediate contact with the Emergency Service and/or the local medical practice and the administration of drugs as previously agreed. When guidance is required on dealing with potential cases of anaphylactic shock the school will approach the School Nursing Team or the Consultant Community Paediatrician.

### **9.6 Administration of Analgesics to Pupils**

- In circumstances when pupils suffer headaches, menstrual pains or toothache, the Headteacher or another member of staff may be asked to provide a mild analgesic, eg paracetamol, to relieve pain.
- Analgesics will only be given to pupils when parents have given prior written permission. Circumstances under which it might be appropriate for the Headteacher to seek such permission from parents would include residential visits organised by the school.
- In these cases, specific members of staff will be authorised to issue medication and they will keep a record of issues including name of pupil, time, dose given and the reason.
- Preparations of paracetamol designed specifically for children for those under 12, will be kept in a secure place and not in the First Aid Boxes.
- On no account will aspirin, or preparations containing aspirin, be given to pupils.
- The same applies to the administration of analgesics as it does with any other medicine in school. It needs to be in a named container with the child's name and dose required on the container and parents need to sign the appropriate form.

### **9.7 Parental consent for treatment**

- Normally a parent of a pupil under the age of 16 will need to give consent for surgical, medical or dental treatment. However the problem may be urgent or the parent cannot be contacted, for example when the pupil is on a school trip.
- If a child is being taken on a school trip where medical treatment may be needed, and the parent is not prepared to give written instruction and an indemnity on the subject of medical treatment, the school may decide that the pupil cannot go on the journey.
- Parents who belong to religious bodies which reject medical treatment should make their views and wishes known to the school so that the implications of their beliefs can be discussed and, if possible, accommodated.
- The channels of healing desired by the parent may not be available and it is a proper and responsible decision for the Headteacher, acting in loco parentis, to have recourse to ordinary medical treatment if the circumstances make it absolutely necessary. However, the Headteacher will not seek to override parental wishes and if agreements cannot be reached on this issue, the pupil will not be taken on the trip.

## **10. Emergency Procedures**

- Where a child has a Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring all the relevant staff are aware of emergency symptoms and procedures.
- Other pupils in school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

## 11. Day trips, residential visits and sporting activities

- Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.
- Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals.
- The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.
- Any restrictions on a child's ability to participate in PE due to a medical condition should be recorded in their individual health care plan.

## 12. Asthma

The school;

- Recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma
- Ensures that children with asthma participate fully in all aspects of school life including PE
- Recognises that immediate access to reliever inhalers is vital
- Keeps records of children with asthma and the medication they take
- Ensures the school environment is favourable to children with asthma
- Ensures that other children understand asthma
- Ensures that all staff who come into contact with children with asthma know what to do in the event of an asthma attack
- Will work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses and children to ensure the policy is implemented and maintained successfully.

### Asthma Policy Statement

Bluebell Primary School recognises that asthma is an important condition affecting many school children and we positively welcome children with asthma.

Bluebell Primary School encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers, the LA, and pupils. Visitors to the school and new staff are also made aware of the policy. All staff who come in to contact with children with asthma will be offered training on asthma organised by the Headteacher. Our Asthma Link Person is our Secretary Mrs Susan Edwards. Her role is to ensure the asthma records are kept up to date and staff are given the relevant lists detailing which children have asthma in their classes.

### Medication

- Immediate access to reliever inhalers is vital.
- Inhalers are kept in the relevant boxes within the classrooms and pupils carry them to different activities where necessary.
- All inhalers must be labelled clearly with the pupil's name by the parent.
- School staff are not required to administer medication to children except in an emergency, some staff may be prepared to do so. School staff who agreed to do this are insured by the Local Authority when acting in accordance with this policy.
- **All school staff will let children take their own medication when they need to.** This is recorded and monitored, if they appear to be using their inhaler excessively (Eg more than usual) parents will be contacted.

### Record Keeping

- On admission to school, and at the beginning of each school year, parents are asked if their child has asthma.
- All parents of a child with asthma are given a School Asthma Record Sheet by the Link Person. This needs to be given to the child's GP or asthma nurse to complete and return to school.

- An asthma record is kept and staff are given a list of children with asthma in their class
- Forms are given to parents on an annual basis
- to be updated by parents
- If medication changes in between times, parents must contact school and keep them informed.

### **PE and Offsite activities,**

- PE, Sports and Offsite visits are an essential part of school life.
- Pupils with asthma are encouraged to participate fully and Teachers in charge of these visits are aware of which children have asthma on the asthma register.
- Those pupils who need to take a reliever inhaler before exercise will be asked to take theirs.
- Children will carry their inhalers personally, or the adult with that group will carry the inhalers when on visits.
- If a pupil needs to use their inhaler, they will be encouraged and supported to do so.

### **The School Environment**

- Bluebell Primary School does all it can to ensure the environment is favourable to pupils with asthma.
- The school does not keep furry or feathery pets and there is a no smoking policy – that includes vaping.
- As far as possible, the school does not use chemicals in science and art lessons that may be a potential trigger for a pupil with asthma.

### **When a child is falling behind in lessons.**

- If a pupil is missing a lot of time from school due to their asthma, or is tired in class due to disturbed sleep, the class teacher will initially speak with the parents.
- If appropriate, the teacher will get additional support through the school nurse, or the Special Educational Needs Coordinator about the situation.
- The school recognises that it is possible for children with asthma to have special educational needs because of asthma.

### **Asthma Attacks**

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack. This is the procedure:

- Ensure that the reliever inhaler is taken immediately.
- Stay calm and reassure the child.
- Help the pupil to breathe by ensuring tight clothing is loosened.

After the attack

Minor attacks should not interrupt a pupil's involvement in school.

- When the pupil feels better they can return to their school activities.
- Parents must always be informed of an attack.

### **Severe Asthma Attack**

If there is no recovery of mild/moderate symptoms within 5-10 minutes of onset or,

- The pupil is distressed or exhausted
- The pupil cannot speak in a sentence
- The pupil has a blue tinge around the lips

Stay calm and reassure the pupil they will feel better.

Allow the child to adopt a position that is comfortable, usually sitting upright.

Child has own inhaler and spacer.

- Encourage child to use inhaler – with the spacer if compatible, dry powder devices and some other inhalers won't fit)
- Adult to phone for ambulance (Don't use staff vehicle or minibus as pupil could become poorly quickly, ambulances have appropriate equipment on board)

- Phone parents

Repeat inhaler – 1 puff/minute, 5 breaths/puff, if spacer is used, up to 20 puffs. 1 inhalation spaced at minute intervals is appropriate for other devices.

Spacers get more of the medication in to the lungs and are easier to use than just inhalers in severe attacks.

Resuscitate if child collapses.

Accompany to hospital if parent is not present.

## **Roles**

### **Asthma Link Person**

Compile and maintain asthma records

- Identify children with asthma from admission records
- Provide class teachers with names of children in their class with asthma
- Organise annual letters to parents
- Check and file completed forms
- Report concerns to senior leaders/school nursing staff
- Organise and locate emergency posters
- Promote positive messages about asthma in school
- In liaison with senior leaders, ensure staff, including those joining the school, receive appropriate training

### **All other staff**

- Allow access to inhalers
- Record in the appropriate place when an inhaler has been taken
- Report concerns
- Enable pupils with asthma to be fully involved in all aspects of school life
- Undertake training made available by the school

### **Emergency asthma inhalers**

From October 1<sup>st</sup> 2014 legislation on prescription medicines changed to allow schools to keep salbutamol inhalers for use in emergencies.

Emergency salbutamol inhalers are kept in the school office – these can be signed out by school staff for sporting activities, trips and swimming. The emergency inhaler can only be administered to those children for who we have parental consent, a list of these is kept with the inhalers in the school office.

## **13. Unacceptable practice and guidance on other common pupil health needs**

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

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil and/or their parents/carers.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.

- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

#### **14. Intimate care**

Bluebell Primary School understands the importance of its responsibility to safeguard and promote the welfare of children.

Pupils may require assistance with intimate care as a result of their age or due to having special educational needs and disabilities (SEND). In all instances, effective safeguarding procedures are of paramount importance.

Bluebell Primary School has developed this statement in order to ensure that all staff responsible for providing intimate care undertake their duties in a professional manner at all times, and treat children with sensitivity and respect.

#### **Principles**

- A child should be encouraged to express choice and to have a positive image of his/her body
- Children have a right to feel safe and secure
- Children should be respected and valued as individuals
- Children have a right to privacy, dignity and a professional approach from staff when meeting their needs.
- Children have a right to information and support to enable them to make appropriate choices
- Children have a right to complain and have their complaint dealt with
- Intimate care can involve risks for both the child and any adults in attendance  
These guidelines seek to minimise such risks.

#### **Good Practice Safeguarding/Child Protection**

It is essential that all staff are familiar with the school's Safeguarding/Child Protection Policy and procedures. If staff are concerned about a child's actions or comments whilst carrying out intimate care, this should be recorded and discussed following the safeguarding procedures. Unless there is an agreed plan in place Bluebell Primary School will request the parents/carers to deal with the situation in attempt to minimise the potential for allegations against staff.

#### **Numbers**

The number of adults in attendance should, ideally, be two. This provides Mutual support in case Child Protection allegations are made. However, it is recognised that staff numbers and availability may preclude this. In such circumstances the nature and knowledge of the child must be used to help assess the risk. The dignity of the child must also be considered; two adults may be inappropriate. If only one adult is to be in attendance then, whilst maintaining discretion, ensure another adults knows why the child has been withdrawn.

#### **Adults in attendance**

Wherever possible allow the child to express a preference. At least one person should be on school staff. It is not appropriate for a helper or volunteer to provide intimate care alone for a child. Wherever possible, staff should work with children of the same sex in providing personal care. Male adults should not normally be involved in providing intimate care for girls.. Religious and cultural values must always be taken into account.

#### **Location**

Whilst privacy is necessary, the area should be accessible to another adult should they be needed and hence the medical room is recommended. Staff should spend as minimum time possible with the child in any intimate care situation. However, the child may need support and/or reassurance after the incident and this should be provided in the nurture room, where such support is normally given.

## **Caring**

The child should be spoken to by name and given explanations of what is happening. Privacy appropriate to the child's age and the situation should be ensured. The child should be encouraged to care for themselves as far as possible. Staff should be aware and responsive to the child's reactions. Items of spare clothing are kept in classrooms throughout the school.

## **Hygiene**

When washing, always use disposable items and encourage the child to wash themselves, particularly private parts of their body. Gloves and aprons are available in the medical room. Used items must be disposed of appropriately. Supplies of cleaning materials should be provided for cleaning and disinfecting any soiled surfaces.

## **Recording**

All incidents involving intimate care must be recorded immediately with the Headteacher or Deputy Headteacher. The minimum information to log is the date, time, name of child, name of adults in attendance, the nature of the incident, the action taken and any concerns or issues. If the parent/carer was unable to attend the incident, they must be informed as soon as possible.

## **Regular Occurrences**

When it becomes evident that a child has an ongoing problem that requires regular intimate care intervention, the school will seek to make arrangements with the parent or carer for a long term resolution of the problem. This is likely to include a care plan that involves a parent or carer directly as well as external referral to a health professional. Our policy is non-discriminatory so parents of disabled pupils are asked to do no more than their peers who do not have disabled children. So where intimate care is a direct result of a child's disability it is the responsibility of the school to cater for that need in the same manner as it would otherwise and parents are involved to the same extent.

## **Confidentiality**

The dignity of the child must be respected so as much as possible must be kept confidential between the child, school and parent or carer.

## **Support for staff**

All staff may be involved in such intimate care. It is therefore important that all staff are aware of the school's policy on intimate care issues and, where necessary, are trained and supported appropriately. Staff must also have the opportunity to raise their own concerns and issues.

## **15. Allergies**

- Allergy is a hypersensitivity to a foreign substance that is normally harmless, but which produces an immune response reaction in some people. This can be a minor response such as localised itching or a severe response known as anaphylaxis or anaphylactic shock. Anaphylaxis is potentially life threatening, often explosive in onset with symptoms ranging from mild flushing to upper respiratory obstruction and collapse. It occurs when the allergen enters the bloodstream, causing the release of chemicals throughout the body to protect it from the foreign substance. Common triggers of an anaphylactic reaction are nuts and other foods, including shellfish, sesame seeds and kiwi, insect stings or bites, drugs, latex, detergent/perfumes, blood products and sometimes exercise. Anaphylaxis causes approximately 20 deaths per year in the UK.
- Bluebell Primary School takes a serious approach to the risk of anaphylaxis. This policy statement outlines the responsibilities expected of those within the school community.

## **Preparedness**

### **Parent responsibilities.**

- Inform the office staff, via admission/medical forms of any history of allergy, highlighting previous severe allergic reactions, and any history of anaphylaxis.

- To meet with relevant staff to discuss their child's Health Care Plan and sign it to say that they are happy with the care it stipulates.
- To ensure any required medication (Epipens or other adrenaline injectors, inhalers and any specific antihistamine) is supplied, in date and replaced as necessary.
- Where food allergy is a major concern, a senior leader will arrange to meet with the catering staff to make a plan to reduce potential exposure.
- If an episode of anaphylaxis occurs outside school, the Senior Leaders must be informed. Parents are requested to keep the school up to date with any changes in allergy managements with regards to clinic summaries or re-testing and new food challenges.

### **Pupil Responsibilities**

- Pupils of any age must be familiar with what their allergies are and the symptoms they may have that would indicate a reaction is happening.
- Pupils who are trained to administer their own auto-injector should be encouraged to carry it on their person.

### **School responsibilities**

- Once aware of an allergy, the school should ensure that the Health Care Plan is fully up to date. This may mean a school nurse referral form has to be completed to ensure correct support and advice is gained. Parents or carers should sign the Health Care Plan and ensure that there are sufficient emergency supplies in school at all times.
- A meeting should take place between parents and school preferably before entry to school, so they can discuss the plan and the individual pupil needs in school.
- Spare adrenaline pens should be kept in appointed places, clearly marked with the pupil's name and also any other medication that might be used, such as a spare inhaler and antihistamine. A copy of their Health Care Plan can be found in the medical room and the staff room.
- Office staff will maintain an up to date allergy list for all staff to access. In addition, the allergy list and photographs of individual pupils are on display in the staff room and medical room.

### **Individual staff responsibilities**

Staff must be aware at all times of the pupils in their care who have known allergies and must supervise any food related activities with caution. All leaders of school trips must ensure they carry all relevant emergency supplies. This includes educational visits and sports fixtures.

### **Wider school community responsibilities**

Please note, our school is not a nut free environment as we believe it can lead to a false sense of security and we prefer that pupils and staff remain vigilant at all times. Our aim is to keep the school as a controlled allergy zone.

- The catering staff are aware of all individual pupil allergies.
- Pupil awareness of allergies is raised at assemblies and within individual classrooms.
- Adrenaline pen instructions are kept with the pens and in the medical room.
- Litter control is kept to a high standard in order to reduce risk of any accidental cross contamination.

### **Action to be taken in an emergency**

#### **Symptoms of mild allergic reactions**

- Rash
- Vomiting
- Abdominal cramps
- Localised tingling sensation
- Localised inflammation

## Treatment

The priority should be the removal of the allergen. Remove stings or environmental causes. Wash with water where appropriate. For ingested allergens, rinse mouth thoroughly with water and spit it out. Never induce vomiting. Call for a first aider if pupil is on the school site. Use of antihistamines via syrup or tablet is effective for mild reactions and is recommended as the first step in any reaction if the parents/carers have given permission for this.

## Management of an anaphylactic episode.

### Symptoms of severe allergic reaction

- Swelling of the throat and mouth
- Difficulty in swallowing or speaking
- Difficulty in breathing due to severe asthma or throat swelling
- Hives anywhere on the body
- Generalised flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness, faintness caused by sudden drop in blood pressure
- Collapse and unconsciousness

If symptoms occur **in an undiagnosed individual** call the emergency services and, while waiting for their arrival, remove the allergen where possible and stay with the casualty to reassure them.

- If the casualty is conscious and breathing – place in a sitting position, leaning forward
- If the casualty is unconscious and breathing – place in the recovery position
- If the casualty stops breathing resuscitation should be carried out while awaiting the emergency services. CPR should be given.

When symptoms of anaphylaxis are seen in a **known sufferer**:

- Remove the allergen where possible, ie a sting or any remains of food in the mouth (and rinse the mouth)
- Stay with and reassure the casualty
- Follow the instructions on the Health Care Plan. It is most likely that it will advise you to give an anti-histamine such as Piriton or Cetirizine first, then, if symptoms don't improve or if the casualty displays breathing difficulties, to administer the Auto adrenaline Injector containing adrenaline. Follow the dosage instruction on the label for the oral antihistamine.
- For those pupils who have been prescribed an inhaler as part of their allergy regime administer 2 puffs of the salbutamol (ventalin) inhaler kept in the emergency anaphylaxis kit. Administration through a volumatic or aero-chamber device is best, but if no spacer is used the pupil should hold their breath for as long as possible (ideally 5-10 seconds) after inhalation. If the respiratory symptoms are severe and the casualty cannot use good techniques to take the inhaler, **a spacer device must be used**. Salbutamol can be repeated up to 10 puffs, giving 2 puffs every 2 minutes. This can be continued after the Auto Adrenaline Injector has been given if necessary (up to a maximum of 10 puffs in total). See below for how to use a spacer device.
- **If at any time the casualty exhibits difficulty in breathing or respiratory symptoms that worsen after giving the oral antihistamine, difficulty in swallowing or speaking, or if there are signs of becoming weak or collapse, administer the Auto Adrenaline Injector immediately.**
- You help the casualty administer the Auto Adrenaline Injector. Remember to administer it sooner rather than waiting if you are concerned. Adrenaline will do no harm but may save a life if given appropriately. Follow the instructions below for using the Auto Adrenaline Injector.
- Whenever an Auto Adrenaline Injector is used, an ambulance must be called stating an anaphylactic episode. This is essential as the effect of the adrenaline may only be temporary.
- Stay with the casualty and observe the response to the Auto Adrenaline Injector until the emergency services arrive.

- While waiting for their arrival, place the casualty who is **conscious and breathing** in a sitting position, leaning forward to aid breathing and the casualty who is **unconscious and breathing** in the recovery position.
- Be prepared to resuscitate if necessary (think about cleaning area immediately). If the casualty stops breathing, resuscitation should be carried out while awaiting the emergency services. CPR should be given.
- Inform the parents at a suitable moment when the situation is under control and clear information can be given.
- Make sure the used Auto Adrenaline Injector and the Health Care Plan go with the casualty to the hospital.
- A member of staff will need to accompany the pupil to hospital and stay until the parents arrive.

### **Instructions for using a volumatic or an aero-chamber device (spacer)**

- A spacer device is to be used whenever available as it gives the best effect and is particularly useful when a casualty is unable to coordinate inhalation with releasing the medication due to breathlessness or age.
- Shake the inhaler and then insert it into one end of the spacer and attach a face mask to the mouthpiece at the other end if required. If the pupil can make a good seal over the mouthpiece with their own lips, a mask is not required. If a face mask is used it should be placed over the nose and mouth of the pupil and held firmly to create a good seal.
- Release one puff of reliever into the chamber. The medication is held in the chamber until the pupil releases it through breathing in and out of the mouthpiece. If a good seal is in place the valve near the mouthpiece will click.
- Ensure the valve clicks 10 times on a larger volumatic device and 6 times on a smaller aero-chamber device to administer the medication from the chamber.
- Repeat to administer the second puff.

### **Instruction for the administration of Auto Adrenaline Injectors**

These are pre-loaded and single use only.

- Remove the safety cap
- Hold the injector in the fist
- With the tip of the injector at right angles to the casualty's thigh, jab it into the outer part of the thigh from approximately 10cm distance. This can be done through clothing. **DO NOT** waste time removing clothing.
- As you jab the injector firmly into the thigh (Don't worry – you cannot do any harm), a spring activated plunger will be released which pushes the needle hidden inside the injector into the thigh muscle and administers a dose of adrenaline over the following 10 seconds. You will hear a click as the Injector is activated.
- **HOLD IN PLACE FOR 10 SECONDS** –it is a metered dose that is released slowly
- Remove the injector and massage the area for a further 10 seconds

Don't be surprised to find that most of the liquid (around 90%) remains in the injector after use. It **CANNOT** be reused. Record the time the injector was administered on the injector and take it with the casualty to hospital

If symptoms still present 15 minutes after the first injection, a second injection may be necessary. If at any moment after the first injection the condition of the pupil deteriorates, give a second injection regardless of the amount of time that has lapsed.

Following any anaphylactic episode, all staff meet and discuss what occurred, offer support to one another and look at how the Health Care plan worked and take action to improve the planning if necessary.

## **16. Record keeping**

- Written records are kept of all medicines administered to pupils.
- Proper record keeping protects both staff and pupils, and provides evidence that agreed procedures have been followed.

## **17. Liability and indemnity**

- Governing bodies should ensure the appropriate level of insurance is in place and appropriately reflects the level of risk.
- If there is any doubt about the insurance position in relation to provision of support for a particular child, Headteachers should contact the Insurance Team

### **Complaints**

- Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.
- If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the Complaints Procedure Policy.
- If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.
- Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

### **Home-to-school transport**

- Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA.
- Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

## **18. Policy review**

- This policy is reviewed on an annual basis by the SEND Governor, SENCO and the headteacher.
- The scheduled review date for this policy is March 2019.