



Medical Conditions Policy (incorporating the school asthma policy)

POLICY STATEMENT

This school is an inclusive community that welcomes and supports pupils with medical conditions.

This school provides all pupils with any medical condition the same opportunities as others at school.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing once they leave school.

The school makes sure all staff understand their duty of care to children and young people in the event of an emergency

All staff feel confident in knowing what to do in an emergency.

This school understands that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood.

This school understands the importance of medication and care being taken as directed by healthcare professionals and parents.

All staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils. The named member of school staff responsible for this medical conditions policy and its implementation is the Headteacher, supported by the admin team, senior midday and all qualified first aiders.

POLICY FRAMEWORK

The policy framework describes the essential criteria for how the school can meet the needs of children and young people with long-term medical conditions.

This school is an inclusive community that supports and welcomes pupils with medical conditions.

This school is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

This school will listen to the views of pupils and parents.

Pupils and parents feel confident in the care they receive from this school and the level of that care meets their needs.

Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.

All staff understand their duty of care to children and young people and know what to do in the event of an emergency.

The whole school and local health community understand and support the medical conditions policy.

This school understands that all children with the same medical condition will not have the same needs.

The school recognises that duties in the children and Families act (England only), the equality act (England, Wales and Scotland) and the disability discrimination act (northern Ireland only) relate to children with disability or medical conditions and are anticipatory.

This school's medical conditions policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.

Stakeholders should include pupils, parents, school nurse, school staff, governors, the school employer, relevant local health services and relevant supporter organisations.

The medical conditions policy is supported by a clear communication plan for staff, parents* and other key stakeholders to ensure its full implementation.

Pupils, parents, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels.

All children with a medical condition should have an individual healthcare plan (IHCP).

An IHCP details exactly what care a child needs in school, when they need it and who is going to give it.

It should also include information on the impact any health condition may have on a child's learning, behaviour or classroom performance.

This should be drawn up with input from the child (if appropriate) their parent/carer, relevant school staff and healthcare professionals, ideally a specialist if the child has one.

All staff understand and are trained in what to do in an emergency for children with medical conditions at this school.

All school staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.

All staff receive training in what to do in an emergency and this is refreshed at least once a year.

A child's IHCP should, explain what help they need in an emergency. The IHCP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHCP for sharing the IHCP within emergency care settings.

All staff understand and are trained in the school's general emergency procedures.

All staff, including temporary or supply staff, know what action to take in an emergency and receive updates at least yearly.

If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.

This school has clear guidance on providing care and support and administering medication at school.

This school understands the importance of medication being taken and care received as detailed in the pupil's IHCP.

This school will make sure that there are more than one member of staff who have been trained to administer the medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary. This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. This school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.

This school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent, while respecting their confidentiality.

When administering medication, for example pain relief, this school will check the maximum dosage and when the previous dose was given. Parents will be informed. this school will not give a pupil under 16 aspirin unless prescribed by a doctor.

This school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.

Parents at this school understand that they should let the school know immediately if their child's needs change.

If a pupil misuses their medication, or anyone else's, their parent is informed as soon as possible and the school's disciplinary procedures are followed.

This school has clear guidance on the storage of medication and equipment at school.

This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/ equipment is readily available wherever the child is in the school and on off-site activities, and is not locked away. Pupils in KS2 may carry their emergency medication with them if this is appropriate.

Pupils may carry their own medication/equipment, or they should know exactly where to access it.

Pupils can carry controlled drugs if they are competent, otherwise this school will keep controlled drugs stored securely, but accessibly, with only named staff having access. Staff at this school can administer a controlled drug to a pupil once they have had specialist training.

This school will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately.

This school will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.

Parents are asked to collect all medications/ equipment at the end of the school term, and to provide new and in-date medication at the start of each term.

This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

This school has clear guidance about record keeping.

Parents at this school are asked if their child has any medical conditions on the enrolment form.

This school uses an IHCP to record the support an individual pupil needs around their medical condition. The IHCP is developed with the parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.

This school has a centralised register of IHCPs, and an identified member of staff has the responsibility for this register.

IHCPs are regularly reviewed, at least every year or whenever the pupil's needs change.

The pupil (where appropriate) parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHCP. Other school staff are made aware of and have access to the IHCP for the pupils in their care.

This school makes sure that the pupil's confidentiality is protected.

This school seeks permission from parents before sharing any medical information with any other party.

This school meets with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHCP which accompanies them on the visit.

This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

This school makes sure that all staff providing support to a pupil and other relevant teams have received suitable training and ongoing support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHCP. This should be provided by the specialist nurse/school nurse/ other suitably qualified healthcare professional and/ or the parent. The specialist nurse/school nurse/ other suitably qualified healthcare professional will confirm their competence, and this school keeps an up-to-date record of all training undertaken and by whom.

This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.

This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.

All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.

This school understands the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports.

This school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/ take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity.

This school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.

All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. This school will not penalise pupils for their attendance if their absences relate to their medical condition.

This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO/Special Educational Needs Advisor who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.

Pupils at this school learn what to do in an emergency.

This school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.

This school is committed to identifying and reducing triggers both at school and on out-of-school visits.

School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers. It has a list of the triggers for pupils with medical conditions at this school, has a trigger reduction schedule and is actively working towards reducing/eliminating these health and safety risks.

the IHCP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.

This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), this school will work with the local authority and education provider to ensure that the child receives the support they need to reintegrate effectively.

This school works in partnership with all relevant parties including the pupil (where appropriate), parent, school's governing body, all school staff, catering staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

This school works in partnership with all relevant parties including the pupil (where appropriate), parent, school's governing body, all school staff, catering staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

This school is committed to keeping in touch with a child when they are unable to attend school because of their condition.

The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.

In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents, school healthcare professionals, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services, governors and the school employer. The views of pupils with medical conditions are central to the evaluation process.

**** The term 'parent' implies any person or body with parental responsibility such as a foster parent, carer, guardian or local authority.***

This information is based on Medical Conditions at School – a policy resource pack from the health conditions in schools alliance www.medicalconditionsatschool.org.uk

Dated: Spring 2023

To be reviewed: Spring 2024

Appendix A – School asthma policy

Review date - January 2024

This policy has been written with advice from Asthma UK and the Department for Children, Schools and Families in addition to advice from healthcare and education professionals.

This school recognises that asthma and recurrent wheezing are important conditions affecting increasing numbers of school age children. This school welcomes pupils with asthma.

This school encourages all children to achieve their full potential in all aspects of life by having a clear policy and procedures that are understood by school staff, parents/guardians and by pupils.

All staff who have contact with these children are given the opportunity to receive training from the school nursing team/specialist nurses. Updates for training are offered at regular intervals and this school will ensure attendance by staff. This will take place at least every two years and more often if there are pupils within the school who have significant asthma symptoms or there are significant changes to the management of asthma in children.

Developing and implementing an asthma policy is essential for all schools.

Indemnity

School staff are not required to administer asthma medication to pupils except in an emergency. However, many staff may be happy to give routine medication on the advice of an appropriate healthcare professional. School staff who agree to administer asthma medication are insured by relevant authorities when acting in agreement with this policy.

All school staff will allow pupils **immediate** access to their own asthma medication when they need it.

What is Asthma?

Asthma is a common condition which affects the airways in the lungs. Symptoms occur in response to exposure to a trigger e.g. pollen, dust, smoke, exercise etc. These symptoms include cough, wheeze, chest tightness and breathlessness. Symptoms are usually easily reversible by use of a reliever inhaler but all staff must be aware that sufferers may experience an acute episode which will require rapid medical or hospital treatment.

Medication

Only reliever inhalers should be kept in school. Usually these are blue in colour.

Immediate access to reliever inhaler is vital.

Children can access their medication by asking a member of staff to unlock the cabinet in their classroom in which their inhaler is kept. There is an additional key kept in the key cupboard in the school office.

As a guideline we would recommend that:

KEY STAGE 1

Inhalers and spacers will be kept by the teacher in the medical cabinet in their classroom. However, if the child or class moves to another area within the school, the inhaler will be taken too. Good practice indicates that a spare inhaler is kept in school for staff to use if the original runs out or is lost. This can be found locked in the medicine cabinet in the EYFS medical room.

KEY STAGE 2, 3 and 4

Good practice indicates that a spare inhaler is kept in school by the teacher for use if the original runs out or is lost. This can be found locked in the medicine cabinet in the KS2 medical room.

Children, who are able to identify the need to use their medication, should be allowed to do so, as and when they feel it is necessary. Medication can be found in the locked medicine cabinet in the child's classroom.

Record Keeping

When a child with asthma joins this school, parents/guardians will be asked to complete a form, giving details of the condition and the treatment required. Information from this form will be used to compile an "Asthma Register" which is available for all school staff. This register will be updated Termly or more frequently if required using the information supplied by the parent/guardian.

Physical Education

Taking part in sports is an essential part of school life and important for health and well being and children with asthma are encouraged to participate fully.

Symptoms of asthma are often brought on by exercise and therefore, each child's labelled inhaler will be available at the site of the lesson.

Certain types of exercise are potent triggers for asthma e.g. cross country running and field activities. Any child who knows that an activity will induce symptoms will be encouraged to use their reliever inhaler prior to exercise, will carry it with them and will be encouraged to warm up prior to participating and cool down after.

School Trips/Residential Visits

No child will be denied the opportunity to take part in school trips/residential visits because of asthma, unless so advised by their GP or consultant.

The child's reliever inhaler will be readily available to them throughout the trip, and is carried by a supervising adult.

For residential visits, staff will be trained in the use of regular controller treatments, as well as emergency management. It is the responsibility of the parent/guardian to provide written information about all asthma medication required by their child for the duration of the trip. Parents must be responsible for ensuring an adequate supply of medication is provided.

Group leaders will have appropriate contact numbers with them.

Training.

On a bi-annual basis, **all** staff will receive training on signs and symptoms of asthma and how to treat it.

Asthma Education for pupils

It is recommended that all pupils should be educated about asthma. This could be through PSHE, drugs education, assemblies etc. Support for this may be available from your school nurse or the paediatric asthma specialist nurse.

Concerns

If a member of staff has concerns about the progress of a child with asthma, which they feel may be related to poor symptom control, they will be encouraged to discuss this with the parent/carer and/or school nurse.

Storage of Inhalers

The following good practice guidelines for the storage of inhalers will be followed:

1. Inhalers will **NEVER** be locked away anywhere other than in their classroom medicine cabinet. They should never be kept in the school office.
2. All children with asthma will have rapid access to their inhalers as soon as they need them
3. Devices will always be taken with the child when moving out of the classroom for lessons, trips or activities.

N.B.

In the unlikely event of another pupil using someone else's blue inhaler there is little chance of harm. The drug in reliever inhalers is very safe and overdose is very unlikely.

Colds/ Viruses

When a child has a cold it is sometimes necessary for him/her to have regular Ventolin for a few days. Therefore, a parent/guardian may ask you to administer the blue inhaler every lunchtime for approximately 1 week. The number of puffs will be advised by the parent/guardian but may be anything between 2 and 8 puffs. This does not replace using the inhaler as and when needed – it is in addition to this.

Please note children should not be taking Ventolin every break/lunch time 'just in case' of symptoms.

Emergency Procedures

A flow chart is issued with this policy outlining the action to be taken in an emergency. Good practice suggests that copies are printed and displayed in the school office, staff room and relevant locations including classrooms where a pupil is known to have severe asthma.

In an **emergency**, where a child, who is a **known asthmatic, is experiencing significant symptoms and** has not got their own blue inhaler with them or it is found to be empty, it is acceptable to use the school's emergency inhaler and spacer. This emergency inhaler will be kept in the locked medicine cupboard in the KS2 medical

room.

This should then be recorded in the child's records and parent/guardian informed.

To obtain an emergency inhaler and spacer the school should write a letter to a local pharmacy, on headed notepaper requesting the purchase of a Ventolin / Salbutamol Metered Dose Inhaler and a Volumatic Spacer (with mask). This letter should be signed by the Head Teacher. An example of a letter can be found at the end of this policy.

Responsibilities

Parents/Guardian have a responsibility to:

- Tell the school that their child has asthma.
- Ensure the school has complete and up to date information regarding their child's condition.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any medicines their child requires while taking part in visits, outings or field trips and other out of school activities.
- Inform the school of any changes to their child's medication.
- Inform the school if their child is or has been unwell which may affect the symptoms e.g. symptoms worsening or sleep disturbances due to symptoms.
- Ensure their child's inhaler (and spacer where relevant) is labelled with their child's name.
- Provide the school with a spare inhaler labelled with their child's name.
- Regularly check the inhalers kept in school to ensure there is an adequate amount of medicine available and that it is in date.

All school staff (teaching and non-teaching) have a responsibility to:

- Understand the school asthma policy.
- Know which pupils they come into contact with have asthma.
- Know what to do in an asthma attack.
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parents/guardian if a child has had an asthma attack.
- Inform parents if they become aware of a child using more reliever inhaler than usual.
- Ensure inhalers are taken on external trips/outings.
- Be aware that a child may be more tired due to night time symptoms.

- Liaise with parents/guardians, school nurse, SENCO, etc. if a child is falling behind with their work because of asthma

Further Information

Asthma UK

www.asthma.org.uk

Mr David Bolton

Paediatric Asthma Specialist Nurse

The Admin Suite

Women & Children's Hospital

Hull Royal Infirmary

Anlaby Road

Hull

HU3 2JZ

Email: david.bolton@hey.nhs.uk

Signs of Asthma Attack

Signs & Symptoms

Cough

Wheezing

Tight Chest

Shortness of Breath

Tummy ache (younger child)

~~NP Not all symptoms~~

Signs of Asthma Attack

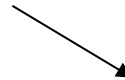
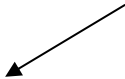


Administer 2 puffs of **blue**

Reliever medication



After 2-3 minutes



No Improvement



Administer up to a

further 8 puffs of

blue reliever

medication (through spacer device if



No Improvement/

Difficulty Talking/ Obvious Distress/Pale Skin/Dusky/

Collapse



Return to normal

~~activities~~



Improved

Improved

If, at **any** stage, the symptoms appear to be worsening i.e. more breathless, difficulty in speaking, more distressed, change of skin colour dial 999 for an ambulance immediately. Continue to use the **blue**