



Supporting Children with Medical Conditions Policy

Updated: Summer 2024
Next Review: Summer 2027

Reviewed, approved and ratified by: Full Governing Body
Written by HT and Office Manager

(In consultation with Herts Policy for Community Schools)

Definition

Pupils' medical needs may be broadly summarised as being of two types:

- (a) **Short-term**, affecting their participation in school activities which they are on a course of medication.
- (b) **Long-term**, potentially limiting their access to education and requiring extra care and support

It must also be recognised that many medical conditions are hidden with no obvious external signs to what a child is feeling or dealing with.

Rationale

Schools have a responsibility for the health and safety of pupils in their care. Current H&S legislation makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils so that they can access their full and equal entitlement to all aspects of the curriculum. In this case, individual procedures may be required. Ladbroke JMI School is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support that pupils with medical conditions (long or short term) may need.

Current legislation places a duty on schools to make arrangements for children with medical conditions.

Pupils with medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act 'in loco parentis' and must ensure the safety of all pupils in their care. To this end, we reserve the right to refuse admittance to a child with an infectious disease, where there may be a risk posed to others or to the health of the child involved. This duty also extends to teachers leading activities taking place off the school site.

The prime responsibility for a child's health lies with the parent, who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of sources, including the School Nurse, Health professionals and the child's GP in addition to the information provided by parents in the first instance. This enables us to ensure we assess and manage risk and minimise disruption to the learning of the child and others who may be affected (for example, class mates).

Aims

- To support pupils with medical conditions, so that they have full access to education, including physical education and educational visits and continue to make progress in line with their peers
- To ensure that school staff involved in the care of children with medical needs are fully informed and adequately trained by a professional in order to administer support or prescribed medication
- To comply fully with the Equality Act 2010 for pupils who may have disabilities or special educational needs.
- To write, in association with healthcare professionals, Individual Healthcare Plans where necessary
- To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support
- To keep, monitor and review appropriate records

Unacceptable Practice

While school staff will use their professional discretion in supporting individual pupils, it is unacceptable to:

- Prevent children from accessing their medication
- Assume every child with the same condition requires the same treatment
- Ignore the views of the child or their parents / carers; ignore medical advice

- Prevent children with medical conditions accessing the full curriculum, unless specified in their Individual Healthcare plan
- Penalise children for their attendance record where this is related to a medical condition
- Prevent children from eating, drinking or taking toilet breaks where this is part of effective management of their condition
- Require parents to administer medicine where this interrupts their working day
- Require parents to accompany their child with a medical condition on a school trip as a condition of that child taking part

Entitlement

Ladbroke JMI School provides full access to the curriculum for every child wherever possible. We believe that pupils with medical needs have equal entitlement and must receive necessary care and support so that they can take advantage of this. However, we also recognise that employees have rights in relation to supporting pupils with medical needs, as follows:

Employees may:

- Choose whether or not they wish to be involved
- Receive appropriate training
- Work to clear guidelines
- Bring to the attention of Senior Leadership any concern or matter relating to the support of pupils with medical conditions

Parents and carers also have the right to at least three review meetings a year to discuss their child

Expectations

It is expected that:

- Parents will inform school of any medical condition which affects their child.
- Using the information provided, school, outside agencies (where relevant) and parents will work together to create a medical plan for a child with long term medical needs
- Parents will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container
- Parents will bring all medication to the school office and ensure that a consent form is completed. No medication will be administered without written consent
- Parents will ensure that medicines to be given in school are in date and clearly labelled
- Parents will co-operate in training their children to self-administer medicine if this is appropriate, and that staff members will only be involved if this is not possible
- Medical professionals involved in the care of children with medical needs will fully inform staff beforehand of the child's condition, its management and implications for the school life of that individual
- As a school we will ensure that, where appropriate, children are involved in discussing the management and administration of their medicines and are able to access and administer their medicine if this is part of their medical plan (for example, an inhaler)
- School staff will liaise as necessary with Healthcare professionals and services in order to access the most up-to-date advice about a pupil's medical needs and will seek support and training in the interests of the pupil
- Transitional arrangements between schools will be completed in such a way that Ladbroke JMI School will ensure full disclosure of relevant medical information, medical plans and support needed in good time for the child's receiving school to adequately prepare
- Medical plans will be written, monitored and reviewed regularly and will include relevant details of medical conditions, how they affect the child, what steps to follow to prevent emergencies and what to do in an emergency situation
- Parents will complete the special menu form for any child who has food allergies. This will allow the catering team to provide special menus which meet their needs

Procedure

The Governing Body of Ladbrooke JMI School will ensure that an appropriate level of insurance is in place and reflects the level of risk presented by children with medical conditions. Currently our insurance policy is renewed through Hertfordshire County Council.

Information

Medical plans (see appendix 1) will be written for those children with long term medical conditions. These plans will have their photo and brief description of condition, along with any other necessary information. Copies of plans will be placed in the school office and shared with teachers at the start of the year. Children with medical conditions which may require emergency attention, e.g. epilepsy, diabetes, will have their names and an Individual Healthcare Plan clearly accessible in their classroom, and all adults dealing with the child will have their attention drawn to this information. Individual Asthma management plans are also in place for children with asthma. The Catering Team will display information provided by HCL accordingly. Nominated kitchen staff serve the children with identified allergies. All other medical conditions will be noted from children's SIMs records and this information will be provided to class teachers annually.

In an emergency

The majority of members of staff have a basic first aid qualification. In an emergency situation, one of our five paediatric trained first aiders will be called for. If an ambulance needs to be called, staff will:

- Outline the full condition and how it occurred
- Give details regarding the child's date of birth, address, parents' names and any known medical conditions.

Children will be accompanied to hospital by a member of staff if this is deemed appropriate. Staff cars should not be used for this purpose. Parents must always be called in a medical emergency, but do not need to be present for a child to be taken to hospital.

Administration of medicines

Only essential medicines will be administered during the school day. These will be only those prescribed by a doctor. Parents must submit a written permission slip (appendix 2) before any medicine is administered. Medicines to be given during the school day must be in their original container. Controlled drugs can also be administered, subject to all other conditions as described in the Policy.

Essential medicines will be administered on Educational Visits, subject to the conditions above. A risk assessment (appendix 3) may be needed before the visit takes place. Staff supervising the visit will be responsible for safe storage and administration of the medicine during the visit. Medical forms are completed prior to the residential trip (appendix 4) and records are kept to show when medication was administered and the dosage.

Before administering any medicine, staff must check that the medicine belongs to the child, must check that the dosage they are giving is correct, and that written permission has been given. Any child refusing to take medicine in school will not be made to do so, and parents will be informed about the dose being missed. All doses administered will be recorded in the Administration of Medicines book (located in the medical room). All medicines will be stored safely. Medicines needing refrigeration will be stored in the medical room fridge. Some medicines (inhalers, etc) will be kept in the child's classroom and carried with the children, for ease of access during outside activities. All medicines must be clearly labelled.

Controlled drugs or prescribed medicines will be kept in the medical room or the school office depending on individual circumstances. Access to these medicines is restricted to staff members only. Epi-pens are kept in the medical room in a secure cupboard. Staff will record any doses of medicines given in the Medicine book. When children use their inhalers, this is done in the presence of an adult and reported to the office. The office in turn inform parents via text or email.

Inhalers are kept in the child's classroom. Children have access to these inhalers at all times, though they must be in the presence of a member of staff when they are taking a dose. All inhalers are marked with the child's name. All children with an inhaler must take them on educational visits and sporting events, however short in duration. An emergency school inhaler and consent list is present in school

Epi-pen – Any member of staff can administer an epi-pen in an emergency. Training for all staff in using Epi-pens takes place annually. We now hold an emergency AAI (Adrenaline Auto Injector) in school. This should only be administered after advice from emergency services. Permission for its administration must be sought from parents of children with their own Epi-pens. If a child is showing signs of anaphylaxis, but they have no known allergies and no Epi-pen in school, the emergency AAI will only be used on advice of the emergency services.

Defibrillator - A defibrillator is installed in the New Build. It is checked daily by the Site manager.

Complaints

Should parents be unhappy with any aspect of their child's care at Ladbroke JMI School, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be managed. If this does not resolve the problem or allay concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parents must make a formal complaint using the Ladbroke JMI Complaints Procedure.

Remember: take your blue inhaler **before** you come into contact with any of your triggers if needed and regularly in response to symptoms if you have a cold.

My Triggers are:

-
-
-
-
-
-
-

Common Triggers are:

- Viruses
- Changes in weather
- House dust mites
- Animal fur, feathers and their bedding
- Foods
- Exercise
- Upset, distress, and emotions
- Smoke – cigarettes and fires

Additional Comments:

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Your Asthma Nurse's name and telephone number is:

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Your doctor's name and telephone number is:

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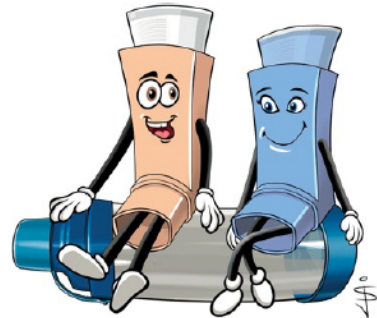
place your logo here

Asthma Management Plan For

Name:

Best Peak Flow:

Date:



Recommended websites
www.beatasthma.co.uk

Asthma+LungUK at
www.asthma.org.uk

<https://uk-air.defra.gov.uk/forecasting/>

This leaflet is intended for colour printing.

Please take this with you when you visit your doctor or asthma nurse.

Green zone – Good



Your asthma is under control if:

- your breathing feels good
- you have no cough or wheeze
- your sleeping is not disturbed by coughing
- you are able to do your usual activities
- you are not missing school
- if you check your Peak Flow, it is around your best

BEST PEAK FLOW

Green Zone Action - take your normal medications

Your preventer inhaler is a colour and is called

You take puffs/sucks every morning and every night even when you are well.

Other asthma medications you take are:

.....

.....

Your reliever inhaler is a colour and is called

You take puffs/sucks up to 3 times in a week for symptoms and before exposure to your triggers (see your list) if needed.

If you are needing to use your reliever inhaler more than 3 times per week for symptoms

Move to the AMBER ZONE

Amber zone – Warning



If you are using your blue inhaler more than 3 times per week for symptoms or you often wake at night with a cough or wheeze, arrange a review with your asthma nurse or GP.

Warning signs that your asthma is getting worse:

- you have symptoms (cough, wheeze, 'tight chest' or feel out of breath)
- you need your reliever inhaler more than usual
- your reliever is not lasting **four hours**
- your peak flow is down by a third

PEAK FLOW 1/3 DOWN

Amber Zone Action - continue your normal medicines AND

- Take **2 puffs** of the BLUE inhaler with your spacer 1 puff at a time. Keep doing this every 10 minutes if you still have symptoms up to a total of 6 puffs
- You can do this every 4 hours but **must** make an appointment at your GP surgery within the next 24hrs even if you feel better.
- If you need to do this more than every 4hrs, you must see your GP today or go to A&E
- Start keeping a record of your symptoms and peak flow readings to take to the Doctor

IMPORTANT:

- If after your **6 puffs** you still have increasing wheeze or chest tightness

Move to the RED ZONE

Red zone – Severe



- you are still breathing hard and fast
- you still feel tight and wheezy
- you are too breathless to talk in a sentence
- you are feeling frightened and exhausted

Other serious symptoms are:

- colour changes - very pale / grey / blue
- using rib and neck muscles to breath, nose flaring

Red Zone Action

Take 10 puffs of the blue inhaler via a spacer and call 999

- Asthma can be life threatening
- Do not attempt to do a peak flow
- Whilst waiting for the ambulance and using your spacer, take 1 puff at a time of your blue inhaler, breathing at a normal rate for 4-5 breaths, every 30 seconds.
- Stay where you are and keep calm
- If your child becomes unresponsive and has an adrenaline pen for allergies-use it now.

Additional comments or information

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Health Care Action Plan
Ladbroke JMI School



Child's name:		
Class:		
DOB:		
<u>Address:</u>		
<u>Doctors Details</u>		
Priority Contact details:	Other Contacts	
<u>Medical Condition:</u>		
<u>Definition of Medical Condition</u>		
<u>Physical Signs</u>		
<u>Action to be taken In An Emergency:</u>		
<u>Parent/Carer Signature</u>		



LADBROOKE JMI SCHOOL



Paren/Guardian agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form.

Child's Details

Name of Child:			
Date of Birth:		Class:	
Medical condition/illness:			

Medicine Information

Name/Type of Medicine (as described on the container):	
Date dispensed:	
Expiry date:	
Review date to be initiated by <i>school staff</i>	
Dosage and method:	
Timing:	
Special Precautions:	
Are there any side effects that the school/setting needs to know about?	
Self-Administration:	Yes/No (delete as appropriate)

Parental/Guardian Contact Details

Name:	
Daytime Telephone No:	
Relationship to Child:	

I understand that I must deliver the medicine personally to the office and accept that this is a service that the school/setting is not obliged to undertake. Medicines should be in their original packaging.

I understand that I must notify the school/setting of any changes in writing.

Signature:		Date	
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School's Agreement

As a school we agree to administer the medication outlined above

Signature:		Date	
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FORM OV 5 (CSF4256)

INDIVIDUAL RISK ASSESSMENT

Establishment: Ladbrooke JMI School

Visit:

Name of Individual:	
Date of Birth:	

1. **Risk to self** (Please describe potential risky behaviours, vulnerabilities, or other characteristics as specifically as possible)

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2. Circumstances, situations, triggers which are likely to increase risk to self:

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3. Detail action necessary/strategies required to minimise risk to self:

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Signed:	Name:	Date:
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FORM OV 7A (CSF4258) PARENTAL CONSENT FORM
Establishment:

To be completed by group leader/organiser

Visit:		
Group Leader:		
Date of Visit:	From:	To:
Is a photograph of participant required:	Yes / No	

To be completed by the parent/adult responsible for a child/young person.

Child/Young Persons Full Name:	
Date of Birth:	
Does the above person: <ul style="list-style-type: none"> • Have a medical condition requiring medical treatment or medication? Y/N • Have an allergy to certain medications? Y/N • Is he/she able to administer his/her own medication? Y/N 	
Please give details of medical condition/treatments or allergies to medications below:	
Has he/she been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious? Y/N If yes, give details:	
Does he/she have any special dietary requirements? Y/N If yes, give details:	
I wish to draw the following to the group leader's attention (e.g. allergies, phobias, travel sickness, toileting difficulties, sleep walking, recent operations or treatments, other conditions which may affect fitness to participate in certain activities):	
SWIMMING ABILITY If water based activities are planned, please detail the child/young persons swimming ability below:	

EMERGENCY CONTACT INFORMATION		
	MAIN	ALTERNATIVE
Name:		
Relationship:		
Address:		
Telephone Numbers:	Day:	
	Evening:	
	Other:	

FAMILY DOCTOR DETAILS
Name:
Address:
Telephone Numbers:

DECLARATION: I have received and understood the details of the visit.	
I agree that (full name of child/young person) _____:	
<ul style="list-style-type: none"> • can participate in the visit and activities described; • can be transported in the private vehicles of staff/volunteers supervising the visit; • is in good health and fit to participate in the activities described; • can receive medical treatment as necessary. 	
I undertake to inform the group leader as soon as possible of any change in medical circumstances.	
I acknowledge the need for the person named above to behave responsibly and agree to the establishment's procedures in this respect.	
Signed:	Name in Capitals:
Relationship	Date:
Address:	
Postcode:	
Telephone No:	
Where required, has a passport sized photograph been attached:	Yes <input type="checkbox"/> No <input type="checkbox"/> Not required <input type="checkbox"/>

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE EMERGENCY CONTACT.

The declaration on this form must be signed by someone with parental responsibility for the child/young person.



LADBROOKE JMI SCHOOL

Work Together, Achieve Together

Watkins Rise
Potters Bar
Hertfordshire
EN6 1QB

01707 652 882
admin@ladbrooke.herts.sch.uk

CONSENT FORM: USE OF EMERGENCY ADRENALINE AUTO INJECTOR (AAI)

1. I can confirm that my child has been prescribed an AAI.
2. My child has a working, in-date AAI, clearly labelled with their name, which is kept in school. It is my responsibility to ensure that the AAI has not expired and replace when necessary.
3. In the event of my child being given their AAI and symptoms of an allergic reaction continuing advice from the emergency services will be sought. If the emergency services advise for a second AAI to be administered, I consent for my child to be given an additional AAI held by the school.
4. I am aware that the school's emergency AAI is not to replace the need for my child to have their own AAI in school.

Signed: Relationship to child.....

Name (print)..... Date:

Child's name: Class:

Child's DoB:

.....

Parent/Guradian address and contact details:

.....

Telephone.....Email.....

School's Agreement - As a school we agree to administer the medication outline above.

Signature: Date:



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CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which is kept in school. It is my responsibility to ensure that the inhaler has not expired and replace when necessary.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.
4. I am aware that the school's emergency inhaler is only to be used in an emergency situation, not replace the need for my child to have a inhaler in school.

Signed: Relationship to child.....

Name (print)..... Date:

Child's name: Class:

Child's DoB:

Dosage and method of Salbutamol Inhaler:.....

Are there any side effects that the school/setting needs to know about?

.....

Self-Administration: Yes/No (delete as appropriate)

If your child no longer requires an inhaler in school please inform the school in writing.

School's Agreement - As a school we agree to administer the medication outline above.

Signature: Date: