



BISHOP VESEY'S GRAMMAR SCHOOL

Medical Conditions Policy

Teaching & Support Staff

Staff covered by this procedure:	Teaching and support staff
Last Review:	2021
Review prepared by:	Assistant Headteacher i/c Safeguarding – Kate Steadman
Review date/by whom:	September 2019 – Full Board of Governors October 2021 – Full Board of Governors Autumn 2023 – Full Board of Governors
School adoption date (for reviewed policy):	September 2019
Next review date/by whom:	Autumn 2025



This policy is written with the United Nations Convention of the Rights of The Child in Mind. All of our policies bear in mind Articles 3 and 28 - the child's best interests and the right of the child to an education. This policy also bears in mind articles 2, 23, 24 and 29.

AIMS OF THE POLICY:

Bishop Vesey's Grammar School is committed to ensuring that the necessary provision is made for every pupil that has a medical condition. This policy is informed by the government's Statutory Guidance: Children and Families Act 2014 with the aim that all children with medical conditions, in terms of physical and mental health, are supported so they can have a full and active role in school life, remain healthy and achieve their academic potential.

The school will support pupils with medical conditions so that they have full access to education, including school trips and physical education. The school will consult health and social care professionals, pupils and parents to ensure that the individual needs of children with medical conditions are effectively supported.

The school understands that for some children with medical conditions, long term absences may occur. During such absences, the school will work with the family and child to prevent the child from falling behind academically. Heads of Years will arrange for work to be sent home and will liaise with Designated Safeguarding Lead. For extended absence the school will liaise with the hospital school James Brindley to establish whether home tuition is appropriate. Furthermore, the child will be supported when they return to school, for example through the form tutor and learning mentor.

Some children with medical conditions may also be disabled and/or have Special Educational Needs. In these cases, the school's Disability Equality Scheme, Accessibility Plan and SEN policies, informed by the Equality Act 2010 and statutory guidance on Special Education Needs 2014, will also be referred to.

IMPLEMENTATION:

Staff Awareness and Training:

Our Designated Safeguarding Lead on the senior leadership team with lead responsibility and management, oversight and accountability for children with medical conditions is Kate Steadman. Along with the Head Teacher, Dominic Robson, and the Special Education Needs Co-ordinator, Matt Randle, she will ensure that all staff are suitably trained on an annual basis and made aware of the needs and condition of the children. Training will also be included in induction training of any new member of staff. Working with the Cover Supervisor, Aine Parize, supply teachers will be given guidance regarding the medical conditions of children they come into contact with.



NOTIFICATION OF A PUPIL WITH A MEDICAL CONDITION:

When the school is notified that a pupil has a medical condition, the school will:

- Provide relevant training and advice for all staff
- Liaise with parents, the pupil and health and social care professionals, including the child's previous school if during a transitional period, to write an Individual Health Care plan.
- The Individual Health Care Plan will be available only to staff.
- A child's Individual Health Care plan will be reviewed at least annually or before if evidence is presented that the child's needs have changed.
- If the child also has a special educational need, the Individual Health Care plan will be linked to the child's statement or Education Health Care plan.

Process for developing Individual Health Care Plans:

ADMINISTRATION OF MEDICINE:

Staff at Bishop Vesey's will adhere to the following:

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- no child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed;
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- Bishop Vesey's Grammar School will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container;



- all medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises eg on school trips;
- a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school;
- school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted;
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps;
- a written record of any medicine administered to the child will be kept in Main School Office in the pupil's school file.

SELF-ADMINISTRATION:

Bishop Vesey's Grammar School is aware some children are competent in managing their own health needs and medicines. After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans. . Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. The school is aware that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision



UNACCEPTABLE PRACTICE:

The school recognises that it is not generally acceptable to:

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

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.



APPENDIX 1

Common medical conditions in school.

ASTHMA:

People with asthma have sensitive air passages which are quick to respond to anything that irritates them (triggers). This results in the air passages of the lungs becoming narrow, making it difficult to breathe in and out. Narrowing of air passages produces ONE or ALL of the following: - coughing, breathlessness, wheezing. SUDDEN, SEVERE narrowing of air passages may result in an 'Asthma Attack'.

Identification of pupils affected on Admission to School

All parents/carers will be asked to complete an admission form giving full details of their child's asthma, regular medication, emergency contact numbers, family GP and any relevant hospital details. Every student with an asthma diagnosis must have a **BLUE** reliever inhaler available in school for use in an emergency. All parents on roll must notify school of current treatment details. Treatment details should be accessible at all times.

Safety and Storage of Asthma Inhalers

Key Stage 3 and 4 - reliever inhalers should be carried by the student. A spare inhaler clearly labelled with the student's name will be held centrally in school. Parents/carers will be notified if the spare reliever inhaler has been used during the school day. It is parents/carers responsibility to ensure medication is in date and replenished as necessary. Reliever medication is very safe. Inhalers should not be stored where there is excessive heat or cold.

Treatment: consists of two main forms

Reliever inhalers (usually Blue) and

Preventer inhalers (usually Brown)

It is encouraged that only blue inhalers should be in school.

Exercise and Activity

Students with asthma are encouraged to participate fully in all PE lessons and sports activities. Some students with asthma may need to use the reliever inhaler before exercising. Reliever inhalers must be readily available at all times including all off site activities.



Treating worsening symptoms of asthma:

A reliever inhaler (blue) should be given:

- If requested by the child

If the child is coughing, wheezing or breathless

If this is effective, the child can return to normal classroom activity.

What to do in the case of an 'asthma attack':

The main symptoms of an asthma attack are coughing continuously, wheezing and shortness of breath. Support the child to inhale once or twice with the blue inhaler. Wait for **5 minutes** – the inhaler should have been effective. Using the inhaler with a spacer device may be easier when the child is having an attack. This may be available in the school's emergency equipment.

Asthma Attack

It is important that all staff know how to deal with a student experiencing an asthma attack. In the event of an asthma attack school staff should follow the procedure outlined in Appendix 1 - Asthma Attack Procedure, this document should be visibly displayed in staffroom/first aid areas/PE hall.

Training

All staff receive asthma training via the School Nurses Service. This is in addition to training undertaken by the schools qualified first aiders.

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

Procedure to Deal with an Attack:

1. Stay calm – it is treatable, reassure the individual.
2. Sit the child comfortably – do not let the child lie down.
3. Do not crowd the child & ensure any tight clothing is loosened
4. Speak quietly and calmly to the child – encourage slow deep breaths.
5. Do not put your arms around the child's shoulders – this restricts breathing.
6. Help the individual to take their reliever (blue) inhaler. Usually 2-4 puffs, given one puff at a time (through a spacer device if appropriate), are enough to bring the symptoms of a mild attack



under control. **However to not be afraid to give more if needed.**

Reliever (blue) inhalers are very safe.

7. If this does not work, then the child may have a **severe** asthma attack.

This constitutes an emergency situation.

An emergency situation is recognisable when:

- Blue inhaler does not work

Or

- the child has difficulty speaking – e.g. can only say 2 or 3 words before taking a breath

Or

- The child is breathing quickly.

The child can look pale – lips can turn blue.

Plan of Action:

ALWAYS CALL FOR AN AMBULANCE IF ANY OF THE FOLLOWING OCCUR

- the reliever inhaler is not relieving the symptoms
- the individual's symptoms do not improve in five minutes
- the individual is distressed and gasping or struggling for breath
- the individual has difficulty in speaking more than a few words at a time
- the individual is pale, sweaty and may be blue around the lips
- the individual is showing signs of fatigue or exhaustion
- the individual is exhibiting a reduced level of consciousness
- **you are concerned about the individual's condition at any time**

DIAL 999 – telephone for an ambulance. In the meantime, a blue inhaler can be given every 5 minutes. **You cannot overdose the child by doing this. DO** inform the paramedic how much inhaler has been used.

Whilst the ambulance is on its way, the individual should continue to take puffs of their reliever (blue) inhaler, preferably using a spacer device, until their symptoms improve.

Give up to ten puffs, one puff every minute (shaking the inhaler after each puff).



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

ALLERGIES

Identification of pupils affected on Admission to School

All parents/carers will be asked to complete an admission form giving full details of their child's allergies, regular medication, emergency contact numbers, family GP and any relevant hospital details. Every student with an allergy diagnosis must have either an antihistamine and/or an epipen (or similar) depending on the nature of the allergy and reaction to it available in school for use in an emergency. All parents on roll must notify school of current treatment details. Treatment details should be accessible at all times.

Safety and Storage of Medication

The relevant medication will be clearly labelled with the student's name and held centrally in school. Parents/carers will be notified if the medication has been used. It is parents/carers responsibility to ensure medication is in date and replenished as necessary.

Training

All staff receive training on anaphylaxis via the School Nurses Service. This is in addition to training undertaken by the schools qualified first aiders.

All staff should access anaphylaxis awareness training and receive regular updates so that they recognise and know how to manage a student experiencing anaphylactic shock and how to call an ambulance and what to do whilst waiting for the ambulance to arrive.

Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergy.

Early symptoms include:

Itchy, urticarial rash anywhere on the body
Runny nose and watery eyes
Nausea and vomiting
Dizziness

Danger signs include:

Swelling of the lips, tongue and throat



Cough, wheeze, tightness of chest or shortness of breath
Sudden collapse or unconsciousness

Treatment will depend on the severity of the reaction.

For mild symptoms, Piriton or inhaler may be given.

For severe symptoms. (see Emergency procedure, below) an EpiPen device should be used (or another adrenaline auto-injector such as JEXT or EMERADE as prescribed)

This should be administered into the thigh muscle (can be delivered through clothing) and will allow the adrenaline to quickly reverse the effects of the allergic reaction. The child should then be taken to hospital

Emergency procedure

The following procedure must be adopted;

- * Call an ambulance and send a responsible person to fetch the child's emergency box and alert Main School Office staff
- * Monitor the child's condition carefully
- * Administer the EpiPen
 - Remove packaging and pull off the blue safety cap from the EpiPen
 - _ Hold the device about 10 cm from the outer thigh
 - _ Inject – swing and jab the orange tip firmly against the outer thigh and listen for an audible click from the mechanism – hold in place for 10 seconds
 - The tip extends on removal
 - Massage the area for 10 seconds
- * Monitor the child's progress – a second dose of EpiPen may be required after 10 minutes, if the condition has not improved and help has still not arrived
- * When the ambulance crew arrives, ascertain where they will be taking the child and give all used EpiPens to the ambulance crew for safe disposal
- * Contact the child's parents, guardian or next of kin and advise them to meet at the hospital, if they are not in the immediate vicinity
- * Accompany the child to hospital if the parents have not arrived



APPENDIX 2

INDIVIDUAL CARE PLAN

NAME OF SCHOOL **BISHOP VESEY'S GRAMMAR SCHOOL**

CHILD'S NAME

FORM

DATE OF BIRTH

CHILD'S ADDRESS

MEDICAL DIAGNOSIS OR CONDITION

DATE

REVIEW DATE

FAMILY CONTACT INFORMATION

NAME

PHONE NO. (WORK)

(HOME)

(MOBILE)

NAME

RELATIONSHIP TO CHILD

PHONE NO. (WORK)

(HOME)

(MOBILE)

CLINIC/HOSPITAL CONTACT

NAME

PHONE NO.

G.P.

NAME

PHONE NO.

WHO IS RESPONSIBLE FOR PROVIDING SUPPORT IN SCHOOL

SIGNATURE(S)

DATE



Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

DAILY CARE REQUIREMENTS

SPECIFIC SUPPORT FOR THE PUPIL'S EDUCATIONAL, SOCIAL AND EMOTIONAL NEEDS

ARRANGEMENTS FOR SCHOOL VISITS/TRIPS ETC

OTHER INFORMATION

DESCRIBE WHAT CONSTITUTES AN EMERGENCY, AND THE ACTION TO TAKE IF THIS OCCURS



WHO IS RESPONSIBLE IN AN EMERGENCY (STATE IF DIFFERENT FOR OFF-SITE ACTIVITIES)

PLAN DEVELOPED WITH

STAFF TRAINING NEEDED/UNDERTAKEN – WHO, WHAT, WHEN

FORM COPIED TO



APPENDIX 3

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

Bishop Vesey's Grammar School will not give your child medicine unless you complete and sign this form, and has a policy that the staff can administer medicine.

DATE FOR REVIEW TO BE INITIATED BY

NAME OF SCHOOL BISHOP VESEY'S GRAMMAR SCHOOL

NAME OF CHILD

DATE OF BIRTH

GROUP/CLASS/FORM

MEDICAL CONDITION OR ILLNESS

MEDICINE

NAME/TYPE OF MEDICINE(AS DESCRIBED ON THE CONTAINER)

EXPIRY DATE

DOSAGE AND METHOD

TIMING

SPECIAL PRECAUTIONS/OTHER INSTRUCTIONS

ARE THERE ANY SIDE EFFECTS THAT THE SCHOOL/SETTING NEEDS TO KNOW ABOUT?

SELF-ADMINISTRATION – Y/N

PROCEDURES TO TAKE IN AN EMERGENCY

NB: MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY

CONTACT DETAILS

NAME

DAYTIME TELEPHONE NO.

RELATIONSHIP TO CHILD

ADDRESS



I understand that I must deliver the medicine personally to [agreed member of staff]

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



APPENDIX 4

RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

NAME OF SCHOOL BISHOP VESEY'S GRAMMAR SCHOOL

NAME OF CHILD

DATE MEDICINE PROVIDED BY PARENT

FORM

QUANTITY RECEIVED

NAME AND STRENGTH OF MEDICINE

EXPIRY DATE

QUANTITY RETURNED

DOSE AND FREQUENCY OF MEDICINE

STAFF SIGNATURE

SIGNATURE OF PARENT

DATE

TIME GIVEN

DOSE GIVEN

NAME OF MEMBER OF STAFF

STAFF INITIALS

DATE

TIME GIVEN

DOSE GIVEN

NAME OF MEMBER OF STAFF

STAFF INITIALS



APPENDIX 5

STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES

NAME OF SCHOOL BISHOP VESEY'S GRAMMAR SCHOOL

NAME

TYPE OF TRAINING RECEIVED

DATE OF TRAINING COMPLETED

TRAINING PROVIDED BY

PROFESSION AND TITLE

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

TRAINER'S SIGNATURE

DATE

I confirm that I have received the training detailed above.

STAFF SIGNATURE

DATE

SUGGESTED REVIEW DATE



APPENDIX 6

CONTACTING EMERGENCY SERVICES

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone



APPENDIX 7

MODEL LETTER INVITING PARENTS TO CONTRIBUTE TO INDIVIDUAL HEALTHCARE PLAN DEVELOPMENT

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely