



# Supporting Children with Medical Conditions (Including Allergens) Policy

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| <b>Headteacher Approval:</b>        | <b>Christie Clarke</b> |
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| <b>Reviewing Committee:</b>         | <b>FGB</b>             |
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| <b>Statutory / Non Statutory:</b>   | <b>Statutory</b>       |

## **1. Statement of Intent**

Our school welcomes and supports children with medical and health conditions. We aim to include all children with medical conditions in all school activities, including off site visits, differentiated as appropriate. We recognise that some medical conditions may be defined as disabilities and consequently come under the Equalities Act 2010.

## **2. Planning**

We have a responsibility to care for pupils with medical conditions.

Our planning includes

- having some staff (where applicable) who have the duties of administering medicines and undertaking health care procedures written into their job descriptions
- ensuring other staff are aware that they may volunteer to do these duties and that they also have responsibilities in emergency situations
- having record keeping procedures in place for administering medication
- having storage facilities in place for medication
- having identified a suitable area within school for undertaking health care procedures
- having suitable toileting facilities for children which are clean, safe and pleasant to use
- having flexible policies which take into account medical conditions e.g. we do not refuse access to the toilet at any time to any children with a medical condition that requires this
- following the guidance provided by the Local Authority in 'Supporting Children and Young People with Medical Conditions in School' Jan 2015.

## **3. Emergencies**

We are aware that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood. We have a procedure in place for dealing with emergencies and all staff know they have a duty to take swift action. The Headteacher ensures that all staff feel confident in knowing what to do in an emergency. This procedure is revisited annually at whole school staff meetings.

If a child needs to be taken to hospital, an ambulance will be called and, if parents are not available, a member of staff will accompany the child and school will phone the parent/s to meet the ambulance at casualty. The member of staff will stay with the child until a parent arrives. Health professionals are responsible for any decisions on medical treatment in the absence of a parent. Staff will not take a child to hospital in their own car unless it is an absolute necessity and never unaccompanied.

## **4. First Aiders**

We have trained first aiders on site at all times throughout the school day who are aware of the most common serious medical conditions at this school and all staff are aware of this policy.

Staff in the Early Years are Paediatric First Aid.

All activities are risk assessed and first aiders are on site and part of school activities.

## **5. Procedure to be followed when school is notified that a child has a medical condition**

1. Seek further information from parents and health professionals.
2. Determine whether an Individual Healthcare Plan or a risk assessment is required.
3. Arrange a meeting to develop the Individual health care plan together with parents, the child (if appropriate), staff and external bodies.
4. Arrange staff training.
5. Implement and monitor Individual healthcare plan.

## **6. Staff Training**

Staff who support children with certain medical conditions must receive additional training from a registered health professional. Children with Individual Healthcare Plans have staff named in their plan who have been trained to undertake the procedures in the plan. They may need additional training from a health professional. The Inclusion Leader ensures there are enough staff named to cover for absences and to allow for staff turnover. The Inclusion Leader is responsible for ensuring staff are suitably trained by liaising with the relevant healthcare professional.

Any member of staff who is trained but feels unable to carry out these duties competently (for example due to having an injury/condition themselves or due to further training being required) must report this as soon as possible to the Inclusion Leader who will make appropriate arrangements.

The Inclusion Leader and Headteacher is involved in determining the competency of a member of staff in undertaking specific procedures. Staff who complete records are shown by the Inclusion Leader how these are to be completed and managed.

## **7. Staffing**

The Inclusion Leader is responsible for ensuring that all relevant staff will be made aware of a child's condition as soon as possible. Any supply teachers / covering staff will be informed, as appropriate, via communication from admin staff and phase leaders. Medical conditions and allergies for specific children are also displayed in the school staffroom.

## **8. Administration of Medication at school**

Wherever appropriate we allow children to carry their own medicines and relevant devices and where children self-administer we will provide supervision as appropriate.

- We will only administer medication at school when it is essential to do so and where not to do so would be detrimental to a child's health.

- We will only accept medication that has been prescribed by a doctor, dentist, nurse/pharmacist prescriber, or advised by a pharmacist and provided in complete packaging with instructions.
- We will only accept non prescribed medicine that is in the original packaging with written parental consent e.g. eye drops, antihistamine. This will only be for specific children, on a short-term basis.
- We will not give Aspirin to any child under 16 unless it is prescribed.
- We only give medication when we have written parental permission to do so. All medications need to be deposited with the office.
- Where required medication needs to be administered this will be based on staff availability, capacity, and agreement.
- For some chronic conditions, some children may develop the independence of administering their own medication and this would be agreed within their personal medical plans.
- Medication not carried by children is stored in the school office/staff room fridge. Some medication is stored in class inhaler/epipen boxes so they are more readily available for staff.
- Controlled drugs are stored in the school office.
- Children who administer their own medication know where it is stored and how to readily access it.

## **9. Administration of medication – General**

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they will take into account the needs of pupils with medical conditions that they teach. .

For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils but only with a parent's written consent. Some medicines require staff to receive specific training on how to administer it from a registered health professional. A central record is kept of the administration of medication in school the school office.

### **Inhalers / Epi-pens**

Inhalers should be kept in the class medical box. Epi-pens are kept in a labelled bag in the child's classroom.

Class teachers are responsible for ensuring all medicines along with class first aid kits are taken with the child and class when off school site. (PE / allotment / church and all educational school visits).

Regular checks are done to ensure medication is in date and parents informed if not. (September and January by School Administrator).

### **Allergies**

**Allergy** – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

**Allergen** – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

**Anaphylaxis** – or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to food, stings, bites or medicines.

**EpiPen** – brand name for syringe style device containing the drug Adrenalin, which is ready for immediate inter-muscular administration.

**Minimized Risk Environment** – An environment where risk management practices (e.g. Risk assessment forms) have minimised the risk of (allergen) exposure.

**Health Care Plan** – A detailed document outlining an individual child's condition treatment, and action plan for location of EpiPen.

**Allergic reaction** – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

Hives

Generalised flushing of the skin

Itching and tingling of the skin

Tingling in and around the mouth

Burning sensation in the mouth

Swelling of the throat, mouth or face

Feeling wheezy

Abdominal pain

Rising anxiety

Nausea and vomiting

Alterations in heart rate

Feeling of weakness

All staff members are responsible for:

Acting in accordance with the school's policies and procedures at all times.

Attending relevant training regarding allergens and anaphylaxis.

Responding immediately and appropriately in the event of a medical emergency.

Reinforcing effective hygiene practices, including those in relation to the management of food.

Promoting hand washing before and after eating.

Monitoring all food supplied to pupils by both the school and parents and carers, including snacks, ensuring food containing known allergens is not provided.

Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.

Ensuring that any necessary medication is out of the reach of pupils but still easily accessible to staff members.

## **10. Children who manage their own needs**

We encourage all children to manage as much of their own needs as is appropriate. The Inclusion Leader will determine after discussion with parents whether a child is competent to manage their own medicine and procedures. Where a child has been recently diagnosed, or has an additional disability/condition e.g. visual impairment, we support them to gradually take on more of their own care, over time, as appropriate with the aim of them becoming as independent as possible. We aim for our children to feel confident in the support they receive from us to help them do this.

## **11. School Trips**

Staff organising our school trips ensure:

- They plan well in advance.
- They seek information about any medical / health care needs which may require management during a school trip. This is specifically relevant for residential visits when children may require medication / procedures that they would not normally require during the daytime.
- That any medication, equipment, health care plans are taken with them and kept appropriately during the trip.
- They do a risk assessment which includes how medical conditions will be managed in the trip. Staff are aware that some children may require an individual risk assessment due to the nature of their medical condition.

## **12. Safe Storage – General**

- The Office Team ensures the correct storage of medication at school.
- The Office Team ensure the expiry dates for all medications stored at school are checked and informs parents by letter in advance of the medication expiring.
- Some medications need to be refrigerated. These are stored in a clearly labelled container in the fridge located in the staff room.

### **13. Refusal**

If a child refuses to take their medication school staff will note this on the administration of medication record. Parent/s will be informed as soon as is reasonably possible so that they can make alternative arrangements.

### **14. Accepting Medicines**

The Headteacher and Office Team along with the parent/s, ensures that all medication brought into school is clearly labelled with the child's name, the name and dose of medication and the frequency of dose. It must be in the original, full packaging containing the accompanying information leaflet. Wherever possible medicines should be passed from the parent to the school office.

### **15. Safe Disposal**

Parents are asked to collect out of date medication. If parents do not collect out of date medication, it is taken to a local pharmacy for safe disposal. Disposal of medication is recorded on the administration of medication record.

### **16. Admissions Forms**

We ask on our enrolment form if a child has any medical /health conditions and again annually.

### **17. Individual Health Care Plans**

For children with more complex medical needs we use Individual Healthcare Plans to record important details. Individual Healthcare Plans are held within the medical file in accordance with data protection. They are updated when and if there are significant changes and also annually reviewed with parents and health care professionals. Individual Healthcare Plans are shared on a need to know basis with staff who are directly involved with implementing them. Individual Healthcare Plans are also shared, with parent/s permission, with CYC risk management and insurance. The Inclusion Leader is responsible for checking Individual Healthcare Plans on a termly basis to ensure they are up to date and being implemented correctly.

### **18. Children Ill at School**

#### **Procedure**

Ascertain the nature of the illness / complaint and assess its severity.

Make the classroom / location safe and call the office if necessary.

Take appropriate First Aid action.

Parents or carers informed if appropriate and child sent home if necessary.

No child should be in school less than 48 hours after a last episode of vomiting or diarrhoea.

**Children with contagious ailments.** (For example chickenpox, conjunctivitis and impetigo).

Children with contagious ailments must not be in school during the contagious stages and until confirmed by a doctor that they have been treated or/and that they are no longer infectious. Parents or carers will be telephoned to collect their child if symptoms start whilst in school.

Refer to the following link for up to date guidance and information regarding infection control.

[www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities](http://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities)

## **19. Accident at School**

### **Procedure**

Ascertain the nature of the accident / injury and ensure appropriate First Aid Action including calling an ambulance if necessary.

Make the area / location safe and send 2 children where possible for a second colleague to be present.

Inform the office staff and head teacher.

The head teacher will, if appropriate, inform the parents or carers immediately.

Call the parents or carers to inform / advise and come to a mutual decision as to whether the child needs to go to hospital or home.

Fill in and send home a minor injury notification slip. Details of how the accident happened need recording on this slip. Yellow copy kept in accident/incident book. If required First aider and Head teacher/School Administrator to make an entry using B-Safe.

If an ambulance is required refer to the school office for procedure.



## **20. Children with Medical Needs who Cannot Attend School**

In the event that a child has a condition that prevents them from attending school, we will use our best endeavours to ensure that the child continues to receive a good education and maximises their learning potential. The Inclusion Leader will make a referral to the City of York Council's Physical Health Needs Specialist Teaching Team and liaise with all other agencies concerned with the child for the duration of their absence. The school will act in accordance with The City of York Local Authority Policy on Ensuring a Good Education for Children and Young People with Long Term Medical Needs 2020

<https://www.yorks.gov.uk/professionals/local-guidance>

## **21. School Medical Register**

Children's medical conditions are recorded within Integris. The admin officers have responsibility for keeping the register up to date.

## **22. Defibrillator**

A defibrillator is located in the school office on the wall; when required the defibrillator will only be operated by staff who have been trained or in conjunction with emergency service advice. Staff were trained to use the defibrillator when it was first installed and continue to receive general training about its use as part of their ongoing first aid updates.

## **23. Asthma**

School staff are aware that, although it is a relatively common condition, asthma can develop into a life-threatening situation. We have a generic asthma plan in place in school which details how asthma attacks are managed. Children are encouraged to develop their ability to self-administer, where appropriate. Children who have asthma will not have an Individual Healthcare Plan unless their condition is severe or complicated with further medical conditions.

## **24. Working Together**

A number of people and services may be involved with a child who has a medical condition e.g. parent/s, Healthy Child Nurse, specialist nurse, community nurse etc. We seek and fully consider advice from everyone involved and from the Local Authority to assist us in our decisions around a child's medical needs. The child is consulted and involved as fully as possible. We aim to maintain regular contact with our Healthy Child nurse who may inform us of any children who have health conditions that we are not already aware of e.g. where a child has developed a new condition. We work together to identify needs, identify training, draw up Individual Healthcare Plans, identify staff competency in procedures etc. However the Headteacher, SENCO and Governing body take overall responsibility for ensuring a child's needs are met in school. We work together to ensure our policy is planned, implemented and maintained successfully.

## **25. Headteacher's Responsibilities**

- Ensure the school is inclusive and welcoming and that the medical policy is in line with local and national guidance and policy frameworks.
- Ensure the policy is put into action, with good communication of the policy to all. Ensure every aspect of the policy is maintained.
- Ensure child confidentiality.
- Ensure all supply staff and new teachers know and implement the medical policy.
- Ensure absences due to medical needs are monitored and alternative arrangements for continuing education are in place.

## **26. Inclusion Leaders Responsibilities**

- Know which children have a medical condition and which have special educational needs because of their condition.
- Ensure teachers make the necessary arrangements if a child needs special consideration or access arrangements in tests.
- make a referral to the City of York Council's Physical Health Needs Specialist Teaching Team when a child is absent for 15 or more days, and liaise with all other agencies concerned with the child for the duration of their absence.
- Update the medical policy at least once a year to review recommendations, recent local and national guidance and legislation.
- Liaise between interested parties including children, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, Healthy Child Nurse, parents and governors.
- Ensure information held by the school is accurate and up to date and that there are good information sharing systems in place using Individual Healthcare Plans.
- Ensure child confidentiality.
- Assess the training and development needs of staff and arrange for them to be met.
- Provide/arrange provision of regular training for school staff in managing the most common medical conditions in school.
- Ensure Individual Healthcare Plans are completed and reviewed annually.
- Work together to quality assure staff competency in specific procedures.
- Regularly remind staff of the school medical policy and procedures.

## **27. Office Responsibilities**

- Ensure all supply staff and new teachers know and implement the medical policy.
- Check medication held in school for expiry dates and dispose of accordingly.
- Inform parents when supply of medicine needs replenishing / disposing.
- Quality assure record keeping.
- Support the Headteacher when absences due to medical needs are monitored and alternative arrangements for continuing education are in place.

## **28. School staff responsibilities**

All staff have a responsibility to:

- Take part in First Aid Trained offered.
- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- Understand and implement the medical policy.
- Know which children in their care have a medical condition.
- Allow all children to have immediate access to their emergency medication.
- Maintain effective communication with parents including informing them if their child has been unwell at school.
- Ensure children who carry their medication with them have it when they go on a school trip or out of the classroom e.g. to the field for PE.
- Be aware of children with medical conditions who may be experiencing bullying or need extra social support.
- Ensure all children with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- Ensure children have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

## **29. Teaching staff responsibilities**

Teachers at this school have a responsibility to:

- Ensure children who have been unwell have the opportunity to catch up on missed work
- Be aware that medical conditions can affect a child's learning and provide extra help when needed.
- Liaise with parents, healthcare professionals and special educational needs co-ordinator if a child is falling behind with their work because of their condition. First Aiders responsibilities First aiders at this school have a responsibility to:
- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the school.
- When necessary ensure that an ambulance or other professional medical help is called.
- Check the contents of first aid kits and replenish as necessary.

## **30. Child Responsibilities**

Children have a responsibility to:

- Treat other children with and without a medical condition equally.
- Tell their parents, teacher or nearest staff member when they or another child is not feeling well. We remind all children of this.
- Treat all medication with respect.
- Know how to gain access to their medication (includes emergency medication)
- Ensure a member of staff is called in an emergency situation.

## **31. Parent Responsibilities**

Parents are expected to support their child by:

- Telling school if their child has / develops a medical condition.
- Immediately informing the school in writing if there are any changes to their child's condition or medication.
- Ensuring that they/their emergency representative is contactable at all times.
- Administering medication out of school hours wherever possible.
- Undertaking health care procedures out of school hours wherever possible.
- Ensuring they supply school with correctly labelled in-date medication.
- Contributing to the writing of individual health care plans / intimate personal care plans as appropriate.
- Completing the necessary paperwork e.g. request for administration of medication.
- Collecting any out of date or unused medicine from school for disposal.
- Keeping their child at home if they are not well enough to attend school / infectious to other people.
- Liaising with staff to help their child catch up on any school work they have missed.
- Ensuring their child has regular reviews about their condition with their doctor or specialist healthcare professional.

Parents who do not provide this support should be aware that we may not be able to fully support their child's medical condition in school.

## **32. School procedure on being notified of a child's Medical Condition**

Notification of a child's medical condition may come via a number of routes e.g. by parents, Healthy Child nurse, admission forms etc. Whatever the route the Headteacher must be informed as soon as possible. The Headteacher must then:

- Seek further information about the condition.

- Determine with the support of parents and relevant health professional whether an Individual Healthcare Plan is required.
- Identify any medication / health care procedures needed.
- Identify any aspects of care which the child can manage themselves.
- Identify which staff will be involved in supporting the child.
- Identify what, if any, training is needed, who will provide this and when.
- Identify which staff need to know the details of the child's medical condition and inform them as appropriate.
- Ensure parent/s written permission is received for any administration of medication.

### **33. Unacceptable Practice**

It is not acceptable to:

- Prevent children from accessing their inhalers or other medication.
- Assume every child with the same condition requires the same treatment.
- Ignore the views of the child and their parents. 🚫 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 e.g. lunch unless it is specified in the child's Individual Healthcare Plan.
- Send an ill child to the school office or medical room without a suitable person to accompany them.
- Penalise children for their attendance record if their absences relate to their medical condition e.g. hospital appointments.
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need in order to manage their medical condition.
- Require parents, or otherwise make them feel obliged to come into school to provide medical support to their child, including toileting issues and manual handling issues.
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips e.g. by requiring the parent to accompany the child.

### **34. Data Protection**

We will only share information about a child's medical condition with those staff who have a role to play in supporting that child's needs. In some cases e.g. allergic reactions it may be appropriate for the whole school to be aware of the needs. In other cases e.g. toileting issues, only certain staff involved need to be aware. We will ensure we have written parental permission to share any medical information.

## **35. School Environment**

We will ensure that we make reasonable adjustments to be favourable to children with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

## **36. Education and Learning**

We ensure that children with medical conditions can participate as fully as possible in all aspects of the curriculum and ensure appropriate adjustments and extra support are provided. Teachers and support staff are made aware of children in their care who have been advised to avoid or take special precautions with particular activities. We ensure teachers and PE staff are aware of the potential triggers for pupils' medical conditions when exercising and how to minimise these triggers. Staff are aware of the potential for children with medical conditions to have special educational needs (SEN). The school's SEN coordinator consults the child, parents and pupil's healthcare professionals to ensure the effect of the child's condition on their schoolwork is properly considered.

## **37. Insurance**

The Headteacher and School Business Manager are responsible for ensuring staff are insured to carry out healthcare procedures and administer medication. A copy of the CYC insurance policy is available for all staff upon request. Additional insurance may need to be taken out for specific procedures and the Headteacher will ensure relevant staff are able to access a copy of the insurance policy.

## **38. Complaints**

For details on how to make a complaint around medical issues in school, please follow our school complaints procedure available from the school website.

## **39. Home to School Transport**

Parents are responsible for informing SEN transport or Integrated Passenger transport if their child has a medical need that they may require assistance with during the journey to and from school.

## **40. Dignity and Privacy**

At all times we aim to respect the dignity and privacy of all children with medical conditions. We do this by only sharing information with those who have a role in directly supporting the child's needs. We are considerate when giving / supervising medication / managing health care needs.

## **41. Distribution of the School Medical Policy**

Parents are informed about this school medical policy:

- At the start of the school year
- When their child is enrolled as a new pupil
- Via the school's website, where it is available all year round.

School staff are informed and reminded about this policy during school training days and whole school staff meetings.

**The Governing Body reviews this policy annually.**