



Supporting Children with Medical Conditions

The Ursuline Preparatory School does not undermine the fundamental British values of democracy, the rule of law, individual liberty, and mutual respect and tolerance of those with different faiths and beliefs.

This policy applies to all pupils throughout the school including those in the Early Years Foundation Stage.

This policy is in regard to 'Supporting pupils at school with medical conditions' *Department for Education – December 2015*

1 Introduction

Parents of children with medical conditions are often concerned that their children's health will may deteriorate when they attend school. Some pupils may need on-going support, medicines, and care to help them manage their conditions to keep them well.

Children's health may change over time and cannot be predicted and can lead to prolonged or frequent absences.

With clear guidance from healthcare professionals, parents, and additional training we can support children in school and develop clear care plans to support and help children to enjoy and feel supported in school.

2 Key points

- Pupils at Ursuline Preparatory School with medical conditions will be properly supported so that they can have full access to education, including school trips and physical education.
- The Headteacher and Governing Body will ensure that arrangements are in place in the school to support pupils at school with medical conditions.
- In regard to the Children and Families Act 2014 the Headteacher, Deputy Headteacher and Head of SEN consult with health care and social care professionals, teachers, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

- Where pupils with SEN's, medical conditions or disabilities, the Headteacher, SENCO and Trustees will comply with their duty to support them at school under the Equalities Act 2010 (*please see SEN Policy*)

3 Staff

- 3.1 All members of staff at the Ursuline Preparatory School are qualified first aiders and appropriate training and retraining (every three years) is given in order to meet the statutory requirements which have been approved by the H.S.E. All staff members of the Pre-Prep department are qualified paediatric first aiders and hold paediatric first aid certificates.
- 3.2 Mrs. Long monitors resources. This is consistent with the guidance as set out in 'Practice Guidance for the Early Years Foundation Stage'. Mrs. Pauline Wilson is in charge of first aid overall.

4 Short term medicines

- 4.1 Medicines should normally be administered at home and only taken into school when absolutely necessary (where it would be detrimental to the child's health, or greatly impact on a child's school attendance, if the medicine were not taken during the school day).
- 4.2 The school will only administer medicine:
- After a medicine form has been completed by the parents. These forms give staff permission to administer medicine and give details of dosage and times to be administered. The forms are kept in the school office. (*appendix 2*).
 - The medicine is supplied by the parent and includes a medicine spoon (if required).
 - Medicine is in date and is in the correct bottle.
 - Medicines should not be administered in excess of three times daily.
 - Asthma pumps and Epi-pens (*see following section*).

- Under no circumstances should a parent send a child to school with medicines e.g. throat sweets/tablets without informing the school. These are a potential choking hazard.
- Parents are encouraged to come into school and administer medicines to their own children. They must report to the office on arrival at school, the office staff will then contact the class teacher and request that the child reports to the office.
- If the medicine is not administered at the requested time due to unforeseen circumstances or extenuating circumstances e.g. child visiting the cathedral for Christingle rehearsal and therefore not being in school to receive the required medication. Then the parent will be contacted to inform them of the scenario.

5 Storage of Medicines

- Medicines will be kept in a locked medicine cupboard or the fridge in the upper staff room.
- Calpol and Piriton are kept in a secure cupboard in the first aid room and will only be used if parents have given their permission. e.g. if a child has a mild allergic reaction or a high temperature at school a parent will be contacted for permission. After administering the medicine the blue first aid book will be completed. This is kept in the First Aid cupboard in the First Aid room and checked weekly.
- Asthma Pumps and Epi-pens
Children who have long-term conditions such as Asthma and conditions requiring Epi-pens have a health care plan. This is completed (additional information regarding the child's condition is also added), signed and dated by the parents. These are kept in the child's school file. Housekeepers and classroom teachers have an additional copy. (*Appendix 3*)

Asthma pumps

each child who has been diagnosed with asthma or who has been prescribed an asthma pump has two in school. One is kept in the class room and the spare is kept in the First Aid Room. Both are clearly labelled. Juniors are responsible for their own and the Infant class teachers are responsible for any pumps within their care. These are taken on school trips. When asthma pumps are used in school the blue book must be completed.

This is kept in the First Aid cupboard in the First Aid room and checked by Mrs. Long weekly.

Epi-pens

each child who has been prescribed an Epi-pen has two in school, one of these is kept in the First Aid cupboard in the First Aid Room the other is kept in the class First Aid bag. Both are clearly labelled. Training is given to all staff when they are receiving their regular first aid training. When Epi-pens are used in school the blue book must be completed. This is kept in the First Aid cupboard in the technology room and checked weekly.

- Other specialist medications

In specialist cases, such as children with diabetes, medication and records will be kept in the child's classroom in a secure cupboard out of reach of the children.

6 Long term medical needs

Where a child has long term medical needs, a care plan will be written by the SENCO with the assistance of healthcare professionals/parents. The parent and Headteacher will sign the care plan once it has been completed. This may also result in an individual risk assessment also being required. When circumstances allow the care plan must be completed within two weeks. It will be followed and reviewed annually or sooner if required.

It is the parent's responsibility to inform the school of any changes to the child's condition that may require the details of the care plan to be altered.

The Headteacher must ensure that named staff are trained to administer or give the level of care required by the details of the care plan.

The school, will make all efforts to ensure that it has sufficient information about the medical condition of any child with long-term medical needs and will request meetings with parents and recognised medical practitioners regularly to provide the correct level of training. Training will be specific to the individual child concerned.

There will also be regular training for all staff on more generalised needs e.g. asthma awareness, epi-pen training and diabetes. The school is supported by health care professionals' who provide staff with advice and any relevant training on request.

At regular meetings the safeguarding team will review any incidents that could affect the welfare and health of pupils (*refer to the Safeguarding and Child Protection Policy*). Any concerns must be addressed to the Headteacher.

The safeguarding team will also review with the Headteacher if any children are being put at risk at school or in activities that could be detrimental to their welfare.

The individual care plan will include details such as triggers, signs and symptoms and treatments, who is responsible for the individual care of the pupil (if applicable) and it must be signed by the parents.

When necessary, the care plan will also include the level of care needed, how absences may be managed and additional support provided in lessons.

If a child is taking responsibility for their own health needs i.e. self-medication – the care plan will clearly set out arrangements for them to do this, and who will support them with this.

Risk Assessments for school activities or trips will take into account children with medical conditions.

In an emergency a member of staff will be sent into the office to dial 999, inform the Headteacher as soon as possible and telephone the parents (*see appendix 1*).

Each class teacher has an up-to-date information sheet issued every September which includes allergies, ailments, medications, and parental contact numbers. These are updated when changes occur. These will accompany the class on school trips.

Ursuline Preparatory School Health Care Plan

Child's Name	
Class	
Date of birth	
Child's Address	
Medical Diagnosis or Condition	
Date	
Review Date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Phone no. (work)	
(home)	
(mobile)	

Clinic/ Hospital Contact

Name	
Phone no.	
G.P.	
Name	

MILD REACTIONS

If in doubt – give treatment

Symptoms Displayed; **One** or more of the following may occur

- Itchiness even if no rash
- Rash or blotchiness
- Swelling around the eyes
- Swelling around the mouth, with no difficulty breathing or swallowing

Use the spaces to document any other reactions that the child may have experienced

➤ If a child is unable to speak, or otherwise causing alarm, seek medical help and use the “severe reactions” protocol.

Indications for treatment; Any of the above symptoms or signs. (For known asthmatics, if wheezy, give their usual asthma treatment in addition to the medication below.)

Cross out if not applicable

Medication Give generic and trade names of the antihistamine used,

.....

.....

Details of Dose State the dose in mg and mls.....

Method and time of administration By mouth, at the onset of symptoms.

NB

After administering medication;

- Telephone and advise parents –(contact number on page 1). An agreement should be reached on ongoing supervision.
- If symptoms are more severe after 10 minutes, or if there is no improvement after 20 minutes, repeat the dose. If this is required- seek medical help, as a period of clinical observation will be required.
- Do not leave child alone
- Observe in case he/she goes on to develop a serious reaction
- If serious reaction develops follow protocol for EpiPen administration (on next page)
- Seek medical help if concerned, or if a severe reaction develops

SEVERE REACTIONS (also known as ‘Anaphylaxis’ or ‘Anaphylactic Shock’

If in doubt – give treatment

Symptoms Displayed One or more of the following may occur

- Severe swelling of lips or face
- Tongue becomes swollen
- Difficulty breathing
- Unable to speak
- Wheeze*
- Difficulty in swallowing
- Neck feels funny
- Feel weak or faint
- Feeling of impending doom
- May become unconscious

Use the spaces to document any other severe reactions that the child may have experienced.

Cross out if not asthmatic

Indications for treatment Any of the above symptoms or signs. (*Mild to moderate wheeze in the absence of other symptoms or signs indicates an asthma attack. This should be treated with the patient’s usual asthma medication, rather than Epinephrine. For known asthmatics, if wheezy, give their usual asthma treatment in addition to the medication below.

..edit in Epipen Junior, if appropriate

Medication Epinephrine (Adrenaline) -

Supplied as a preloaded pen device (Epipen)

Details of Dose Administer the pen device into the muscle on the outside of the thigh. (see page 4)

1. **GIVE EPIPEN straight away – minutes count. It can be administered through light clothing (note time).**
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2. **PHONE 999 stating sever allergy and anaphylaxis (“ANA-FIL-AX-IS”).**
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3. **IF THE CHILD IS PALE OR FAINTING – Keep them lying flat.**
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4. **Contact parents – (contact number on page 1)**
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5. **If no reaction 5 minutes after the Epipen Injection, repeat the dose.**
↓
6. **Do not leave the child alone – place in recovery position if unconscious.**
Observe breathing and pulse. ↓

Follow up care: The child should not be left alone whilst any symptoms persist.

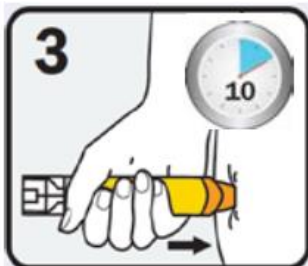
How to give EpiPen®



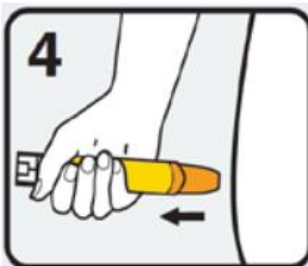
Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®. Massage injection site for 10 seconds

Parents - To register for a free reminder alert service go to www.epipen.co.uk