KING EDWARD VI
ACADEMY TRUST
BIRMINGHAM

KING EDWARD VI
KING'S NORTON
SCHOOL FOR BOYS

Supporting Children with Special Medical Conditions Policy	
Committee	LGB
Policy Type	School Policy
Policy Owner	A Griffiths
Statutory	Yes
Publish Online	Yes
Last Review Date	December 2024
Review Cycle	Annual
Next Review Date	December 2025
Expiry Date	March 2026
Version	1

Rationale:

From 1st September 2014, Section 100 of the Children and Families Act 2014 placed a duty on our Governing Board to make arrangements for supporting children with medical conditions. Governors must also consider their duties under the Equality Act (2010). The Health and Safety at Work Act 1974 provides that it is the responsibility of the governing board to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety. The school takes advice and guidance from Birmingham Local Authority's *'Medical Guidance in Schools handbook'* and Birmingham Local Authority Policy '*Medication in Schools'*, and *'Supporting pupils at school with medical conditions* ' DfE, September 2014.

1. **Entitlement:**

1.1 Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.

2. **Aims:**

2.1 The policy and procedures of our school are primarily designed for the benefit of the child but are also there to maintain the safety of the school staff and other pupils. The school aims to:

- Ensure children with medical needs can access and enjoy the same opportunities at our school as any other child, if at all possible
- Focus on the needs of each individual child and how their medical condition impacts on their school life
- Assist parents in providing medical care for their children, making arrangements which gives parents and children confidence in the school's ability to effectively support them
- Educate staff and children in respect of special medical needs; children are taught about illness and disability and are encouraged to respect medicines.
- Ensure that the appropriate staff are properly trained to support individual pupils
- Liaise as necessary with medical services in support of the individual pupil
- Monitor and keep appropriate records of meetings with parents, health professionals and of any medicine administered

2.2 The school accepts that all employees have rights in relation to supporting pupils with medical needs as follows:

- Choose whether or not they are prepared to be involved
- Receive appropriate training within the Local Authority guidelines
- Work to clear guidelines
- Bring to the attention of the Senior Leader Team any concern or matter relating to supporting pupils with medical needs

All school staff are insured for administering medicines. They are NOT insured to complete invasive procedures, such as injecting medicines or fitting nasal feeding tubes. Clarification will be sought from the Local Authority and School Nursing Service if there are any concerns.

Procedures:
Once our school is aware of a child with special medical needs, the following procedure must be followed:

- The medical needs coordinator and (where possible) a relevant health professional meets with parents and child (where appropriate) to ascertain how to meet the child's medical needs on a day-to-day basis through the development of an individual healthcare plan (see below). In the case of the medical needs coordinator's absence, a member of the Senior Leadership Team will take part in the meeting.
- All relevant staff will then be informed of the child's condition
- Separate meetings are needed regarding day or residential visits in order to risk assess, especially where the medical needs are complex.
- Where necessary, training is provided for staff who are willing to meet the needs of a child with medical needs, including those staff who may provide cover in case of absence.
- The headteacher will organise training with the relevant healthcare provider,
- Wherever feasible, arrangements are in place before a child starts at our school. Close liaison takes place between King Edward VI King's Norton School for Boysand any feeder School. If a child starts mid-term, where possible, arrangements are put into place before the child starts.
- When a child with medical needs leaves our school, preparations are discussed with their new school to ensure a smooth transition.
- In case of teacher absence, where possible and deemed necessary the school will inform any cover staff of any special medical needs and of any Individual Healthcare Plans.

Schools do NOT have to wait for a formal diagnosis before providing support to pupils. The prime responsibility for a child's health lies with the parent/carer who is responsible for the child's medication and should supply the school with information. However, teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency.

Individual Healthcare Plans:
An individual Healthcare Plan (IHCP) is agreed at the initial meeting (see above). If no healthcare professional is available at the meeting, advice will be sought. Appropriate self-care and independence are encouraged for the child, although children will always be monitored by an adult. The IHCP gives the key information and actions required to support the child effectively. The level of detail within the IHCP will vary dependent on the complexity of the condition and degree of support needed, Even the same medical condition will differ for each individual. When designing an IHCP, the following points are considered for inclusion:

- the medical condition, its triggers, signs and symptoms;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs — for example, how absences will be managed, use of rest periods or additional support in catching up with lessons, the need to provide work at home for a planned absence, counselling sessions; the child may need support from one of our Teaching Assistants or Family Support Worker or the class/set teacher may need to send home work. The school will liaise with the parents to encourage minimal time loss from

lessons for medical appointments. Children will NOT be penalised for their attendance record if their absences are related to their medical condition.

Not all children with a medical need will require an individual healthcare plan (IHCP). For example, most children with asthma will not need an IHCP unless the condition is severe. The school, healthcare professional and parent will agree what is appropriate. If a consensus cannot be reached, the Head Teacher or Deputy Head Teacher will take the final view. Where an IHCP is agreed, it provides clarity about what needs to be done, when and by whom, as stated above.

Where a child has Special Educational Needs (SEN) but does not hold a statement or Education and Health Care Plan (EHC) plan, their SEN are mentioned in their IHCP. A review period for the completed IHCP of at least annually is agreed, or earlier if evidence is presented that the child's needs have changed.

A flow chart for agreeing the support a child needs and developing an IHCP is available in Appendix 2.

Expectations:
It is expected that:

- Employees will consider carefully their response to requests to assist with the supporting of medical needs and that they will consider each request separately.
- Where parents have asked the school to administer medication the prescription and dosage regime should be typed or printed clearly on the outside. The school will only administer medicines in which the dosage required is 3 times a day, or needs to be administered at particular times. If medication is prescribed parents are asked to support school procedure and discuss with GP if timing of medication can be arranged to avoid medication being taken during school hours. If a child is clearly unwell the parent will be asked to take and treat them at home.
- Before any medicine can be administered the parent/carer must complete and sign the School Medicine Record. This completed form is kept in a First Aid file in the medication cupboard in the medical needs room.
- All medicines must be brought to and from the medical needs room by an adult they will be stored in a cool box, which is accessible to adults, but out of reach of children. (In exceptional circumstances, and with medical advice, additional medication may be stored securely in the classroom,)
- medicines should be clearly labelled with:
    - Child 's name
    - Name of medicine
    - Dose and time to be given Any other special instructions
- Whenever a child leaves the premises, or during extra-curricular activities after school, the supervising adult must assess whether it is necessary to take their medication.
- All medication must be collected by an adult when no longer needed. If it is not possible to return the medicine to the parents, it will be taken to the local pharmacy.

No medicine will be disposed of into the sewerage system or into the refuse. Current waste disposal regulations make this practice illegal.

- It is the responsibility of the parents to inform school of any changes in dosage or administration.

The nominated Medical Needs Co-ordinator is a certified first aider and is responsible for:

1. Overseeing the medical procedures in school
2. Ensuring that the information on medication is accurate and up to date, that medication has not reached its expiry date and that the equipment and devices are cleaned and kept in working order,
3. Ensuring that the medication box is checked regularly and any medication which is no longer required is returned to parent/carer.
4. Developing and maintaining lists of those children and those with other allergies or chronic medical conditions are updated at the beginning of each academic year.
5. Ensuring that children with special medical needs have an Individual Healthcare Plan (IHCP) developed in partnership with parents, school staff, school nurses and medical advisors. A copy of this is displayed in the staffroom, one inside the medication cupboard in classrooms, one by the medical storage area in the main entrance and one in the class register. At the request of parents/carers, the care plan may also be displayed prominently on the exterior of the medication cupboard door.
6. Ensuring that IHCPs are reviewed annually.

Emergency Medication:
Emergency medication is always readily available in the medical cupboard in the medical needs room. A copy of the child's care plan is kept with the medication and includes clear and precise details of actions to be taken in an emergency.

Specialist training on asthma and allergy awareness including auto-injector (Epipen, Jext, Emerade) use is undertaken annually for all staff. Other training relating to the specific medical conditions currently in school is arranged as necessary.

Unacceptable Practice:
Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice 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 the individual healthcare plans;
- If the child becomes ill, send them to the school office for medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are unavoidable due to their medical condition;
- 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, e.g. by requiring parents to accompany the child.

Complaints:
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 issues, they may make a formal complaint via the school's complaints procedure

Asthma Policy

Introduction

Asthma is a common condition which affects about one in ten children.

Various trigger factors make the airways over sensitive and the airways become narrow and inflamed (red and swollen)

The most common symptoms are a cough, breathlessness, cheats tightness and wheezing or a combination of these.

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 G.P. and any relevant hospital details.

Common Triggers

Not all children will respond to the same triggers, however the most common triggers to affect children at school are:

- Exercise
- Viral infections
- Sudden changes in temperature such as damp, cold air.
- Pollen and mould spores
- Stress/excitement/distress
- Chemicals (including: cleaning products and toiletries)
- House dust mites and dust
- Furry or feathery animals/ birds
- Smoking (passive or active)

Main Treatments

Reliever Inhalers

These are usually blue inhaler delivery devices. Salbutamol (e.g. Ventolin) Terbutaline (e.g. Bricanyl) are two examples of relievers. They work almost immediately and are normally effective for up to four hours. However, if a child needs to use their reliever inhaler more often, they should be allowed to do so. Parents are informed of the usage as the child may need a medical review. Reliever inhalers work on the tightness or spasm in the airways that occurs during an asthma attack, by relaxing the tightness and opening up the airways allowing the child to breathe more easily.

- Reliever (blue) inhalers should be used whenever the child is experiencing asthma symptoms.
- They can also be used prior to exercise and must be available during exercise if needed.
- They must be readily accessible to children at all times including during break times and lunchtimes.
- Reliever inhalers must always be taken with the child on all off school site activities e.g. trips, swimming or outdoor pursuits.)

Students are encouraged to carry their inhalers at all times, the schools central storage should be used as only a reserve inhaler.

Preventer Inhalers

These usually come in brown/orange/cream/purple or red inhaler delivery devices. These inhalers need to be used regularly morning and evening. They work reducing the inflamed lining of the airway. This makes the airways less sensitive and less likely to react to the trigger factor thereby reducing the number and frequency of the attacks suffered.

Preventer inhalers do not work during an asthma attack. They are rarely needed in school and should only be used in accordance with their prescribed usage.

Safety and Storage of Asthma Inhalers

- At King Edward VI King's Norton School for BoysInhalers are stored centrally in the Me as a reserve inhaler, Pupils are required to keep their main inhaler on person.
- Inhalers must be labelled with the students name and form.
- The reliever medication is very safe, high doses may cause light headedness or a shaky feeling but this is a short term effect and will wear off.
- If a non-asthmatic child uses a reliever inhaler, they will not harm themselves, although care should be taken to make sure children are only using medicine prescribed to them.
- Inhalers should not be stored in excessive hot or cold temperatures
- It is the parent's responsibility to regularly check (every half term) their child's school inhaler to ensure that it is in date, full of medication and clearly labelled with their child's name.

Assessing an Asthma Attack.

Three typical symptoms in an asthma attack are breathlessness, Wheezy breathing and coughing. Some children may also complain of a tight chest. Because asthma varies from child to child, it is impossible to give rules that suit everyone, however the following guidelines are used:

- Mild: May involve an increase in coughing, slight wheeze but the child has no difficulty in speaking and is not distressed.
- Severe: the child is in distress and anxious, gasping or struggling for breath and is unable to complete a sentence; they may be pale and sweaty and may have blue lips.

Treating an Asthma Attack

It is important that all staff know how to manage a child experiencing an asthma attack.

In any asthma attack the child must have immediate access to their reliever (blue) inhaler. Mild asthma attacks should not interrupt a child's participation in school activities. As soon as they feel better, they may return to normal school activities.

In the Event of an Asthma Attack

The following procedure should be followed:

- Stay calm and reassure the child.

- Help the child to:
    - Breathe slowly
    - Sit upright or lean forward
    - Loosen tight clothing.
- Help the child to take their reliever (blue) inhaler (preferably through a spacer device if available)
- Repeat reliever inhaler as required until the symptoms resolve.
- Stay with the child until attack resolve.
- If the child requires repeat reliever medication within four hours allow them to do so but always notify the parent immediately.
- Always inform parents if a child has needed to use their reliever inhaler in school.

In the event of an asthma attack school staff should follow the procedure outlined in the 'Asthma Attack Flowchart' (see appendix 2). This flowchart should be visibly displayed in staff room and first aid areas.

In the Event of a Severe Asthma Attack
Always call for an ambulance if any of the following occur:

- There is no significant improvement in the child's condition 5-10 minutes after using their reliever (blue) inhaler.
- The child is distressed and gasping or struggling for breath.
- The child cannot complete a sentence.
- The child is showing signs of fatigue or exhaustion.
- The child is pale, sweaty and may be blue around the lips.
- The child is exhibiting a reduced level of consciousness.
- There are any doubts about the child's condition.

Whilst waiting for the ambulance to arrive:

- Stay calm and reassure the child
- The child should continue to take puffs of their reliever (blue) inhaler as needed until their symptoms resolve.
- If the child has a spacer device and a reliever inhaler available give up to then puffs, one puff every minute (shaking the inhaler between each puff).
- If the child's condition is not improving and the ambulance service has not arrived this may be repeated.
- Ensure the child's parent is contacted.

Training
All staff receive an annual training session on asthma management. Which explains the condition, signs and symptoms, how and when to administer treatment, emergency procedures and management issues. This training will be carried out by a registered healthcare professional.

APPENDIX 1

Individual Healthcare Plan (IHCP)

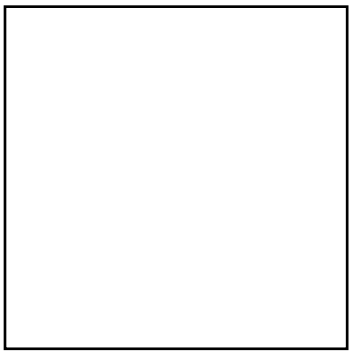
Name:

Date of Birth:

Class:

School:

Emergency contact numbers:

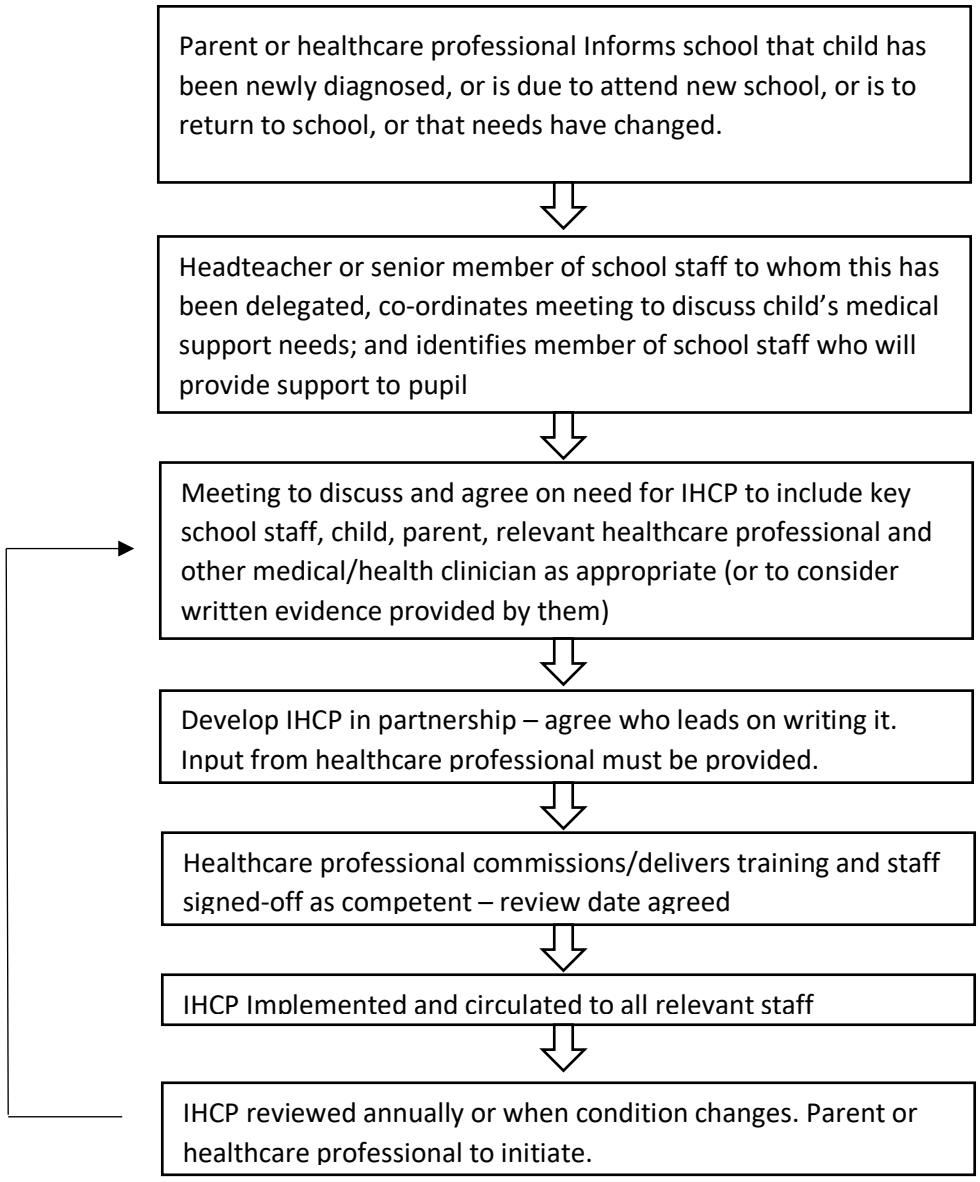


Medical Condition:

Description of the condition and details of individual symptoms:

Appendix 2

Annex A: Model Process for developing individual healthcare plans.



Appendix 3

Asthma attack flow chart

In the event of an asthma attack:-

- Stay Calm and reassure the child
- Encourage the child to breath slowly
- Ensure any tight clothing is loosened
- Help the child to take their Reliever (blue) inhaler

Usually 2-4 puffs (ideally given individually through the spacer device, if available) are enough to bring the symptoms of a mild attack under control

HOWEVER DO NOT BE AFRAID TO GIVE MORE IF NEEDED

RELIEVER MEDICATION IS VERY SAFE

ALWAYS CALL FOR AN AMBULANCE
IF ANY of the following occur:

- There is no significant improvement in 5-10 minutes
- The child is distressed and gasping or struggling for breath
- The child has difficultly in speaking more than a few words at a time
- The child is pale, sweaty and may be around the lips
- The child is showing signs of fatigue or exhaustion
- The child is exhibiting a reduced level of consciousness
- You are concerned about the child's condition at any time

Whilst the ambulance is on its way, the child should continue to take puffs of their reliever (blue) inhaler as needed until their symptoms resolve.

Alternatively, if the child has a spacer device and reliever (blue) inhaler give up to ten puffs, one puff every minute (shaking the inhaler between each puff).

If the child'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.