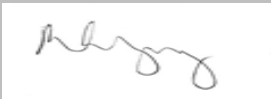
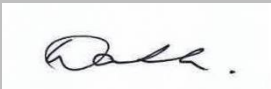




Supporting Children with Medical Conditions

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Abstract: This policy sets out the process for supporting children with short term and long term medical conditions including children too unwell to attend school. It should be read alongside the Medication in School and Supporting Children with Asthma policies.

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Approved by:	Mrs J Watson Headteacher	
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Introduction

Most children will at some time have short-term or simple medical needs at school, such as finishing a course of medication. These children will usually require minimal additional support to fully attend and take part in school. However pupils with long-term and complex medical conditions may require on-going support, medication and care while at school to help them manage their condition and keep well. Others may require interventions in an emergency situation. Many of the medical conditions that require support at school will affect the quality of life of a child and some may be life-threatening or life-limiting. The purpose of this policy is to show how Lent Rise School can support children with simple and complex medical needs during school time.

Aims

- To ensure that pupils at Lent Rise School with medical conditions are properly supported so that they have full access to education, including school trips and PE, play a full and active role in school life, remain healthy and achieve their academic potential.
- To ensure that each child with a medical condition is treated with dignity and as an individual.
- To ensure a safe and speedy response where children require emergency medication or medical intervention.
- To ensure proper consultation between the school, health and social care professionals, pupils and parents to ensure that the needs of children with long term or complex medical conditions are effectively supported.

The impact of long-term or complex medical conditions on children in school

- Children may have long or frequent periods of absence as a result of symptoms or of medical appointments.
- Having a medical condition can signify the child as 'different' peers, either through physical symptoms or long-term or frequent absence.
- Having a medical condition may lead to anxiety, a lack of confidence or feelings of powerlessness.

Unacceptable practice

The school will not:

- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents.
- Send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch.

- Penalise children for their attendance record if their absences are related to their recognised medical condition and are otherwise unavoidable.
- Prevent pupils from drinking, eating or taking toilet or rest breaks when 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 toileting issues.
- Prevent or create unnecessary barriers to children participating in any aspect of school life, including school trips, for example requiring parents to accompany the child.

Individual Medical Support Plans (IMSP - formerly IHCP)

The role of IMSPs

IMSPs form the basis for supporting children with medical conditions. They are required for all children with long term or complex medical conditions.

The aim of the IMSP is to look at the impact and needs of a child with a medical condition and clearly set out what the school is able to do to meet these. These needs will not just be medical and the plans focus on a broad range of physical, social and emotional needs to encourage each child to take a full and active role in school life. An IMSP will be designed around the needs of the child, not their medical condition, as a recognition that two children with the same medical condition may require very different support.

IMSPs are school generated and should not be confused with Education Health and Care Plans (EHCPs) which are generated and managed through the local authority.

IMSPs may be initiated by the Headteacher, teacher or other school staff providing care to a child. Plans will be drawn up with input, where available, from healthcare professionals. The level of detail in each plan will vary from child-to-child based on the complexity of their condition.

IMSPs will be securely stored in the school office where they can be accessed in case of emergency. The Wellbeing Ambassador is responsible for ensuring that IMSPs are updated at least annually; however the plan should be updated more frequently if the child's needs change.

Admissions

No child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made (School Admission Code 2012) however, a child's health should not be put at risk because they attend school and in line with the school's safeguarding duties, the school will not accept a child in school where we cannot meet their medical needs and it would be detrimental to the child or others to do so.

Absences

Children with long-term medical conditions may have a higher than average level of school absence due to appointments or symptoms that prevent them from attending school.

Children with a long-term medical condition are also at higher risk of Emotionally Based School Avoidance (EBSA) or becoming a child missing education (CME).

With all absences parents are required to report the reason for absence using Parentmail or by telephoning the school before 9am to inform the school that a child will not be attending that day.

Children (and their parents) will not be penalised for absences resulting from a recognised medical condition where the absence is unavoidable and to ensure this parents may be asked to provide proof to cover absences if a child's attendance falls significantly below average. Proof may take the form of an appointment card, copy of a prescription or medication dispensing label, letter or other communication from a GP, specialist or other medical professional. More detailed information on supporting attendance is available in the school's attendance policy.

For short absences staff may be able to provide work for children to complete at home if the child is well enough. Long term absences (over 15 consecutive school days) will be discussed as part of the IMSP to see where additional support can be provided.

Children who are too unwell to attend school - long term (over 15 consecutive school days)

The Local Authority has a statutory duty to arrange suitable education for pupils who because of illness would not receive suitable education, for example children undertaking a long stay in hospital. This must be full-time education unless the pupil's health means that full-time education would not be in his or her best interests. More information is available from Buckinghamshire Council is available at <https://www.buckinghamshire.gov.uk/schools-and-learning/school-attendance-and-supporting-children-in-education/home-tuition-and-hospital-teaching-services-guidance>.

Lent Rise School will work closely with the local authority, parents and healthcare providers to ensure robust education support is in place and that where appropriate the children can maintain positive interactions with classmates, for example through video-calls or sharing cards and letters.

Reintegration

When a child returns to school, staff will work with the child to ensure a smooth reintegration, including catching up on missed work. This may involve working in a small group or with one-to-one support.

The Headteacher may consider a reduced timetable or gradual transition back to school if this is in the best interests of the child.

Medical appointments

Where possible parents should schedule medical appointments outside of the school day. Where this is not possible, parents should bring in the appointment confirmation letter or card to confirm the child's absence and in these instances appointments will be authorised.

Medication

Medicines will only be administered in school where it would be detrimental to a child's health if the medicine were not administered during the school day. Where clinically possible, medication should be prescribed in dose frequencies that enable them to be taken outside of school time. For more detailed information please see the school wide policy for administering medication in school.

Medical procedures

Some children may require medical procedures to be carried out during school time, such as blood glucose level testing or physiotherapy. These will be discussed with parents and the school nurse as part of the IMSP. The school will make reasonable adjustments to accommodate medical procedures in school where appropriate. The Headteacher will make any final decisions about what actions are reasonable, in consultation with the child, parents, staff and healthcare professional.

School staff who will be performing or assisting a child with their medical procedure must receive training from a healthcare professional and be declared as competent by the school nurse.

Personal care

Procedures for children with toileting or personal care needs as a result of their medical condition will be discussed as part of a child's IMSP. For general information on toileting please see our toileting policy.

Emergency procedures

Each class has an alert tag that can be delivered to the office by a child informing them of an emergency in the classroom. A member of staff will go to class to assess the situation and communicate with the School Office via radio, to save time, the member of staff should take the emergency medical response kit stored in the school office. Playground supervisors also have radios to communicate any emergencies that occur outside. There are additional radios for each year band and for staff to carry outside when on playground duty or during PE. Additional measures will be considered on a case-by-case basis.

Where a child has an IMSP this should describe the procedure to follow if a child has a medical emergency including triggers, signs and symptoms, emergency medication, contact information and any information that needs to be passed to paramedics. All relevant staff will be made aware of this. In some cases it may be advisable to inform the children in that child's class of what a medical emergency may look like and what actions to take if this happens. This should be discussed with the child and their parents beforehand however the final decision will rest with the Headteacher.

Where a child does not have an IMSP, staff will call an ambulance and follow first aid procedures where appropriate (in the case of an asthma attack, anaphylactic shock or other unknown serious medical emergency) to sustain life and make the child comfortable until help arrives. All staff are emergency first aid trained. The named first aiders are Louise Barnard, Jill Watson, Rachael Small, Daniel Holliday, and Hannah Slade.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child in the ambulance. Staff must only take children to hospital in their own car in exceptional circumstances (such as ambulance service industrial action, when all other options have been exhausted) with the Headteacher's direct approval. In

this event two members of staff must accompany the child and the car driver must have business insurance and a suitable car seat.

Trips, visits and sporting activities

Children with medical conditions should be actively supported to join in with trips, visits and sporting activities and should not be prevented from doing so unless evidence from a healthcare professional states that this is not possible.

Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities.

The school will make reasonable adjustment to enable children with medical conditions to participate fully and safely on visits. A risk assessment should be carried out to take into account any steps the school may need to take. This will require consultation with parents and pupils and advice from the school nurse or other healthcare professional.

The procedure for storing and administering medications on school trips is detailed in the school medications policy.

Home to school transport

Emergency procedures for Home to school transport are laid out in the school's emergency plan. Variations to these procedures will be as part of a risk assessment should a child with a medical condition also use home to school transport. Where pupils have life threatening conditions, specific transport healthcare plans should be carried on the vehicle.

Children with SEND

Where a child has a medical condition and special educational needs, their IMSP should be linked to the child's Education, Health and Care Plan where they have one.

Unwell children

If a child becomes unwell during the school day, whether they have a recognised medical condition or not, they should be assessed by the member of staff. Where a child needs to go home because they are unwell a member of staff will contact parents and the child should, where possible, remain in class supported by staff until a parent or carer arrives.

Children with infectious or communicable diseases

Children who are at school should be well enough to attend and take part fully in the school day. In some cases a child may seem well but is recovering from a communicable illness and may still be infectious. The school follows guidelines from the Health Protection Agency on how long a child should remain away from school after a particular illness. These guidelines are designed to help stop the spread of an infection and protect children and staff alike. They are particularly important in schools as some common childhood illnesses such as chicken pox can be serious for a child or staff member who is immunosuppressed or pregnant. More information can be found in the school office about HPA guidelines. If a child attends school before they are well enough or before a safe time has elapsed the school will contact a parent to immediately collect them.

Supporting Children with Allergies

Many children in school will have mild allergies such as hayfever. Any allergy however mild should be noted on a child's SIMS record. Where a child has been diagnosed with a severe allergy or is at risk of anaphylaxis they must have an IMSP.

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly, but can occur up to 2-3 hours later. It is potentially life threatening and always requires an immediate emergency response.

What can cause anaphylaxis?

Common allergens that can trigger anaphylaxis are:

- foods (e.g. peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame and soya)
- insect stings (e.g. bee, wasp)
- medications (e.g. antibiotics, pain relief such as ibuprofen)
- latex (e.g. rubber gloves, balloons, swimming caps).

It is very unusual for someone with food allergies to experience anaphylaxis without actually eating the food: contact skin reactions to an allergen are very unlikely to trigger anaphylaxis but the child should still be closely monitored.

The time from allergen exposure to severe life-threatening anaphylaxis and cardio-respiratory arrest varies, depending on the allergen:

- Food: While symptoms can begin immediately, severe symptoms often take 30+ minutes to occur. However, some severe reactions can occur within minutes, while others can occur over 1-2 hours after eating.
- Severe reactions to dairy foods are often delayed, and may mimic a severe asthma attack without any other symptoms (e.g. skin rash) being present.
- Severe reactions to insect stings are often faster, occurring within 10-15 minutes.
- In severe cases, the allergic reaction can progress within minutes into a life threatening reaction. Administration of adrenaline can be lifesaving, although severe reactions can require much more than a single dose of adrenaline. Adrenaline should therefore be administered immediately, at the first signs of anaphylaxis.

DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES.

Children at risk of anaphylaxis should have their prescribed auto-injector devices at school for use in an emergency. The Medicines and Healthcare Products Regulatory Agency currently advise that anyone prescribed an auto-injector should carry two with them at all times. In reality the feedback from parents has been that many GPs are unwilling to prescribe enough auto-injectors for a child to have two permanently stored at school. Children must therefore have one auto-injector in school at all times. If the child is going on a trip or activity out of school, they must have two auto-injector devices with them.

Storage in school

A child's auto-injector is stored in a red bum bag which the child will keep with them throughout the school day unless a specific agreement is made between parents and the school which should be detailed in the child's IMSP. Parents should collect their child's auto-injector before school holidays (including half-term breaks) to ensure that they remain in date and have not expired.

Emergency Auto-injector

The school holds two emergency auto-injector kits

Usage

The rules for administering the school's emergency auto-injector has recently changed and auto-injectors can now be given to save the life of **any** child experiencing the symptoms of a severe allergic reaction even if they have not previously been diagnosed with an allergy. Staff taking any children out of school should for a trip or visit should take an emergency auto-injector kit with them.

Auto injectors are available in different doses.

Due to the age and weight range of our children each kit will contain;

2x Jext or Epi-Pen (both to be same brand) auto injectors 150mcg for use on children weighing under 30kg (4.7 stone)

2x Jext or Epi-Pen (both to be same brand) auto injectors 300mcg for use on children / adults weighing over 30kg (4.7 stone)

Staff are not expected to weigh children in the event of an emergency allergic reaction and should make an **approximate** assessment of which auto-injectors to use. As a very rough guide average sized 8 year olds (Year 3 or 4) will be around 30Kg so consider if a child is very small or large for their age.

The school auto-injectors will be stored in Front Office. Alongside the auto-injectors the kit will include:

- Instructions on how to use the device(s).
- Manufacturer's information.
- An administration record.

Many allergic children also have asthma, and asthma is a common symptom during food-induced anaphylaxis. As such the auto-injector should be stored alongside the emergency inhaler kit.

The school's auto-injector devices held in the Emergency Kit should be kept separate from any pupil's own prescribed auto-injector devices and clearly labelled to avoid confusion with that prescribed to a named pupil.

Staff responsibility and training

The Office Manager will have responsibility for ensuring that:

- on a monthly basis the auto-injector devices are present and in date.that replacement auto-injector devices are obtained when expiry dates approach (this can be facilitated by signing up to expiry alerts through the relevant AAI manufacturer).
- That auto-injector devices are be stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.
- Once an auto-injector has been used it cannot be reused and must be disposed. Used auto-injectors should be given to paramedics on arrival. Expired unused auto-injectors should be returned to a pharmacy for disposal in their sharps bin.

Allergy plans

All children with a diagnosis of an allergy and at risk of anaphylaxis should have a written Allergy Management Plan from the British Society for Allergy and Clinical Immunology (BSACI), provided by the child's healthcare practitioner.

The details of these children will be compiled on the school's allergy register. This register should contain the following information:

- The child's details
- Known allergens and risk factors for anaphylaxis.
- Whether a pupil has been prescribed an auto-injector (and if so what type and dose).
- Where a pupil has not been prescribed an auto-injector, confirmation that a healthcare professional has certified that they are risk of anaphylaxis
- A photograph of each pupil to allow a visual check to be made.

Consent should be updated regularly - ideally annually - to take account of changes to a pupil's condition

Complaints

If a parent is dissatisfied with the support their child is receiving they should first discuss this with the Headteacher. If they still feel the issue is unresolved they should follow the process laid out in the schools complaints policy.