

Member of staff responsible: **Miss Amy Hamer**

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Meeting the needs of pupils with medical conditions

Mission Statement

"Love one another as I have loved you."

John 15:12

At Brabin's we are more than friends- we love and value one another as part of God's family. We respect each other and strive to achieve our best when we are learning and in all we do.

Aim

The ultimate aim of this policy and is to provide the safeguarding of children as defined by the school's statement on safeguarding children.

Equality Impact Assessment

The school aims to design and implement services, policies and procedures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at an unreasonable or unfair disadvantage over others. In the development of this policy, Brabin's Endowed School has considered its impact with regard to equalities legislation.

Introduction

Most children at some time have a medical condition, which could affect their participation in school activities. This may be a short-term situation or a longer term medical condition which, if not properly managed, could limit their access to education. The Governors and staff of Brabin's wish to ensure that children with medical needs receive care and support in our school. We firmly believe children should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school or other activities.

Roles and Responsibilities

The ultimate responsibility for the management of this policy lies with the Governing Body but the day to day implementation is delegated to the Headteacher. Class teachers will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained.

Class teachers will work with Mrs Rachel Wallace (Headteacher) and Miss Amy Hamer (SENCo) who will ensure accurate and up to date records are kept for children with medical needs and that care plans are updated annually.

The Role of Staff and their 'Duty of Care'

Anyone caring for children, including teachers, teaching assistants and other school staff have a common law duty of care to act like any reasonably prudent parent/carer. This duty extends to staff leading activities taking place off site, such as visits, outings or field trips and may extend to taking action in an emergency. Teachers who have children with medical needs in their care should understand the nature of the condition, and when and where the child may need extra attention. All staff (teaching and non-teaching) should be aware of the likelihood of an emergency arising and be aware of the protocols and procedures for specific children in school through attending training provided and reading individual health plans written for individual children. Lunchtime assistants will be given information on any medical needs by class staff at handover time just before lunchtime each day. The member of staff delivering induction will ensure that supply teachers are fully briefed on their first morning of the nature of medical needs of pupils in their care and the procedures detailed in care plans and any other additional attention required.

The Role of Parents/carers

Parents/carers have prime responsibility for their child's health and should provide school with up-to-date information about their child's medical conditions, treatment and/or any special care needed. If their child has a more complex medical condition, they should work with the school and other health professionals to develop an individual healthcare plan which will include an agreement on the role of the school/centre in managing any medical needs and potential emergencies. It is parent/carers responsibility to make sure that their child is well enough to attend school and should comply with the following guidelines:

- Children who have experienced sickness and/or diarrhoea should not return to school until 48 hours from the last episode.
- Children who are unwell to the extent that they are unable take a full part in school activities including: swimming, P.E., etc must be kept at home until they are fully well again (unless a doctor's note supports their attendance at school with specific reasons why they cannot participate in a defined activity).

The school should ensure that parents' views are taken fully into account alongside medical evidence or opinion. The school should not require parents, or otherwise make them feel obliged to attend school to administer medication or provide medical support to their child, including toileting issues unless supported by medical professional advice. School can only administer prescribed medication that is clearly dated and labelled and is accompanied by the signed permissions form available from the school office.

The school will make every effort to ensure that school staff are fully trained to cater for individual medical or personal care needs at the earliest opportunity. However, if a risk assessment identifies a training need or situation that requires support that the school is temporarily delayed or unable to provide, parents can provide this support for their child.

Identification

Upon entry to school, parent/carers will be asked to complete admission forms requesting medical information. Throughout the year, we request that parents keep us up to date with any changes in medical information. We also annually send out data sheets for parents/carers to check and amend to ensure all our records are up-to-date.

Individual Health Care Plans (IHCP)

The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child who requires emergency medication or invasive procedures. The IHCP clarifies for staff, parents/carers and the child the help the school can provide and receive. These plans will be reviewed annually as a minimum, or more frequently at the request of parents/carers or the school, or as required. The IHCP will be reviewed and amended or agreed with parents at each pupil annual review or returned to school after a change in need or care.

An IHCP will include:

- Details of the child's condition
- What constitutes an emergency
- What action to take in an emergency
- What not to do in the event of an emergency
- Who to contact in an emergency
- The role the staff can play
- Special requirements e.g. dietary needs, pre-activity precautions
- Any side effects of medicines

A copy will be given to parents/carers, class teams and a copy will be retained in the Medical file in the staff room and the child's individual file.

Risk Assessments

Risk assessments will be carried out where a risk is identified for an individual pupil in relation to a medical condition to determine the level of risk and any additional control measures that are required to minimise the risk to the pupil or staff. This should not be completed with a view to prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips but should seek ways in which inclusion can be safely facilitated. Individual Pupil Risk Assessments will be carried out by class teachers when there are additional risks to the pupil or to others resulting from a medical or physical condition, which are not covered by an IHCP.

Communicating Needs

A medical needs list together with an outline of any medical condition and actions to be taken is provided for class staff. Individual Health Care Plans for children are kept in the classrooms where they are accessible to all staff involved in caring for the child. An overview sheet of children with IHCPs and other medical needs and a summary of their conditions can be found in the Medical file.

Supply staff will be fully briefed on the medical needs of pupils and this will be included in their induction process.

First Aid

The named school first aiders should be called first in an emergency situation. Signage is provided around school to provide information of trained first aiders. In the event of a more serious accident, we will contact the parent/carer as soon as possible. If hospital treatment is required and a parent/carer is not available, 2 members of staff will take the child to hospital and stay with the child until the parent/carer arrives. If the child is required to travel in an ambulance, a member of staff will accompany the child in the ambulance if their parent/carer is unavailable.

The parents/ carers of Reception class children will be informed in person if their child has had an accident and received first aid attention. If a child receives a bump to the head, parents/carers will be informed by text and required to sign and return a 'bumped head' form to confirm they are aware of the accident. Details of accidents/incidents are recorded in the Accident Book together with any treatment provided. Any accident that has more serious implications will be reported online to the local authority.

Physical Activity

We recognise that most children with medical needs can participate in physical activities and extra-curricular sport. Any restrictions in a child's ability to participate in PE or specific physical activities, should be recorded in their IHCP. All staff should be aware of issues of privacy and dignity for children with particular needs.

School Visits

When preparing risk assessments, staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits.

Sometimes additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent/carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned for as part of the risk assessment and visit planning process. A copy of the IHCP or Non-Emergency Medication Plan should be taken on trips and visits in the event of information being needed in an emergency or to administer any medication.

Residential Visits

Parent/carers of children participating in residential visits will need to complete a consent form giving details of all medical/dietary needs. Administration of medicine forms need to be completed prior to the day of departure and all medication which needs to be administered during the course of the visit should be handed directly to the group leader or nominated first aider before leaving the school at the start of the visit.

Anaphylaxis, Asthma, Diabetes, Eczema and Epilepsy

The school recognises that these are common conditions affecting many children and young people, and welcomes all children with these conditions.

The school believes that every child has a right to participate fully in the curriculum and life of the school, including all outdoor activities and residential trips. The school ensures that all staff have a good understanding of these conditions, through relevant training and do not discriminate against any child who is affected.

Anaphylaxis

Anaphylaxis can be triggered by foods (nuts, shellfish, dairy products) or non-foods (wasp and bee stings, certain medicines, even exercise). The symptoms of anaphylaxis can be identified by effects on the respiratory system, cardiovascular system, gastrointestinal system, skin, nervous system and genitourinary system. In the event of an attack, it is important to administer an Epipen as soon as possible and then call 999 for an ambulance.

How will staff know which children might need an epipen?

Children's Individual Health Care Plans are kept in classrooms and class staff are fully aware of the medical needs of children in their classes. A list is also stored centrally in the medical file in the staff room and in individual children's files.

How will staff know when and how to administer an epipen?

There will be regular training sessions for all relevant staff (ie: those involved in dealing with pupils with allergies).

Where are epipens stored?

Epipens are stored in the child's classroom. Each child should have 2 epipens and any other relevant medication. A copy of their IHCP, and a list of their individual record of medication taken should be kept on the staff room notice board. Each item of medication is labelled with the child's name and date of expiry of epipens.

Asthma

Immediate access to reliever medicines is essential. Reliever inhalers (blue) are named and kept in classrooms within teacher cupboards. Pupils with asthma however are aware of their location in case of the teacher being away from the classroom e.g a sports coach leading the lesson. Parents/carers are asked to ensure that all reliever inhalers are labelled with a chemist dispensing label containing the child's name. It is the parent/carers responsibility to ensure that the inhalers are in date and replaced regularly.

Asthma medicines will only be administered to children once an administration of medicines consent form has been completed. Children are encouraged, wherever possible, to administer their own inhaler with adult supervision. Parents of children with asthma should complete an asthma record or share a medical asthma plan with the school to provide comprehensive information on managing their condition. Staff will record when pupils have used their inhaler on the school based 'asthma record' form and communication with parents will be regular if there are any concerns regarding their medical needs.

PE, games & activities, including pre-school and after school clubs

Taking part in sports, games, activities and clubs is an essential part of school life for all pupils. Staff are aware of which children have asthma from the school's medical register. Children with asthma are encouraged to participate fully in all PE lessons. Staff will remind children whose asthma is triggered by exercise, to take their reliever inhaler before the lesson, if necessary, and to thoroughly warm up and down before and after the lesson. Staff follow the same principles as described above for games, activities and clubs involving physical activity.

Staff need to be aware of the potential triggers for children with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

The school environment

The school does all that it can to ensure the environment is favourable to pupils with asthma. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma. If, however, particular fumes do trigger their

asthma, children will be removed from the classroom by an adult and taken to sit in a ventilated area, where they can be supervised until fully recovered.

In the event of an Asthma attack

- Stay calm and reassure the child
- Encourage the child to breath slowly
- Ensure that any tight clothing is loosened
- Help the child to take their spacer device/ reliever (blue) inhaler
- Usually 2-4 puffs are enough to bring the symptoms of a mild attack under control.

This medication is very safe; do not be afraid to give more if it is needed

- Inform and seek assistance from First Aider on site
- If the pupil is able to continue in school as normal following the attack, class teachers will ensure parents or carers are informed

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 to breath
- The child has difficulty in speaking more than a few words at a time
- The child is pale, sweaty and may be blue around the lips
- The child is showing signs of fatigue or exhaustion
- The child is exhibiting a reduced level of consciousness

WHILST THE AMBULANCE IS ON ITS WAY

- The child should continue to take puffs of their Reliever (blue) inhaler until the symptoms improve
- If the child has a spacer device and reliever (blue) inhaler available 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, repeat the process in the previous bullet point
- Contact the parents/carers, once the emergency situation is under control and the ambulance has been called

Diabetes

We recognise that Diabetes should not be taken lightly and is a very serious condition which could result in a Hypoglycaemia attack (Hypo) where blood sugar levels become too low, or a Hyperglycaemia attack (Hyper) where blood sugar levels become too high. Prompt medical attention will then be required to rectify the chemical and sugar imbalance in the blood. Children who are diabetic need supervision and careful monitoring so that staff are aware of any changes in the child and are able to take immediate action if they should need to. Any children with Diabetes in school have their own IHCP and their details are recorded in the

Medical File. Each child with diabetes should have their own emergency box labelled with their name and containing any relevant equipment required to control a hypo or hyper attack.

Epilepsy

In the event of a seizure follow procedures outlined in the child's IHCP:

- Stay calm
- If the child is convulsing then put something soft under their head
- Protect the child from injury (remove harmful objects from nearby)
- NEVER try and put anything in their mouth or between their teeth
- Try and time how long the seizure lasts - if it lasts longer than usual for that child or continues for more than five minutes, then call medical assistance
- When the child finishes their seizure, stay with them and reassure them
- Do not give them food or drink until they have fully recovered from the seizure

Eczema

We are aware that active (acute) eczema causes constant itching and can mean sleepless nights and daytime drowsiness. We recognise that children who suffer with eczema may need the support of school staff to help them deal with this condition and that they may need help to apply emollients.

Infectious Diseases

Information concerning the control of infectious diseases can be found on The Health Protection Agency website www.hpa.org.uk which provides information on the control of infectious diseases. A hard copy of the Control of Infections in Schools document can be downloaded from the school website or website below

http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374 (appendix 1).

Head Lice

Any case of head lice should be reported to the school. Parent/carers will be advised on an appropriate course of action as advised by the local health authority.

Staff Training

The school is responsible for ensuring that staff have appropriate training to support children with medical needs. Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school. Responsibility for identifying and making arrangements for staff training with regard to medical conditions is through Mrs Rachel Wallace or Miss A Hamer. Arrangements are made with appropriate agencies to update staff training on a regular basis. Teaching and support staff are directed to attend Epipen training annually, where appropriate.

The school will ensure that sufficient staff are trained for specific medical conditions including the administration of medication and invasive procedures so that appropriate cover can be provided in the event of staff absence.

Confidentiality

Staff must always treat medical information confidentially. Agreement should be reached between parent/carers and the school about who should have access to records and other information about a child and this will be detailed in their Individual Healthcare Plan. If information is withheld from staff, they will not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Other agencies

The school nurse, paediatrician or other specialist bodies may be able to provide additional background information for school staff. Any requests or referral to these services will only be made with parental consent.

Complaints

Anyone with a complaint relating to the support of pupils at the school with medical conditions, should follow the procedures in the school 'Complaints Policy', which is available on the school website.