



Holy Trinity C of E Primary Academy

Vision Statement

At Holy Trinity CE Primary Academy, inspired by and rooted in Christian values and teaching, we nurture children to become aspirational, courageous, compassionate, and joyful young people.

The values of our school: Courage, Joy, Aspiration, and Compassion

POLICY DOCUMENT	Supporting Children with Medical Needs
Status	Statutory
Legislation	Children and Families Act 2014 section100 Supporting pupils at school with medical conditions Statutory guidance
Lead Member of Staff	Headteacher
Lead Governor (Monitoring)	Ruth Edwards
Publication/Revision Date	Jan 2015
Governor Committee	Policy & Curriculum
Approval Date and by	20.01.2015
Review Frequency	3 years
Date of next review	Jan 2018
Publication Date: Academy Website/ Staff information folder	Website
Chair of Governing Body signature	
Supporting documents	

INDEX

1	INTRODUCTION	3
2	Policy Objectives	3
3	Individual Health Care Plans	3
4	Medical Personal Education Plans (PEPs)	4
5	Roles and responsibilities.....	4
6	GUIDELINES FOR CHILDREN WITH LONG-TERM MEDICAL NEEDS	5
7	MEDICINES	5
8	Document History	6
9	APPENDICES ILLNESS IN THE ACADEMY	7
10	APPENDICES FOOD MANAGEMENT – INTOLERANCES AND ALLERGIES	7
11	APPENDICES ACADEMY TRIPS, VISITS AND OFFSITE ACTIVITIES	8
12	APPENDICES POLICY ON ASTHMA.....	8
13	Appendices EMERGENCY SALBUTAMOL INHALERS	9
14	APPENDICES POLICY ON DIABETES	10
15	APPENDICES POLICY ON EPILEPSY.....	10
16	APPENDICES POLICY ON ADMINISTERING EPIPENS.....	10

1 INTRODUCTION

- 1.1 The Governors, headteacher and staff of Holy Trinity CE Primary Academy are committed to ensuring that children with medical needs receive care and support in school. Children should not be denied access to a broad curriculum simply because they are on medication or need medical support, nor should they be denied access to school trips etc. Every effort will be made to work with parents and children to ensure that those with medical needs experience the best possible care whilst at the Academy.
- 1.2 Most children will at some time have a medical condition that may affect their participation in school activities. For many this will be short term, perhaps finishing the course of medication prescribed by their doctor.
- 1.3 This policy does not apply to children who are ill, with, for example, seasonal ailments such as a cold or flu. Though understanding the pressures on parents, it is the Academy's view that children who are unwell should not be sent to school. No child should come to school with a temperature or if they have suffered vomiting or diarrhoea, they should not return to school for 24-48 hours after the last episode.
- 1.4 Other children have medical conditions that, if not properly managed, could limit the access to education. Such children are regarded as having medical needs. Most children with medical needs can attend school regularly and, with some support from staff, can take part in most normal school activities. However, the academy staff may need to take extra care in the supervising some activities to make sure that these children, and others, are not put at risk.
- 1.5 This policy relates to pupils who have a recognized medical condition, which will last longer than 15 days and will require the child to have a care plan protocol in place at the academy.
- 1.6 This policy does not replace the protocol and procedures already in place for emergency. Failure to act in an emergency could result staff being in breach of the statutory of duty of care.

2 Policy Objectives

- To ensure that arrangements are in place to support children with medical conditions
- To ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- To ensure there are arrangements in place which provide effective support for children with medical conditions in school.

3 Individual Health Care Plans

- 3.1 Individual healthcare plans will be produced for any child with more significant medical conditions. The decision to produce an individual healthcare plan will be agreed by the academy, healthcare professional and parent. If there is a dispute, the headteacher will make the final decision.
- 3.2 The level of detail in the individual healthcare plan will depend on the complexity of the child's condition and the degree of support needed. Individual healthcare plans must be easily accessible to all who need to refer to them whilst also preserving confidentiality.
- 3.3 Where a child has special educational need, but does not have an Education and Healthcare Plan, the special educational need should be mentioned in the individual healthcare plan.
- 3.4 Plans will be reviewed at least annually or earlier if the child's needs have changed.
- 3.5 Where a child is returning to school following a period of hospital provision or alternative provision (including home tuition), the school will work with the local authority professionals (e.g. Educational Welfare Service,

educated other than at school Team) to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

4 Medical Personal Education Plans (PEPs)

4.1 Medical PEPs will be produced, with support from the Educational Welfare Service, for any students whose medical conditions mean that they will be absent from school for an extended period or are on part-time timetables.

5 Roles and responsibilities

5.1 The designated person with responsibility for children with medical needs will be set on a case by case basis. Whose responsibilities are to:

- Ensuring all information on the medical needs of children is kept secure, and up to date
- Delegation of the administration of medicines to the First Aider or other, as agreed with parents/families, and the maintenance of necessary records;
- Ensuring safe storage of medicines;
- Communication with parents to ensure adequate supplies of medicines in school;
- Communication with parents to ensure that parents have completed the necessary authorisation forms, and the record keeping;
- Coordinate with the headteacher the necessary training of staff in all related matters and the maintenance of training records;

5.2 The delegated responsibility for day to day administration of medicines falls to the business manager who may delegate appropriately.

5.3 Their responsibilities are outlined as follows:

- Assist, as necessary with the child's self-administration of medicines;
- Administration of medicines as agreed with parents/families, and the maintenance of necessary records.
- Ensuring that all relevant documentation is kept accurate and up-to-date.
- Ensuring all medicines stored in the Academy are in-date; informing parents if this is imminent and ensuring all out-of-date medicine is replaced and disposed of safely, in line with guidance given.
- Liaison with lead members of staff to check the lists of children attending offsite activities and the liaison between home and the teacher in charge of the activity, to ensure that staff are prepared to deal with any necessary medical need or issue;

5.4 The Governors are responsible, in consultation with the Headteacher for establishing the medical conditions policy and for reviewing it at the appointed review date. The Governors must ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

5.5 The headteacher is responsible for ensuring that all staff are aware of the policy and understand their role in its implementation. The headteacher will also line manage the Lead First Aider and ensure that all staff who need to know are aware of children's medical conditions.

5.6 The Business Manager is responsible for the health and safety elements of the policy and for conducting risk assessments associated with children with medical conditions which affect their access. The Business Manager will also ensure, in consultation with the headteacher, that the appropriate level of insurance is in place and appropriately reflects the level of risk.

5.7 All staff are responsible for following any advice or instructions about dealing with children with medical conditions. Academy staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

6 GUIDELINES FOR CHILDREN WITH LONG-TERM MEDICAL NEEDS

- 6.1 Children with medical conditions entering the Academy from our feeder Nursery Schools will usually be identified through discussions with the foundation teacher on transition visits. Parents/carers are also invited to approach the Academy with information needed to ensure accurate and appropriate care for their children.
- 6.2 Parents are asked to complete a data form on entry identifying any medical needs. If a medical need arises following entry, parents/carers are asked to contact the Academy immediately. Parents may be asked to meet with a SENDCO/class teacher to agree a Care Plan if deemed appropriate.
- 6.3 Not all children with medical needs will require an individual care plan. A short-written agreement with parents or consent form may be all that is necessary.
- 6.4 Where required, each plan will contain different levels of detail according to individual needs. The plan should clarify the help that can be provided. It should include details of symptoms, daily care requirements, detailed emergency procedures and family/medical contact details.
- 6.5 The parents should confirm all the medical information, in writing, and in cases of complex or serious conditions this should be verified by the GP and/or consultant, also in writing. The care plan should be developed in consultation with the parents (and child if of sufficient understanding), the GP and school health service and others as appropriate. For example, it may be necessary to involve the catering provider in determining suitable meal arrangements for a food allergy sufferer. In some situations, it may be necessary to involve specialist nursing support or the community nursing team.
- 6.6 All care plans are reviewed on an annual basis. This takes place during Annual Reviews for children with an EHCP and at least once a year during the Summer Term for others with a care plan. Interim reviews can be undertaken at any time when deemed necessary at the instigation of the parents/carers and/or health professionals such as diabetic nurse, community nurse, dietician, physiotherapist, etc.
- 6.7 In some instances, medic alert necklaces or bracelets may be worn to alert others of a specific medical condition in case of an emergency. As these items can be a source of potential injury in games or practical activities, staff should consider whether, in certain circumstances, it would be appropriate to remove them temporarily and have them kept safe by the person in charge of the activity. In such cases, staff must be alert to the significance of these bracelets/necklaces and be clear to whom they belong when removing and taking charge of them.

7 MEDICINES

- 7.1 Medicines will only be administered by academy staff when it would be detrimental to a child's health or attendance not to do so.
- 7.2 Holy Trinity CE Primary Academy will not store large volumes of medicines. Staff will only store, supervise and administer medicine that has been prescribed for an individual child. Medicines will be stored strictly in accordance with product instructions and in the original container in which dispensed by a pharmacist unless only 1 tablet is required daily for a short time, which should be clearly labelled with name, dosage, frequency, and any other instructions.
- 7.3 Any medication brought into the Academy should be handed to the Office immediately, with a note from the parent/carer and information about how much and when the child needs to take the medication.
- 7.4 If the medication involves any special form of administration, the parents must contact the Academy first so that arrangements can be made by the parents/health authority or academy for this to occur.

- 7.5 If a medicine is approaching its expiry date, or is close to running out, the business manager is responsible for contacting parents to remind them. Medicines are locked away in a cupboard in the Office, the office staff holds keys. The exceptions to this are:
- Medicines for asthma, anaphylaxis, diabetes, and epilepsy. These medicines may be needed in emergency situations when immediate access would be essential. In some cases, children would carry their own medication, e.g. inhalers for asthma, in line with their care plan.
 - Medicines needing refrigeration. These will be kept in a refrigerator which is in the staff room.
- 7.6 Non-prescription medicines such as Calpol and paracetamol are not permitted and staff will not administer these unless they form part of any treatment covered under paragraph 1.5.
- 7.7 Over the counter (non-prescription) treatments for Hay fever, allergens', and travel sickness, will be considered where the parent gives consent and confirms the repetitive history of such a condition.
- 7.8 Please note the Academy is not allowed to administer drugs of any kind unless the medication has been sent in with the child and permission given.
- 7.9 Medication requiring adult administration via injection or invasive application will be the parent or carers responsibility to administer.
- 7.10 Parents will be expected to arrange for the application of creams and lotions but the academy staff can decide on a case by case basis what support can be offered in applying these. This will vary on the location of the ailment and safeguarding policies will apply.

8 Document History

Date	Description
October 2017	Amendments following revised government guidelines and comments received.

9 APPENDICES ILLNESS IN THE ACADEMY

9.1 If a child is taken ill in a lesson and it is felt necessary for medical treatment the following may occur: -

- Emergency First Aider is sent for if child is unable to be moved
- First aid is administered when necessary. Parents/carers may be contacted depending upon the nature of the problem. If it is thought that some follow up may be needed, a letter will be sent home with the child.
- In more serious cases where hospital attention is deemed necessary, the Academy will attempt to contact parents/carers who will be expected to take their child to hospital unless this is an emergency.
- In an emergency, an ambulance will be called and the parent/carer contacted by the Academy. A member of staff may accompany the child to hospital.
- If parents cannot be contacted, the Academy will act in loco parentis and give permission (subject to prior medical consent being given) for any emergency treatment. In this case, a member of staff will always accompany the child.

10 APPENDICES FOOD MANAGEMENT – INTOLERANCES AND ALLERGIES

10.1 Even in its most severe form, allergies and severe allergic reactions (anaphylaxis) are very definitely manageable. All children with a diagnosed severe food allergy must have an individual care plan.

10.2 Food/meal arrangements must be covered when the plan is drawn up. The care plan must be drawn up at a meeting involving the SENDCO or class teacher and the parents. Meal arrangements should be discussed at the same time.

10.3 We recommend that children with severe food allergies bring a home packed lunch. Where parents wish their children to be provided with school meals, a meeting takes place between the academy, the parents and school meals provider. The academy is responsible for arranging this meeting.

10.4 At the meeting, the parents are made fully aware of the catering provider's food allergies/allergens policies and procedures. They can use this information to make an informed choice about whether or not they wish their child to receive meals.

10.5 If the decision is made to provide meals, then the care plan must clearly set out what the arrangements are, agreed by parents/carers.

10.6 A critical element of managing the risk from food allergens is ensuring that appropriate "emergency arrangements" are in place. These should be in place regardless of whether meals are provided by the academy school meals provider or not.

10.7 The Academy's Catering Service position is that they have taken positive steps to reduce the likelihood that nuts will be found in any recipes/menus. Nuts are not used as ingredients. However, please note that, due to production methods of suppliers of raw ingredients, it is not possible for them to guarantee the child will not come into contact with allergens.

10.8 School meals staff must be made aware by the business manager, of the children affected by possible allergies that they provide for. The basic relevant information from the care plan is shared with the MDSA staff.

10.9 The academy should be supplied with a suitable number of EpiPen's for each affected pupil. These will be kept in available positions within school, one at reception, one with the class teacher and one within the dining room, in a box labelled clearly with the child's name.

10.10 The date of the EpiPen's will be checked at regular intervals by the business manager or delegate.

10.11 For administration of EpiPen's, see Appendix for guidance.

11 APPENDICES ACADEMY TRIPS, VISITS AND OFFSITE ACTIVITIES

- 11.1 Holy Trinity CE Primary Academy believes that all children are entitled to participate fully in activities associated with the academy and will attempt at all times to accommodate children with medical needs, however, consideration must be given to the level of responsibility that staff can be expected to accept as indicated and agreed on the Care Plan, or in liaison with parents/carers for those without a Care Plan.
- 11.2 For school trips and residential experiences responsibility will be that of the teacher in charge and copies of the relevant consent forms and medication instructions will be held by them.

12 APPENDICES POLICY ON ASTHMA

- 12.1 Holy Trinity CE Primary Academy welcomes children who have asthma and encourages them to participate fully in school activities.
- 12.2 Advice will be given to staff on the practical aspects of asthma management.
- 12.3 Holy Trinity CE Primary Academy will keep a record of children with asthma as notified by parents on the child's file.
- 12.4 The Academy expects that parents will inform staff of up to date details relating to the asthma of their son/daughter, together with clear guidance on the usage of medication, inhalers etc.
- 12.5 The Academy encourages children to take responsibility for the bringing and caring for their inhalers, whether preventative or relief inhalers and the latter may be kept centrally where appropriate, but must be labelled clearly with the child's name if this is the case.
- 12.6 The Academy will take steps to ensure that curriculum activities e.g. Science experiments, are carried out with the needs of asthmatic children in mind.
- 12.7 The Academy expects that all children with asthma bring any inhalers needed to PE lessons and carry them with them during the lessons wherever possible. PE staff will advise children to carry them with them outside for lessons and not to leave them in the changing rooms to ensure they can be used promptly if needed during the lesson. It is acknowledged that asthma can have an impact on certain elements of the PE curriculum but also that it should not provide a barrier to learning if dealt with in line with medical guidance.
- 12.8 The signs of an asthma attack are
- Persistent cough (when at rest)
 - A wheezing sound coming from the chest (when at rest)
 - Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
 - Nasal flaring
 - Unable to talk or complete sentences. Some children will go very quiet.
 - May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)
- 12.9 CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD
- Appears exhausted
 - Has a blue/white tinge around lips
 - Is going blue
 - Has collapsed

- 12.9.1 If an asthmatic child becomes breathless and wheezy or coughs continually:
- Keep calm. It's treatable.
 - Let the child sit down in the position they find most comfortable, usually sitting down and leaning forward. Do not make them lie down.
 - Let the child take their usual reliever treatment - normally a blue inhaler. If the child has forgotten their inhaler, send for the emergency salbutamol inhaler located in the office.
 - Remain with the child while the inhaler and spacer are brought to them
 - If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
 - Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
 - If the child does not feel better or you are worried at
 - ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
 - If the normal medication has had no effect, see severe asthma attack below.
- 12.10 Any of these signs mean severe asthma attack:
- Normal relief medication does not work at all.
 - The child is breathless enough to have difficulty in talking normally.
 - The pulse rate is 120 per minute or more.
 - Rapid breathing of 30 breaths a minute or more.
- 12.11 Follow the Academy protocol as 12 above to deal with a severe attack:
- Call for an ambulance.
 - Get someone to inform the parents.
 - If the child has an emergency supply of oral steroids (prednisolone) give them the stated dose now.
 - Keep trying with the usual reliever inhaler every 5-10 minutes and don't worry about possible overdosing.
 - Avoid giving the child a "reassuring hug" as s/he will need her arms, shoulders, rib muscles to help them to breath.
 - Do not take the child outside for "fresh air" as cold air may increase the asthma attack.
- 12.12 Trigger Factors for Severe Asthma
- Anxiety
 - Small furry animals
 - Chemicals
 - Exercising
 - Cold air

13 Appendices EMERGENCY SALBUTAMOL INHALERS

- 13.1 From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies. This will be for any pupil with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).
- 13.2 This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish.
- 13.3 Holy Trinity CE Primary Academy has decided to hold such an inhaler for emergency use. This will be strictly in accordance to the department of health guidance [Department of Health Guidance](#)

14 APPENDICES POLICY ON DIABETES

- 14.1 Holy Trinity CE Primary Academy welcomes children who have diabetes and encourages them to participate fully in School activities.
- 14.2 Holy Trinity CE Primary Academy will advise staff on the practical aspects of diabetes management and will liaise where appropriate with the Community and School Nursing Services.
- 14.3 Holy Trinity CE Primary Academy will keep a record of children with diabetes and will make central access available for emergency rations and medication.
- 14.4 The Governors expects that parents will inform staff of details relating to the diabetes of their son/daughter, together with clear guidance on the usage of medication etc. It may be deemed necessary to draw up an agreed Care Plan.
- 14.5 We encourage children to learn to take responsibility for the management of their diabetes and will provide appropriate support where necessary. Parents, carers or nurse would need to make arrangements to administer insulin injections should they be required.
- 14.6 It is essential to follow the Health and Safety Policy for the disposal of needles. HTPA has a sharps box for the purpose.

15 APPENDICES POLICY ON EPILEPSY

- 15.1 Holy Trinity CE Primary Academy welcomes children who have epilepsy and encourages them to participate fully in School activities.
- 15.2 Holy Trinity CE Primary Academy will advise staff on the practical aspects of epilepsy management and will liaise where appropriate with the Community and School Nursing Services. Advice to staff on epilepsy attacks will be published in the Care Plan if one is in place.
- 15.3 Holy Trinity CE Primary Academy will keep a record of children with epilepsy as notified by parents on the medical register.
- 15.4 The Governing Body expects that parents will inform staff of details relating to the epilepsy of their son/daughter, together with clear guidance on the usage of medication etc. It may be deemed necessary for the parents(s) to meet with the SENDCO and draw up a care Plan.
- 15.5 Holy Trinity CE Primary Academy encourages all children to take responsibility for the management of their epilepsy and will provide appropriate support where necessary.

16 APPENDICES POLICY ON ADMINISTERING EPIPENS

- 16.1 The purpose of this policy is to describe to parent, governors, and staff the measures taken by the academy to protect those children who may need to receive the administration of an epipen. This policy only describes in outline the causes and symptoms of anaphylaxis. Relevant staff will receive detailed training from the school nurse.
- 16.2 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, 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.
- 16.3 At the beginning of each year, the names of all children at risk will be issued to staff via the updated medical register.

- 16.4 It has been agreed that each child should have two - three EpiPen's in school. These will be kept in available positions within school, in a box labelled clearly with the child's name.
- 16.5 The date of the EpiPen's will be checked at regular intervals by the Admin assistant and the School Nurse
- 16.6 From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).
- 16.7 The academy's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.
- 16.8 The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

Recognition and management of an allergic reaction/anaphylaxis 1

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour


ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

↓ Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

Air way:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
Breathing:	Difficult or noisy breathing Wheeze or persistent cough
Consciousness:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapsed, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit) 
2. Use Adrenaline autoinjector* without delay
3. Dial 999 to request ambulance and say ANAPHYLAXIS

*** IF IN DOUBT, GIVE ADRENALINE ***

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs. **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) even if no skin symptoms are present.