Pilgrims School

Supporting Pupils at School with Medical Conditions

January 2023

Next review date: January 2024

Please note: 'School' refers to Early Years Foundation Stage (Little Pilgrims and Nursery) and Pilgrims Main School.

Pilgrims School recognises that under Section 100 of the Children and Families Act 2014 they have a duty to make arrangements to support pupils with medical conditions. This policy outlines how the School will meet its statutory responsibilities and sets out arrangements they will make based on good practice.

The overriding aim of the policy is to ensure that all children with medical conditions, in terms of both physical and mental health, remain healthy and achieve their academic potential and enjoy the same opportunities at school as any other child.

Some children with medical conditions may be disabled. Where this is the case the school will comply with the duties under the Equalities Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision under the SEN code of practice.

The role of the individual health plan

Individual healthcare plan (IHCP) are designed to ensure that Pilgrims can effectively support children with medical conditions, and provide clarity about what needs to be done, when and by whom. They should be developed with the child's best interest in mind, and reflect that Pilgrims has assessed and managed the risks to the child's education, health and social well-being whilst minimising disruption.

Who should have an IHCP?

An IHCP is likely to be required where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term or complex. Most children who have a health condition that needs highlighting to staff will have an IHCP, however not all children will require one.

Pilgrims, in consultation with parents and any relevant healthcare professionals should agree based on evidence whether an IHCP would be inappropriate or disproportionate. If agreement cannot be reached the Head Teacher will make the final decision. A flow chart for identifying and agreeing the support a child needs and developing an IHCP is provided in Appendix 2.

New starters with an existing medical condition

Parents are obliged to inform the School if their child has an existing medical condition prior to enrolling. Once notification is received that a child with an existing medical condition is interested in attending the setting a review of the child's requirements should be conducted. The Registrar, or whoever has been informed, should notify the senior member of staff who will be responsible for the child's pastoral care, who should then arrange a meeting. Input should be obtained from all relevant parties, which may include parents, the child's previous setting, SENDCo, LP Manager, Pre- School Manager, Pre-School Teacher, Teaching Staff, School Nurse and Healthcare Professionals to understand how the child can be supported whilst attending Pilgrims. An IHCP should be completed before the child is enrolled to ensure that Pilgrims is able to provide the care required. Parents will be required to fund the cost of putting the additional support in place – although any funding received from the Local Authority will be offset against any costs incurred.

Existing pupils with new diagnosis / Change in needs / return to school after a long-term absence

Parents should inform the school as soon as possible if there are any concerns about their child's health / where there is a change in needs / when they are awaiting further or formal diagnosis or their child is due to return after a long-term absence. A meeting should be held with the relevant parties to explore and agree how the child can be best supported.

In all instances, every effort will be made to ensure that an IHCP and corresponding arrangements are put in place / updated within a reasonable time period. Arrangement will need to be made to ensure staff are appropriately trained to support the child. Parents will be required to fund the cost of putting the additional support in place – although any funding received from the Local Authority will be offset against any costs incurred.

Preparing an IHCP

An IHCP may be initiated in consultation with the parent or healthcare professional involved in providing care to the child. The aim is to capture the steps which Pilgrims should take to help the child manage their condition and overcome any barriers to getting the most from their education. The responsibility for ensuring that the IHCP is written, finalised and implemented rests with the Pilgrims' staff member with pastoral care for the child.

The standard format of the IHCP is included within Appendix 1. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their IHCP.

The IHCP should be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

Role and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between Pilgrims staff, healthcare professional and parents will be critical.

<u>Estates and Facilities Manager</u>
The Estates and Facilities Manager is the named person who has overall responsibility for the policy implementation. He/she will not usually be involved in the completion of the IHCP but will oversee and ensure that the IHCPs are in place and reviewed. Any training requirements identified in the IHCP should be highlighted to the Estates and Facilities Manager who will make the necessary arrangements.

<u>Pilgrims Staff member with Pastoral Care</u>
The staff member who is responsible for the pastoral care of the child with a medical condition would usually lead, write and finalise the IHCP in conjunction with relevant partners, particularly the SENDCo if there are additional educational needs.

<u>School Nurse</u>
The School Nurse should always be notified of a child with a medical condition. Although they will not have an extensive role in supporting the child on a day to day basis, but may support staff on implementing a child's IHCP and provide advice and liaison, for example training.

<u>SENDCo</u>

The SENDCo will ensure that the IHCP is implemented alongside the 'named person', and will attend all reviews where possible. The SENDCo will also liaise closely with the member of staff directly responsible for the named child and help to facilitate support from the local authority for additional advice and support. The SENDCo will help to write the IHCP and will offer support and guidance where needed.

School Staff
Any member of staff may be asked to provide support to pupils with medical conditions, including administering medicines, although they cannot be required to do so. All staff will receive sufficient and suitable training and must achieve the necessary level of competency before they can take on the responsibility of supporting the child with a medical condition.

Pupils
Given the age of the pupils at Pilgrims involvement by the pupils in the IHCP process may not be possible or at best very limited. However, if appropriate, pupils with a medical condition should contribute to the development of, and comply with their IHCP.

Parents
Parents should provide the school with sufficient up to date information about their child's medical needs. Parents should be involved in the development and review of their child's IHCP. Parents will be key in providing information and specific advice to staff about how their child's needs can be met, however it is not envisaged that they should be the sole trainer.

Staff Training and Support

Any member of staff providing support to a pupil with medical needs should receive suitable training. Any training requirements should have been identified in the IHCP. Training will be sufficient to ensure that staff are competent and have confidence in their ability to support the pupil, and to fulfil the requirements set out in the IHCP. An understanding of the medical condition and its implications is also required.

A written record of all staff training should be noted on the child's file.

Staff must not give medicine or undertake health care procedures without the appropriate training. If a member of staff has a concern about any aspect of caring for a child with a medical condition, this should be raised immediately to their Line Manager.

All staff should be aware of the policy regarding supporting pupils with medical conditions and their role in implementing that policy.

Administration of Medicines on School Premises

A child with a medical condition is likely to require medication either on a daily or adhoc basis. Please refer to the Administration of Medicines policy for further details and procedures.

Dealing with a Medical Emergency

The procedure for dealing with a general medical emergency is contained within the Accident Procedure policy. Where a child has an IHCP, this should clearly define what constitutes an emergency and explain what to do, including ensuring all relevant staff are aware of emergency symptoms and procedures. Where appropriate, other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think there is a problem.

Returning to school after an illness / hospital admission

All children should be well enough to undertake usual daily activities before returning to school.

When a child is prescribed antibiotics for an acute illness they should stay off school for the first 48 hours of medication.

Following a hospital stay, children should spend at least 48 hours at home before returning to school.

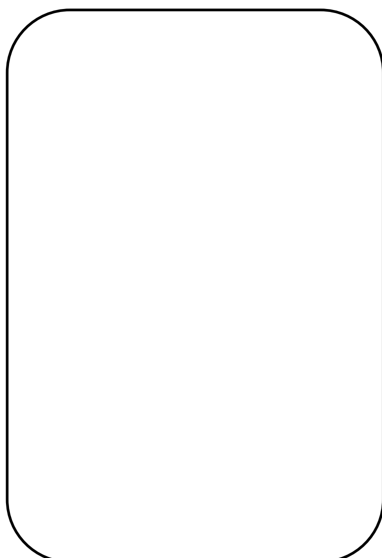
Trips, residential visits and sporting activities

Pilgrims School will support pupils with medical conditions to participate in all activities. Teachers and key workers should be aware of how a child's medical condition will impact on their participation, but should try and make any reasonable adjustments to allow a child to participate. A risk assessment should be carried out for trips and visits as and when necessary.

Reviewed /Approved by Health and Safety Committee:

Jonathan Bennett
Estates and Facilities Manager

APPENDIX 1



(Child's Name)

Individual Health Care Plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
Allergies:	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form Checked/ reviewed by school nurse:

Form copied to

Review date:

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
Allergies:	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form Checked/ reviewed by school nurse:

Form copied to

Review date:

APPENDIX 2

MODEL PROCESS FOR DEVELOPING INDIVIDUAL HEALTHCARE PLANS

Parent or healthcare professional informs school that child has been newly diagnosed, or wishes to join the school with an existing medical condition, or is due to return to school after a long-term absence, or that needs have changed

↓

Estates and Facilities Manager informs senior member of school staff who has / will have pastoral care (Lead). The lead should co-ordinate meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil

↓

Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical / health clinician as appropriate (or to consider written evidence provided by them)

↓

Develop IHCP in partnership, with Lead writing it. Input from Healthcare Professional must be provided.

↓

School staff training needs identified, and Estates and Facilities Manager informed.

↓

Training delivered and staff signed off as competent. Review date agreed.

↓

IHCP implemented and circulated to all relevant staff.

↓

IHCP reviewed annual or when condition changes. Lead, Parent or Healthcare Professional to initiate.

APPENDIX 3

COMMON MEDICAL CONDITIONS
REQUIRING MEDICATION

Asthma and inhalers

If a child requires an inhaler whilst at school the parent must complete a 'Permission to Administer Medicine' form (Appendix 1). Inhalers should be labelled and kept in a named container in the staff cupboard in each classroom out of a child's reach. A list of the required dose for each child should be kept with it. This enables any member of staff to have easy access should a child require urgent attention. A master list is kept in the medical room. Inhalers should be taken to swimming/P.E. lessons/trips as necessary. An additional inhaler is required for a child attending an afterschool club in the sports hall. Children will be given their inhalers to administer themselves when necessary.
The school also have 2 emergency inhalers which are located in the medical room and main reception, these can be used by any child who normally uses an inhaler in school. This is in response to doctors prescribing less inhalers per child so it may not always be possible for children attending clubs in the sports hall to provide a second inhaler for school use.

Children with asthma need to have immediate access to their inhalers when they need them.

Children with significant asthma should have an individual health care plan.

Action to be taken for a pupil experiencing an Asthma attack

The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Younger children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest. If shortness of breath is severe or the child is unable to speak in whole sentences, seek medical help immediately.

An asthma attack should be suspected if a pupil is wheezing and short of breath.

- In a mild attack ensure that the child has their reliever inhaler and it is taken immediately;
- Stay calm and offer the child reassurance. *It is essential that you remain calm as attacks are very stressful;*
- Help the child to breathe. Most asthmatics find it easier to sit upright or lean forward slightly. Place a pillow on the back of a chair and sit the child facing backwards on the chair, leaning onto the pillow. Ensure that any tight clothing is loosened. Encourage slow, steady breaths. DO NOT LAY THE PUPIL ON THEIR BACK;
- Minor attacks should not interrupt the child's school day and as soon as they feel better they may return to class. Parents should be informed of the attack;
- If the reliever has had no affect after five minutes the School Nurse or First Aider should be contacted.

An ambulance should be called if:

- the symptoms do not improve sufficiently in 5-10 minutes
- the child is too breathless to speak
- the child is becoming exhausted
- the child looks blue

Diabetes and Insulin

All children who have been diagnosed with Diabetes should have an individual healthcare plan.

Diabetes in the majority of children is controlled by injections of insulin each day. Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do, it may be necessary for an adult to administer the injection.

Children with diabetes need to ensure that their blood glucose levels remain stable and they may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting. However younger children may need adult supervision to carry out the test and/or interpret test results.

If staff agree to administer blood glucose tests or insulin injections, it is essential that they are trained by an appropriate health professional. This will be arranged by the school.

Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar - a **hypoglycaemic reaction** (hypo) in a child with diabetes: hunger, sweating, drowsiness, pallor, glazed eyes, shaking or trembling lack of concentration, irritability, headache, mood changes - especially angry or aggressive behaviour.

If a child has a hypo, it is very important that the child is not left alone and that a fast-acting sugar is given to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later.

An ambulance should be called if:

- The child takes longer then 10 – 15 minutes to recover
- The child becomes unconscious

Epilepsy

An epileptic episode may take many forms including twitching and jerking, confusion, unaware of surroundings, convulsive seizure or blackout.

All children who have been diagnosed with epilepsy should have an individual healthcare plan.

Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicines should not need to be given during school hours. Triggers may include anxiety, stress, tiredness, being unwell or flashing and flickering lights. During a seizure it is important to make sure that the child is in a safe position, not to restrict a child's movements and to allow the seizure to take its course. In a convulsive seizure putting something soft under the child's head will help to protect it. Nothing should be placed in their mouth.

If a child does have an epileptic seizure whilst in school, the following details should be communicated to the parents:

- Any factors which may have acted as a trigger to the seizure
- Any unusual 'feelings' reported by the child prior to the seizure
- The timing of the seizure – when it happened and how long it lasted
- Whether the child lost consciousness
- Whether the child was incontinent

This will help the parents to give more accurate information on seizures and seizure frequencies to the child's specialist.

An ambulance should be called during a seizure if:

- It is the child's first seizure
- The child has injured themselves badly
- They have problems breathing after the seizure
- A seizure lasts longer then the period set out in the child's health care plan
- There are repeated seizures, unless this is usual for the child as set out in the child's health plan

For certain types of epilepsy, the controlled drug diazepam (rectal) may be prescribed. It is essential that any member of staff who administers this is trained by the appropriate healthcare professional, and that arrangements are made for two adults to be present when administering to ensure safeguarding requirements are met.

Anaphylaxis and Adrenaline Auto-injectors

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects.

All children who have been diagnosed with anaphylaxis should have an individual healthcare plan.

The treatment for a severe allergic reaction is an injection of adrenaline in the form of an adrenaline auto-injector. Two adrenaline auto-injectors should be held at school – one in child's classroom and one in the front office. If antihistamine is needed for the affected child it will be kept with the adrenaline auto-injector in the classroom. Parents must complete a 'Permission to Administer Medicine' form (Appendix 1).

Photographs of all children requiring an adrenaline auto-injector should be displayed in the medical room and staff room.

Administering adrenaline auto-injectors is on a voluntary basis. Full training on anaphylaxis and the use of adrenaline auto-injectors is offered annually to all staff which includes:

- Identification of pupil with anaphylaxis
- Signs, symptoms and triggers
- What to do in an emergency and how to administer the adrenaline auto-injector

Medicines for children with less severe allergies, treated by antihistamine will be kept in a locked cupboard in the medical room for the main school, and in a named box within the nappy changing area of each room in Little Pilgrims. (Procedure will be on a risk assessment form in a named box).

Actions for Anaphylaxis

The school will adopt the following procedure for any person thought to be suffering from an anaphylactic episode:

1. Identify the casualty and problem, ensuring prompt diagnosis is made. Call an ambulance immediately if anaphylaxis is suspected. State clearly that anaphylaxis is occurring;
2. Identify the need for use of medication. Obtain adrenaline auto-injector and ensure trained member of staff is available;
3. Position the child flat if they are not breathless and try to maintain privacy. Do not leave the child alone at any time. Reassure the child and keep talking to them about what you are doing;
4. Follow the instructions for administering the adrenaline auto-injector on the box;
5. Place any used adrenaline auto-injectors in the appropriate container to be transferred with the casualty to hospital via ambulance. Remember used adrenaline auto-injectors may have exposed tips therefore require care in disposal (the ambulance crew will be able to dispose of appropriately);
6. Delegate someone to contact the parents/guardian via emergency contact numbers. Either arrange to meet at school or hospital A&E department;
7. If after 5-10 minutes the ambulance has not arrived or the casualty does not seem to be responding then a second adrenaline auto-injector may be given;
8. If the child becomes unconscious then place in the normal recovery position and monitor.

APPENDIX 5

COMMON MEDICAL CONDITIONS
WHICH DO NOT REQUIRE MEDICATION

Head Lice

Head lice are tiny insects which live and lay eggs in the hair, and are spread by head to head contact with someone who already has them. The main sign that head lice might be present is an itchy head.

If a case of head lice is confirmed the following procedure should be followed:

- A call should be made to the child's parents to inform them, and request that a form of treatment is started as soon as possible. (The child should remain in school, and the parent should not be asked to collect the child).
- The teacher / keyworker should try to minimise the chance of head to head contact occurring, however this may not always be possible.
- If an outbreak occurs, all parents should be notified via a standard letter / email or notices placed around the classroom.
- Parents should be asked to check their child's hair regularly, whether or not they think their child has lice since without checking lice are easy to miss.
- Teachers and their families should also regularly check

Verrucas and warts

Warts and verruccas should be covered when taking part in communal activities to reduce the risk of spreading. Children should cover a wart with a waterproof plaster or a verruca with a verruca sock or waterproof plaster when swimming. Warts should be covered with a plaster and trainers should be worn while doing PE in the school hall.

Sickness and Diarrhoea

Children who experience vomiting and/or diarrhoea should stay away from attending Little Pilgrims, Pre-School or School until at least 48 hours after the last episode. Children will also be unable to swim until 14 days after the last episode. The policy is in line with advice from the NHS and HPA (Health Protection Agency), and is aimed at preventing the spread of infection to other people – both children and staff.

The procedure to follow when a child falls ill whilst at school is included within the staff handbook. If you have any queries or concerns about any aspect of this procedure please speak to your Line Manager.

APPENDIX 6

SWIMMING WITH COMMON MEDICAL CONDITIONS

Swimming is an important part of Pilgrim School's curriculum, however, when children suffer from some common medical conditions, precautions must be taken to ensure that they can swim safely without worsening their condition and to protect against the spread of infections.

Verrucas and warts
Verrucas and warts must be covered with a waterproof plaster or dressing or a verruca sock if this is more appropriate.

Molluscum
Molluscum is a viral infection that infects the skin and can take up to 18 months to clear up. Children with Molluscum can swim without the need to cover their spots.

Shingles
If a child has shingles and the rash is open and sore, it must be completely covered with a waterproof dressing. If this is not possible then the child should not swim.

Ringworm
A child may swim 48 hours after they have started treatment.

Impetigo
A child should not swim whilst their impetigo is contagious. It stops being contagious 48 hours after the start of medication prescribed by the GP or when all the sores have crusted over and dried out.

Chicken pox
A child should not swim whilst their chickenpox are contagious. They stop being contagious once all their spots have crusted over.

Hand foot and mouth
A child should not swim whilst they have hand foot and mouth.

Open Eczema
A child should not swim whilst their eczema is sore and open. If there are only small open patches that can be completely covered by a waterproof dressing then they may swim as long as all open sores are covered.

Open skin rashes
In general, if a child has any condition that leaves the skin open or with a "wet rash", then they are only allowed to swim if the entire area affected is covered by a waterproof dressing.

Sickness and Diarrhoea
Any child who has suffered from sickness or diarrhoea will not swim for 14 days after their symptoms have ended.

Where children are unable to swim they are expected to sit poolside and watch the lesson