



Includes Asthma Policy (Local)

and

*Children with Health Needs who
cannot attend School (Statutory)*

Supporting Pupils with Medical Conditions

Statutory

Reviewed: Sept 2024

Next Review Date: Sept 25

Role Responsible: SENDCo/Services Manager

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The Trust Board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Miss Annemarie Williams (Exec Head/CEO)

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on Trust Boards to decide for supporting pupils at their school with medical conditions. It is also based on the Department for Education's statutory guidance on supporting pupils with medical conditions at school.

3. Roles and responsibilities

3.1 The Trust Board

- The Trust Board has ultimate responsibility to decide to support pupils with medical conditions. The Trust Board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Head of School

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way

- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

- Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.
- Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.
- Teachers will consider the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 Pupils

- Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

- Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.
- Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs. They may also contact the SENDCo (Special Needs Coordinator) to inform them of a child's medical plan.

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Some children will require a H&S risk assessment form which outlines additional control measures specific to that child. This H&S risk assessment form is reviewed annually or if Parents inform the School of any changes.

See Appendix 1 for Asthma letter.

6. Individual healthcare plans

The Head of School has overall responsibility for the development of IHPs for pupils with medical conditions. Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Head of School will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who

can best advice on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Trust Board and the Head of School, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the Head of School for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so and
- Where we have parents' written consent

- The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.
- Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.
- Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage
- The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.
- All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.
- Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever 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 pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Head of School/role of individual. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures
- Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record Keeping

The Trust Board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

11. Liability and Indemnity

The Trust Board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

Explain your school's approach here. Enter the details of your school's insurance arrangements which cover staff providing support to pupils with medical conditions. Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures.

For academies, including free schools, insert/delete if not applicable: We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Head of School in the first instance. If the Head of School cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the Trust Board every year.

14. Children with health needs who cannot attend school

Initially, the school will attempt to decide to deliver suitable education for children with health needs who cannot attend school.

- DSL will be responsible for making and monitoring these arrangements
- Arrangements will include sending work home, admission in to hospital school, etc
- We would consult parents and children about these arrangements
- There will be a reintegration meeting and plan to get pupils back into school

3.2 If the local authority makes the arrangements;

If the school can't make suitable arrangements, Leicester City Council will become responsible for arranging suitable education for these children. They will decide who would take over responsibility, such as how it would be decided if arrangements are 'suitable', how many days a child would need to be absent from school, the process for referring a child to the local authority

In cases where the local authority decides, the school will:

- Work constructively with the local authority, providers, relevant agencies and parents to ensure the best outcomes for the pupil
- Share information with the local authority and relevant health services as required
- Help make sure that the provision offered to the pupil is as effective as possible and that the child can be reintegrated back into school successfully
- When reintegration is anticipated, work with the local authority to:
- Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible
- Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school)

- Create individually tailored reintegration plans for each child returning to school
- Consider whether any reasonable adjustments need to be made

15. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality
- Health and Safety
- Safeguarding
- Special educational needs information report and policy

16. ASTHMA

Statement of Intent

We recognise that asthma is a widespread, serious, but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. This school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, parents/carers and pupils. This policy should be read with special reference to the Administration of Medicines guidance, the Special Educational Needs Policy and the Equality Scheme.

Aims

Through this policy we want to ensure pupil health and safety with particular regard to those who suffer from asthma. We also want to ensure that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities.

Background

This policy has been written with advice from Asthma UK, and the school Nursing Service. Parents, pupils, staff and governors have also been consulted. Supply teachers and staff are made aware of the policy.

Training

Staff who come into contact with pupils with asthma are provided with training on asthma from the school nurse. Training is updated once a year as required.

Asthma medicines

- Immediate access to reliever medicines is essential. The reliever inhalers of children are clearly labelled and kept in the class teacher's cupboard so that they are accessible to adults who work with that class.

- Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler in case the pupil's own inhaler runs out, or is lost or forgotten. This will be kept in a secure cupboard in the medical room so that is easily accessible at lunchtimes and break times. All inhalers must be in the original box, clearly labelled by the pharmacy with the child's name by the parent/carer.

- School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this. All school staff will let pupils take their own medicines when they need to.

- Record keeping
- At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form.
- All parents/carers of children with asthma are consequently sent an Asthma UK School Asthma Card*. These should be completed by the practice nurse at the child's GP surgery. The school nurse is also able to give support to parents/carers in completing asthma cards.
- Parents/carers are asked to return them to the school. From this information the school keeps its asthma register, which is available to all school staff. Teachers are given a medical register which is readily available for support/supply staff and which should be kept in the class planning folder. The planning folder is available for supply staff if the class teacher is absent. School Asthma Cards* are then sent to parents/carers of children with asthma on an annual basis to update. Parents/carers are also asked to update or exchange the card for a new one if their child's medicines, or how much they take, changes during the year.

Asthma Register

It is important to identify all pupils at school with asthma so that all school staff and supply teachers are aware of the pupils with asthma and their asthma triggers. An asthma register will:

- help inform staff and supply teachers about the individual needs of pupils with asthma
- allow important contact details for pupils with asthma to be kept in one central location
- assist the school and parents/carers to ensure asthma medicines kept at school are within the expiry date
- help the school identify common asthma triggers that they can reduce or control in the school environment
- allow pupils with asthma to participate more fully in all aspects of school life.
- It is the responsibility of parents/carers to provide the school with details of what medicines their child is taking during the school day.

Covid-19

There isn't any evidence to suggest that having asthma makes you more likely to catch coronavirus. In terms of serious illness from coronavirus, people with severe asthma and asthma that is not well controlled may be at higher risk. It is also not known what the effects of different asthma treatments and types of asthma may have in relation to the risk. This is why it's very important to manage your child's condition, particularly if they have severe asthma. This includes taking their preventer medicines as prescribed and following their asthma action plan.

What is clear is that everyone is different, and your child's own level of risk is affected by many different interacting factors. This is why it's hard to give blanket information about the level of risk from having asthma. Your child's asthma may play a part in their level of risk from coronavirus, but their risk is also affected by lots of other things too.

Those with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD) fall into the category of clinically extremely vulnerable (CEV), for these pupils a separate risk assessment will be carried out.

Exercise and activity – PE and games

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma. Pupils with asthma are encouraged to participate fully in all PE lessons.

Teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. Pupil's inhalers (labelled) should be put in a box and taken by the class teacher if the child is participating in a sports activity away from the school site e.g. swimming at Spence Street, Goals. If a pupil needs to use his/her inhaler during a lesson they will be encouraged to do so.

Out-of-hours sport

We are committed to increasing the number of children involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.

When a pupil is falling behind in lessons

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about the pupil's needs.

Asthma attacks

In the event of an asthma attack the school follows the procedure outlined by Asthma UK in its School Asthma Pack. This procedure is visibly displayed in the

staffroom and around the school (see page 2 and 3 of Asthma Awareness for School Staff).

Roles and responsibilities

The Local Authority

- provide indemnity for teachers who volunteer to administer medicine to pupils with asthma who need help.

Head of School

- plan a school asthma policy with the help of school staff, school nurses, local authority advice and in line with any devolved national guidance
- liaise between interested parties – school staff, school nurses, parents/carers, governors, the school health service and pupils
- ensure the plan is put into action, with good communication of the policy to everyone
- ensure every aspect of the policy is maintained
- assess the training and development needs of staff and arrange for them to be met
- ensure all supply teachers and new staff know the school asthma policy
- regularly monitor the policy and how well it is working
- delegate a staff member to check the expiry date of spare reliever inhalers and maintain the school asthma register
- report back to governors about the school asthma policy.

Administrator

- maintaining the school asthma register and communicating any changes to relevant staff. Part of this responsibility is to ensure that the expiry dates of all spare reliever inhalers at school are checked every six months.
- ensuring that all parents/carers are asked every year if their child has asthma.
- ensuring that a follow up letter, along with an asthma card, is sent to all parents/carers of children and young people with asthma (see appendix 1)
- ensuring that cards are completed and received back into school; that they are stored correctly along with all reliever inhalers

School staff

- understand the school asthma policy
- know which pupils they come into contact with have asthma
- know what to do in an asthma attack
- allow pupils with asthma immediate access to their reliever inhaler
- tell parents/carers if their child has had an asthma attack
- tell parents/carers if their child is using more reliever inhaler than is usual
- ensure pupils have their asthma medicines with them when they go on a school trip or out of the classroom

- ensure pupils who have been unwell catch up on missed school work
- be aware that a pupil may be tired because of night-time symptoms
- keep an eye out for pupils with asthma to ensure they do not experience bullying
- ensure that the medical register is seen and understood by adults who work in classrooms and that these are available to be seen by supply staff
- liaise with parents/carers, the school nurse and the special educational needs coordinator if a child is falling behind with their work because of their asthma.

School nurses

- help plan/update the school asthma policy
- if the school nurse has an asthma qualification it can be their responsibility to provide regular training for school staff in managing asthma
- provide information about where schools can get training if they are not able to provide specialist training themselves.

Doctors and asthma nurses have a responsibility to:

- ensure the child or young person knows how to use their asthma inhaler (and spacer) effectively
- provide the school with information and advice if a child or young person in their care has severe asthma symptoms (with the consent of the child or young person and their parents/carers)

Pupils

- treat other pupils with and without asthma equally
- ensure a member of staff is called if a pupil has an asthma attack
- tell their parents/carers, teacher or another adult in school when they are not feeling well
- treat asthma medicines with respect
- know how to gain access to their medicine in an emergency
- know how to take their own asthma medicines.

Parents/carers

- tell the school if their child has asthma
- ensure the school has a complete and up-to-date school asthma card for their child
- inform the school about the medicines their child requires during school hours
- inform the school of any medicines the child requires while taking part in visits, outings or other out-of-school activities such as school team sports
- tell the school about any changes to their child's medicines, what they take and how much
- inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma)

- ensure their child's reliever inhaler (and spacer where relevant) is labelled with their name
- provide the school with a spacer (where this has been recommended by the child's doctor / asthma nurse)
- provide the school with a spare reliever inhaler labelled with their child's name
- ensure that their child's reliever inhaler (and the spare) is within the expiry date
- keep their child at home only if they are not well enough to attend school
- ensure their child catches up on any school work that has been missed
- ensure their child has regular asthma reviews with their doctor or asthma nurse (every 6 to 12 months)
- ensure that an individualised care plan (written with support for the school nurse) is given to the school if requested

Trust Board

- Should ensure that procedures are in place and adhered to; and make regular checks with the Services Manager and Head of School
- Review the policy every two years, unless an incident requires an immediate review

Appendix A; Letter to parents re. completion of asthma cards

Dear Parent/Carer

Re: The School Asthma Card

Thank you for informing us of your child's asthma on his/her registration form. As part of accepted good practice and with advice from Asthma UK and School Nursing Service, we have a School Asthma Policy for use by all staff.

As part of this policy, we ask all parents and carers of children with asthma to help us by completing a school asthma card for their child/children. Please make an appointment to take this card to the practice nurse at your child's GP surgery and ask for the card to be completed. The completed card should then be returned to school by xxxxxxxxxxxxxxxxx.

If you need further help or support with this, you can contact the school nurse on 0116 294 3092

The completed card will store helpful details about your child's current medicines, triggers, individual symptoms and emergency contact numbers. The card will help school staff to better understand your child's individual condition.

Please make sure the card is regularly checked and updated by your child's doctor or asthma nurse and the school is kept informed about changes to your child's medicines, including how much they take and when.

I look forward to receiving your child's completed school asthma card.

Thank you for your help.

Yours sincerely

Miss A Williams

Executive Head Teacher

Appendix B; Being notified a child has a medical condition

