



**Stretford**  
Grammar School  
*Aspirat primo fortuna labori*

**Policy on Supporting Students With a Medical Condition and Children With Health Needs Who Cannot Attend School**

**Ratified by Governors: February 2024**

**Date of Policy :** February 2024

**Governing Body Sub-Committee with reviewing responsibility:** Student Welfare

## **1. Aims**

This policy aims to ensure that:

- Suitable education is arranged for students on roll who cannot attend school due to health needs;
- Students, staff and parents/carers understand what the School is responsible for when this education is being provided by the local authority (LA);
- Students, staff and parents/carers understand how our School will support students with medical conditions; and
- Students with medical conditions are properly supported to allow them to access the same education as other students, including school trips and sporting activities.

The Governing Board will ensure this policy is implemented through the delegation of the below actions to the School staff, in accordance with this policy:

- Making sure sufficient staff are suitably trained;
- Making staff aware of a student's medical condition, where appropriate;
- Making sure there are cover arrangements to ensure someone is always available to support students with medical conditions;
- Providing cover teachers with appropriate information about the policy and relevant students; and
- Developing and monitoring individual healthcare plans (HCPs).

## **2. Legislation and guidance**

- This policy reflects the requirements of the Education Act 1996 and DfE (2013) 'Ensuring a good education for children who cannot attend school because of health needs' and DfE (2015) 'Supporting students at school with medical conditions' as well as The Equality Act 2010 and the Data Protection Act 2018.
- This policy also meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on Governing Boards to make arrangements for supporting students at their school with medical conditions.
- It is also based on the Department for Education's statutory guidance: Supporting students at school with medical conditions.
- It is drawn up in consultation with a range of stake holders.

## **3. Definitions**

3.1 Children who are unable to attend school as a result of their medical needs may include those with:

- Physical health issues;
- Physical injuries;
- Mental health problems, including anxiety issues;
- Emotional difficulties;
- Long-term and complex medical conditions;
- Progressive conditions; and
- Terminal illnesses.

3.2 Children who are unable to attend mainstream education for health reasons may attend any of the following:

- Hospital school: a special school within a hospital setting where education is provided to give continuity whilst the child is receiving treatment;
- Home tuition: many LAs have home tuition services that act as a communication channel between schools and students on occasions where students are too ill to attend school and are receiving specialist medical treatment;
- Medical Student Referral Units (PRUs): these are LA establishments that provide education for children unable to attend their registered school due to their medical needs;
- DfE approved Alternative Provision.

#### **4. Roles and Responsibilities**

- The School aims to ensure that all children who are unable to attend school due to medical needs, and who would not receive suitable education without such provision, continue to have access to as much education as their medical condition allows, to enable them to reach their full potential.
- Due to the nature of their health needs, some children may be admitted to hospital or placed in alternative forms of education provision. The School recognises that, whenever possible, students should receive their education within our School and the aim of the provision will be to reintegrate students back into school as soon as they are well enough.
- The School understands that it has a continuing role in a student's education whilst they are not attending the School and will work with the relevant professionals, healthcare partners and families to ensure that all children with medical needs receive the right level of support to enable them to maintain links with their education.
- The School aims to ensure that all students who can attend School with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.
- There are also social and emotional implications associated with medical conditions. Students with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of students experiencing these difficulties.
- Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

- The relevant local authority to the student's home address is responsible for arranging suitable full-time education for children who – because of illness or other reasons – would not receive suitable education without such provision. This means that where a child cannot attend school because of health problems, and would not otherwise receive a suitable full-time education, the relevant local authority is responsible for arranging provision and must have regard to the guidance DfE (2013) "Ensuring a good education for children who cannot attend school because of health needs".

#### **4.1. The Headteacher is responsible for:**

- making sure all staff are aware of this policy and understand their role in its implementation;
- ensuring that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (HCPs), including in contingency and emergency situations. Training may be identified during the development or review of HCPs and the relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the SENCO and Assistant Headteacher:
- making sure that school staff are appropriately insured and aware that they are insured to support students in this way;
- ensuring that healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication; and
- ensuring that all relevant named staff will be made aware so that they are familiar with 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.

#### **4.2. The Assistant Headteacher for Student Welfare is responsible for:**

- working with the governors to ensure compliance with the relevant statutory duties when supporting students with health needs;
- working collaboratively with parents/carers and other professionals to develop arrangements to meet the best interests of children;
- ensuring the arrangements put in place to meet students' health needs are fully understood by all those involved and acted upon;
- ensuring, as appropriate for the needs of the child, that a member of the pastoral team (eg. SENCO/Progress Leader) is responsible for students with healthcare needs and liaises with parents/carers, students, the LA, key workers and others involved in the student's care;
- ensuring the support put in place focusses on and meets the needs of individual students;
- liaising with the Deputy Headteacher to arrange appropriate training for staff with responsibility for supporting students with health needs;

- ensuring teachers who support students with health needs are provided with suitable information relating to a student's medical condition and the possible effect the condition and/or medication taken has on the student;
- reporting to the governors on the effectiveness of the arrangements in place to meet the health needs of students;
- ensuring the relevant LA is notified when a student is likely to be away from the school for a significant period of time due to their health needs;
- supporting the SENCO in overseeing the development of HCPs;
- ensuring the School Nursing Service is notified regarding any student 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; and
- that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

#### **4.3 The Progress Leader is responsible for:**

- dealing with students who are unable to attend School because of medical needs;
- actively monitoring student progress and reintegration into School;
- supplying students' education providers with information about the child's capabilities, progress and outcomes; Liaising with the SENCO Curriculum Leaders and Subject Teachers to determine what students should be learning whilst not at school;
- keeping students informed about school events and encouraging communication with their peers;
- monitoring and supporting the progress of students with medical conditions;
- providing a link between students and their parents/carers, and the relevant LA; and

#### **4.4 The SENCO (Special Educational Needs and Disability Coordinator) is responsible for:**

- helping update the school's Medical Conditions Policy;
- knowing which students have a medical condition and which have special educational needs because of their condition ensure teachers make the necessary arrangements if a student needs special consideration or access arrangements in exams or course work;
- overseeing the correct storage of medication at school;
- ensuring that expiry dates for all medications stored at school are checked three times a year;

- ensuring that all emergency and non-emergency medication brought into school is clearly labelled with the student's name, the name and dose of the medication and the frequency of dose;
- ensuring that all students with medical conditions have a Healthcare Plan and that parents/carers have the opportunity to review this on at least once a term via MYChildAtSchool Bromcom Parent App;
- liaising with the School Nurse regarding students' medical conditions Health Care Plans.

#### **4.5 Teachers and support staff are responsible for:**

- understanding confidentiality in respect of students' health needs;
- designing lessons and activities in a way that allows those with health needs to participate fully and ensuring students are not excluded from activities that they wish to take part in without a clear evidence-based reason;
- understanding their role in supporting students with health needs and ensuring they attend the required training; and
- ensuring they are aware of the needs of their students through the appropriate and lawful sharing of the individual student's health needs.
- those staff who take on the responsibility to support students with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.
- taking into account the needs of students with medical conditions that they teach.
- knowing what to do and respond accordingly when they become aware that a student with a medical condition needs help. They will use the information displayed in classrooms as a prompt for any action they might need to take in an emergency
- using opportunities through the curriculum to raise student awareness of medical conditions

#### **4.6 First aiders/appointed persons have a responsibility to:**

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with school;
- when necessary, ensure that an ambulance or other professional medical help is called;
- record first aid/medical incidents in the our record system (Bromcom) and contact parent/carers.

#### **4.7 PE Teachers have a responsibility to:**

- ensure students with asthma are not forced to take part in activities if they feel unwell but are not excluded from activities if their asthma is well controlled;

- ensure students known to have asthma carry prescribed inhalers and are allowed to use them when needed;

if a student known to have asthma is showing symptoms during an activity, allow them to stop and self-medicate;

- remind students whose symptoms are triggered by exercise to use their reliever inhaler immediately before warming up.

#### **4.8 Parents/carers are expected to:**

- ensure the regular and punctual attendance of their child in school, where possible;
- work in partnership with school to ensure the best possible outcomes for their child;
- notify school of the reason for any of their child's absences without delay;
- provide school with sufficient and up-to-date information about their child's medical needs;
- attend meetings to discuss how support for their child should be planned; and
- carry out any action they have agreed to as part of the implementation of the HCP e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.

#### **4.9 Students**

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

### **5. Managing Absence**

- Details about reporting absence procedures and responses to absence can be found in the Attendance Policy.

### **6. Support for students**

- Where a student has a complex or long-term health issue, we will discuss the student's needs and how these may be best met with the relevant medical professionals, parents/carers and, where appropriate, the student.
- We will make reasonable adjustments under students' HCPs.
- All teachers, supply and support staff will be provided with access to relevant information, including high-risk health needs, first aiders and emergency procedures appropriately.

- Students admitted to hospital will receive education as determined appropriate by the medical professionals and hospital tuition team at the hospital concerned.
- During a period of extended absence for a medical condition, we will work with any external providers of the student's education to establish and maintain regular communication and effective outcomes.
- Whilst a student is away from school, we will work with the appropriate organisation to ensure the student can successfully remain in touch.
- Where appropriate, we will provide the student's education provider with relevant information, curriculum materials and resources.
- To help ensure a student with additional health needs is able to return to school following an extended period of absence, the following adaptations will be considered:
  - A personalised or part-time timetable, drafted in consultation with the named staff member;
  - Access to additional support in School;
  - Online access to the curriculum from home for a defined period;
  - Movement between and to lessons;
  - Places to rest at School; and
  - Special exam arrangements to manage anxiety or fatigue.

## **7. Reintegration after an extended period of absence following an illness**

- When a student is considered well enough to return to school, we will develop a tailored reintegration plan in collaboration with the relevant professionals.
- We will work with the relevant professionals when reintegration into School is anticipated, to plan for consistent provision during and after the period of education outside School.
- As far as possible, the child will be able to access the curriculum and materials that they would have used in School. If appropriate, the School Nurse will be involved in the development of the student's reintegration plan and informed of the timeline of the plan by the appointed named member of staff, to ensure they can prepare to offer any appropriate support to the student.
- We will consider whether any reasonable adjustments need to be made to provide suitable access to the School and the curriculum for the student.
- For longer absences, the reintegration plan will be developed near to the student's likely date of return, to avoid putting unnecessary pressure on an ill student or their parents/carers in the early stages of their absence.
- We are aware that some students will need gradual reintegration over a long period of time and will always consult with the student, their parents/carers and key staff about concerns, medical issues, timing and the preferred pace of return.



- The reintegration plan will include:
  - The date for planned reintegration, once known;
  - Details of regular meetings to discuss reintegration;
  - Details of the named member of staff who has responsibility for the student;
  - Clearly stated responsibilities of all those involved;
  - Details of key contacts;
  - A programme of small goals leading up to reintegration; and
  - Follow-up procedures.
- Following reintegration, we will support the relevant professionals in seeking feedback from the student.
- It is essential that all information about students with health needs is kept up-to-date.
- Parents/carers will be made aware of their own rights and responsibilities regarding confidentiality and information sharing. To help achieve this, the School will:
  - ensure this policy is easily available and accessible.
  - direct the student and their parents/carers to a copy of the GDPR policy which includes information sharing.
  - consider how friendship groups and peers may be able to assist students with health needs.
- When a student is discharged from hospital or is returning from other education provision, the School will ensure the appropriate information is received to allow for a smooth return to the School. The named member of staff will liaise with the hospital or other tuition service as appropriate.
- If the School cannot make suitable arrangements for a child who cannot attend school, the relevant Local Authority to the student's home address will become responsible for arranging suitable education for these children.

## **8. Being notified that a child has a medical condition**

- When the School is notified that a student has a medical condition, parents are requested to complete a healthcare plan (ECP)
- We do not wait for a formal diagnosis before providing support to students.
- Where a student's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the Headteacher based on all available evidence (including medical evidence and consultation with parents/carers).
- We will make every effort to ensure that arrangements are put into place as soon as possible, or at the beginning of the relevant term for students who are new to the School

## **9. Information for Staff**

- Action for staff to take in an emergency for the common serious conditions at this school is displayed in classrooms, offices, kitchens and the staff room.
- Staff know what action to take in the event of a medical emergency including:
  - how to contact emergency services and what information to give
  - who to contact within school
  - If a student needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent/carer arrives. The school tries to ensure that the staff member will be one the student knows
- Generally, staff should not take students to hospital in their own car.

## **10. Administration and Storage of Medication**

### **10.1 Administration – emergency medication**

- Students with medical conditions have easy access to their emergency medication
- Records are kept of every occasion when a student is administered with medication, including on SIMS, on the Monitoring Accidents and Near Misses proforma and on the Numerical Accident Form
- For students who take daily medication, for example, antibiotics or insulin, a chart is completed, dated and signed by staff member
- Students are encouraged to carry and administer their own emergency medication, when their parents/carers and health specialists determine they are able to start taking responsibility for their condition. This is also the arrangement on any off-site or residential visits
- Students who do not carry and administer their own emergency medication know that their medication is stored in the school office and to report to the main office when required
- Medication for students with severe nut allergies is kept in individually labelled boxes with matching photographs for ease of access

### **10.2 Administration – general**

- All use of medication defined as a controlled drug, even if the student can administer the medication themselves, is carried out under supervision
- The school understands the importance of medication being taken as prescribed.
- Staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted to do so.
- For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to students under the age of 16, but only with the written consent of the student's parent/carer.

- Training is given to all staff members who agree to administer medication to students, where specific training is needed. The local authority provides full indemnity.
- In some circumstances, medication is only administered by an adult of the same gender as the student.
- Parents/carers understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.
- If a student refuses their medication, staff record this. Parents/carers are informed as soon as possible. The school nurse will also be informed.
- All staff attending off-site visits are aware of any students with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency including any additional medication or equipment needed through the Healthcare Plan.
- If a trained member of staff, who is usually responsible for administering medication, is not available, the school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.
- If a student misuses medication, either their own or another student's, their parents/carers are informed as soon as possible. These students are subject to the school's usual disciplinary procedures.
- Students are allowed to carry their own epipens and inhalers but all other medication is stored safely in the School Office.

### **10.3 Safe storage – emergency medication**

- Emergency medication is readily available to students who require it at all times during the school day or on off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are held by the Headteacher's PA/ Office Manager and in the main office for the fridge.
- Most students carry their emergency medication on them at all times.
- Students, whose healthcare professionals and parents/carers advise the school that their child is not yet able or old enough to self-manage and carry their own emergency medication, know exactly where *and how to* access their emergency medication.

### **10.4 Safe storage – non-emergency medication**

- All non-emergency medication is kept in a secure place in the school office.
- Staff ensure that medication is only accessible to those students for whom it is prescribed.

### **10.5 Safe storage – general**

- The SENCO (Special Educational Needs and Disability Coordinator) oversees the correct storage of medication at school.

- All controlled drugs are kept in a secure location and only named staff have access, even if students usually administer the medication themselves. The administration of this medication is closely monitored as indicated below:
  - name of student, name of controlled drug and the date on which it is brought into school
  - number of tablets/capsules/amount of liquid to be stored
  - date and time the controlled drug is accessed and by whom
  - date and time medicines returned to student and by whom
  - amount of remaining medication, once each dosage is administered
- Three times a year the SENCO ensures that the expiry dates for all medication stored at school are checked and that a tick list held with the medication (Autumn, Spring, Summer Terms).
- A record is maintained in school.
- The SENCO, along with the parents/carers of students with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labelled with the student's name, the name and dose of the medication and the frequency of dose. This includes all medication that students carry themselves.
- Medication is stored in accordance with instructions, paying note to temperature.
- It is the parent/carer's responsibility to ensure new and in date medication comes into school.

## **10.6 Safe disposal**

- Out-of-date medication is returned either direct to parents/carers or to a local pharmacy at the end of each term.
- Medical waste (excluding sharps) is disposed of in the yellow medical waste bin in the main school office.

## **11. Healthcare Plans (Appendix 9)**

- We use Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of students in their care who may need emergency help. They identify common or important individual triggers for students with medical conditions at school that bring on symptoms and can cause emergencies.
- Healthcare Plans are used to create a centralised register of students with medical needs. The SENCO has responsibility for the register at this school.
- HCPS are used to remind students with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
- HCPs provide the required information to a member of staff when conducting a trip or visit.

- Parents/Carers who indicate that their child has medical conditions when enrolling, are sent a HCP to complete. Parents/carers are reminded to update their child's information held on the once a term through the Parent App. Reminders are sent through Bromcom. If the HCP needs to be updated, a new form is sent to be updated. A copy of the Healthcare Plan is included in Appendix E. Parents/carers are provided with a signed copy of the student's current agreed Healthcare Plan.
- The SENCO follows up with the parents/carers any further details on a student's Healthcare Plan if required or if permission for administration of medication is unclear or incomplete
- New Healthcare plan forms are sent to parents/carers who indicate via the MyChildInSchool app that a child's medical condition treatment has changed or that the child developed a medical condition. We can also be informed by letter, email or phone call.
- Staff who work with students have access to the Healthcare Plans of students in their care. These can be found on Bromcom.
- When a member of staff is new to a student group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the medical needs of students in their care.
- We ensure that all staff protect student confidentiality.
- In the event of a medical emergency the school provides relevant medical information to the emergency services.
- The school seeks permission from the student and parents/carers before sharing any medical information with any other party, such as when a student takes part in a work experience placement.

## **12.Consent to administer medicines**

- If a student requires regular prescribed or non-prescribed medication at school, parents/carers are asked to provide consent on their child's Healthcare Plan giving the student or staff permission to administer medication on a regular/daily basis.
- All parents/carers of students with a medical condition who may require medication in an emergency are asked to provide consent on the Healthcare Plan for staff to administer medication.
- If a student requires regular/daily help in administering their medication then the school's agreement to administer this medication is outlined on the student's Healthcare Plan. The school and parents/carers should keep a copy of this agreement.
- Parents/carers of students with medical conditions at this school are asked at the start of the school year or when they join the school, on the Healthcare Plan, if they and their child's healthcare professional believe the child is able to manage, carry and administer their own emergency medication.

### **13. Trips and visits**

- Medical information on students is taken on all trips
- All staff leading a trip/visit take a fully stocked first aid kit with them.
- Risk assessments are carried out prior to any out-of-school visit and medical conditions are considered during this process. Factors considered include: how all students will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.
- Risk assessments are carried out before students start any work experience or off-site educational placement. It is the school's responsibility to ensure that the placement is suitable, including travel to and from the venue for the student. Permission is sought from the student and their parents/carers before any medical information is shared with an employer or other education provider

### **14. Record keeping**

- The school keeps an accurate record of each occasion that an individual student is given or supervised taking medication during trip/visit and a note kept on the trip paperwork. Details of the supervising staff member, student, dose, date and time are recorded. If a student refuses to have medication administered, this is also recorded and parents/carers as well as the school nurse are informed as soon as possible.
- All school staff who volunteer to administer medication are provided with training by a healthcare professional. The school keeps records of staff who have had the relevant training.

### **15. Physical Environment: Asthma**

- The school does all that it can to ensure the school environment is favourable to children with asthma. The school does not keep furry or feathery pets and has a non-smoking policy. Aerosols are banned in school. As far as possible the school does not use chemicals in science and art lessons that are potential triggers of asthma. Students are permitted to leave the room and go and sit in a supervised area, e.g. other classroom, if particular fumes trigger their asthma. Precautions taken when using chemicals that could trigger an asthma attack are:
  - plenty of ventilation, i.e. open windows and doors
  - fume cupboards used by staff and students
  - students who suffer from asthma are sent to the back of the room or to stand near a window/open door
- Chemicals that could trigger asthma attacks are:
  - Chlorine
  - H<sub>2</sub>S ( Hydrogen Sulfide)
  - Ammonia (2M when used in salt prep)
  - H<sub>2</sub> ( Hydrogen)
  - Sulphur dioxide produced by the reaction of sodium thiosulphate and HCl ( Hydrogen Chloride) in rates of reaction practicals or the burning of sulphur

- Where appropriate, staff are advised to check if any students are asthmatic and inform the class of appropriate actions.

## **16.Exercise and physical activity**

- The school understands the importance of all students taking part in sports, games and activities and ensures all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all students.
- Classroom teachers, PE teachers and sports coaches understand that students should not be forced to take part in an activity if they feel unwell.
- Teachers and sports coaches are aware of students in their care who have been advised to avoid or to take special precautions with particular activities.
- PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for students' medical conditions when exercising and how to minimise these triggers.
- The school ensures that students have the appropriate medication or food with them during physical activity and that students take them when needed.
- All students with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.
- Responsibilities of PE teachers relating specifically to asthma are outlined later in this policy.

## **17.Unacceptable Practice**

- School staff should use their discretion and judge each case individually with reference to the student's HCP, but it is generally not acceptable to:
- Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every student with the same condition requires the same treatment;
- Ignore the views of the student or their parents/carers;
- 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 HCPs;
- If the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;

- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Require parents/carers, or otherwise make them feel obliged, to attend School to administer medication or provide medical support to their student, 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 students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child; and
- Administer, or ask students to administer, medicine in school toilets. 8. Emergency medical procedures Staff will follow the School's normal emergency procedures (for example, calling 999). All students' HCPs will clearly set out what constitutes an emergency and will explain what to do. If a student needs to be taken to hospital, staff will stay with the student until the parent/carer arrives or accompany the student to hospital by ambulance.

## **18. Emergency medical procedures**

- Information about how to respond to a range of medical emergencies is displayed in each classroom and in other key areas in school
- Information about students with significant medical needs is also available in each classroom and is stored securely
- Staff will follow the School's normal emergency procedures (for example, calling 999).
- All students' HCPs will clearly set out what constitutes an emergency and will explain what to do. If a student needs to be taken to hospital, staff will stay with the student until the parent/carer arrives, or accompany the pupil to hospital by ambulance.
- Monitoring arrangements
- This policy will be reviewed annually by the Assistant Headteacher for Student Welfare and the SENCO. At every review, it will be approved by the Welfare Committee on behalf of the Full Governing Board.

## **19. Links to other policies**

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- Health and safety
- Safeguarding



- Special Educational Needs Information Report and policy
- GDPR
- Behaviour

# **MEDICAL CONDITIONS INFORMATION FOR DISPLAY IN ALL CLASSROOMS**

**(Updated September 2023)**

**ASTHMA:** Attacks (purple)

**INSULIN:** Injections, treatment, blood test  
(yellow)

**ANAPHYLAXIS** (Allergic Reaction): treatment,  
use of Epipen/ Jext/ Emerade pens  
(green)

**EPILEPSY:** treatment (pink)

If a student requires first aid treatment:

- During a lesson: either send the student to Reception **or** send a student to Reception to request that the first aider attends the classroom.
- During break or lunchtime: staff on duty escort or send the student to Reception **or** an SLT member is informed who contacts Reception by radio to request that the first aider attends the scene of the incident.

**The use and storage of emergency salbutamol inhalers**

From 1<sup>st</sup> October 2014, schools are permitted to buy salbutamol inhaler, without a prescription, for use in emergencies.

**The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.**

The inhaler can be used if the student's prescribed inhaler is not available (for example, because it is broken, or empty, or out of date)

Protocol for the use of emergency Salbutamol inhalers:

- The school will ensure that it always has at least one Emergency Asthma kit ( Salbutamol inhaler plus spacer)
- Stored in the main office and in the Atrium Food Tech Room, checked in line with other medication; cleaned and re used in line with Guidance on the use of emergency salbutamol inhalers in schools ( Department of Health March 2015):
  - on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available; (a check is kept on the number of doses given/used).
  - that replacement inhalers are obtained when expiry dates approach;
  - replacement spacers are available following use;
  - the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.
- Maintaining a register of children in the school who have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should kept with the emergency inhaler on the medical excel spreadsheet
- Having written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan
- Ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use or sometimes phone consent is given
- Appropriate support and training for staff in the use of the emergency inhaler in line conditions
- Keeping a record on SIMS of use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler
- Having at least two volunteers responsible for ensuring the protocol is followed

# What to do in an emergency- ASTHMA

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward, loosen tight clothing
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the spacer and inhaler are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 6 puffs
- Stay calm and reassure the child. Stay with the child until they feel better.
- If so, the child can then return to school activities. Contact parents and inform them as they may want to take the child home and the child will need to be seen by a doctor the same day.
- If the child has not improved or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE move to **Severe Asthma Attack** guidance.
- Give two puffs of the blue inhaler every two minutes until the ambulance arrives.
- If an ambulance does not arrive in 10 minutes, keep administering 1 puff every 30-60 seconds.

## Common signs of an asthma attack

- 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)
- May appear tense and as if "holding" themselves, feeling "tight".

# **ASTHMA ATTACK GUIDANCE**

Student presents as wheezy, breathless, tight-chested or coughing continuously.  
Send another child to the office for a First Aider with a message of suspected Asthma Attack

- Ask child if they have used the blue inhaler already that day.
- Give blue inhaler immediately – one puff of reliever inhaler every 30 – 60 seconds up to 2 puffs
- Sit them down and try to get them to sit up straight. They must not lie down.
- Contact Parents/Carers

Have symptoms improved after 10 minutes?

YES

- Resume normal activities
- May need blue inhaler every 4 hours
- Ensure parents/carers have been informed

NO

Give another 4 puffs every 30-60 seconds (total of 6)

If NO improvement go to Severe Asthma Attack Guidance.  
  
If improved, ensure parental contact has been made and advise seeing GP/Asthma Nurse. Student should go home. If this is not possible, check on student after 4 hours.

**When calling an ambulance remember to give the following information:**

- Location – landmarks, best entrance to school etc
- State student having an asthma attack
- Description of situation if able, i.e. age of student, symptoms, response to inhaler/medication given

# **SEVERE ASTHMA ATTACK GUIDANCE**

If the student has any or all of the following symptoms and has seen no improvement after 6 puffs of blue inhaler:

- distressed with their breathing
- unable to talk/speak in sentences
- becoming exhausted
- the blue inhaler has had no effect
- coughing and wheezing

**TREAT AS A SEVERE ASTHMA ATTACK**

- Call ambulance and inform parents/carers up to 10 puffs.
- Give 1 puff of the blue inhaler every 30 – 60 seconds
- Keep calm!!
- Let student get in a comfortable position – usually sitting up straight – DO NOT LET THE STUDENT LIE DOWN
- Stay with the student and reassure them

**When calling an ambulance remember to give the following information:**

- Location – landmarks, best entrance to school etc
- State student is having an asthma attack.
- Description of situation if able, i.e. age of student, symptoms, response to inhaler/medication given.

Continue giving the inhaler every 30-60 seconds and do not stop until the ambulance arrives.

# **PROCEDURE FOR TESTING/SUPERVISING BLOOD GLUCOSE TEST (TRAINED STAFF ONLY)**

## **Display in all Classrooms**

### **Procedure for testing / supervising blood glucose test**

- Equipment needed: Blood glucose meter, test strips, finger-pricking device, lancet, sharps bin and cotton wool.
- Ensure child washes their hands and dries them thoroughly. (If hands are cold, run them under warm water or shake them to warm them up).
- Insert lancet into finger pricking device and prepare device as taught.
- Insert test strip into blood glucose meter.
- Prick the side of the finger (it is less painful than the finger tips) and wipe away the first drop of blood with cotton wool.
- Squeeze a small drop of blood by milking the finger from the base to the tip.
- Hold the test strip to the blood and allow the strip to suck up the blood, or cover the test patch on the strip with the drop of blood, depending on the type of meter. The meter will beep or the display will start counting down when enough blood is received.
- After a few seconds the blood glucose level should appear on the screen. (If an 'error' appears on screen this may be due to insufficient blood sample therefore repeat the test. If problem persists, refer to meter reference guide or contact parents/carers for advice).
- Dispose of lancet and test strip as taught.
- Record blood glucose result.

There are many different types of blood glucose meter, each requiring a slightly different method of use. The above is only a guide – always perform/supervise the test as taught by the children's diabetes nurse specialist.

# PROCEDURE FOR ADMINISTERING INSULIN VIA PEN DEVICE (TRAINED STAFF ONLY)

Appendix 3

## **Display in all Classrooms**

The correct insulin cartridge will be loaded into the pen by the child's parent(s)/carer. When this needs replacing, the parent(s)/carer will do this. Insulin lasts for one month when not stored in the fridge. **Preparation for the injection**

1. Check SIMS to make sure no one else has already administered today's injection.
2. Remove the pen cap.
3. Attach a new pen needle
4. Prime the needle with 2 units of insulin, holding the pen with needle upright.
5. Once a drop of insulin has been seen, the pen is ready to use. If a drop of insulin has not been seen – repeat the procedure.
6. Dial the number of units calculated to inject, as per written agreement.
7. Choose the injection site and lift a wide skin fold. This helps to hold the skin steady and avoids injecting into the muscle.
8. Inject the pen device needle at 90 and press the button/plunger as far as it will go. The dial will reset back to zero to indicate that the requested dosage has been administered.
9. Count to 10 before removing the pen device to reduce insulin leakage.
10. Following the injection, which will always be performed in the school office / first aid room, remove the pen needle using the outer cover (do not try to replace the inner cap) and discard carefully in the sharps container, which is kept in the medicine drawer / cupboard in the office / first aid room, along with the child's medical equipment.
11. Replace the pen cap.
12. Fill in and sign the logbook.



# TREATMENT OF HYPOGLYCAEMIA

## (BLOOD GLUCOSE LESS THAN 4MMOLS)

Appendix 4

**Display in all Classrooms**

### Mild Hypoglycaemia:

- Shaky
- Hungry
- Pale
- Headache
- Stomach Ache
- Mood swings
- 'jelly'/tired legs
- Lack of concentration

### Moderate Hypoglycaemia:

same as mild hypo however

- Slightly more confused
- Dizziness
- Unable to treat self
- Too confused to eat/drink
- Slurred speech
- Unsteady on feet

### Severe Hypoglycaemia:

- Not able to take food/drink
- Sleepy/ Unconscious
- May be fitting

Student must stop what he/she is doing. Never let the student leave the classroom unaccompanied. Sit the student down; check blood glucose level if possible. Stay with the student

#### Give one of the following:

3 glucose tablets  
50ml original lucozade  
100ml non-diet cola

Followed by:

Digestive biscuit  
Small sandwich  
Snack or meal (if due)  
Glass of milk  
Cereal bar  
Piece fruit

#### Give one of the following:

3 glucose tablets  
50ml original lucozade  
100ml non-diet cola  
Glucogel

Followed by:

Digestive biscuit  
Small sandwich  
Snack or meal (if due)  
Glass of milk  
Cereal bar  
Piece fruit

**DO NOT GIVE  
ANYTHING BY MOUTH  
STAY WITH STUDENT**

**PLACE STUDENT IN  
RECOVERY POSITION**

**DIAL 999**

**INFORM  
PARENTS/CARERS**

- Wait 10-15 mins for recovery. Recheck blood glucose if possible to confirm recovery.
- If blood glucose greater than 4mmols/l student has recovered.
- If blood glucose remains below 4mmols/l repeat the above.
- If blood glucose not rising after student has had treatment repeated please contact parents/carers

- Complete hypo communication sheet
- Identify cause of hypo
- Remember to refer to health care plan for student specific hypo symptoms and treatment

## Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

### **Mild-moderate allergic reaction:**

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

<b>A</b> irways:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
<b>B</b> reathing:	Difficult or noisy breathing Wheeze or persistent cough
<b>C</b> irculation:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse 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 auto injector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present

# GUIDELINES FOR USING AN ADRENALINE AUTO INJECTOR EPIPEN/ JEXT/EMERADE (Trained Staff Only)

## **Display in all Classrooms**

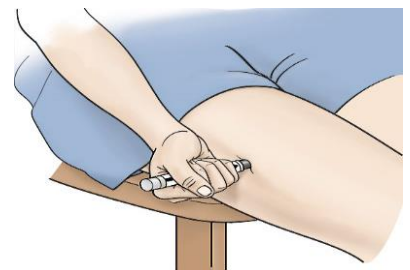
(Instructions with a good diagram are provided in the box)

Give the injection into the middle of the outer/front thigh. The injection can be given through clothing.

- Remove the injector from the packaging.
- Remove the safety cap.

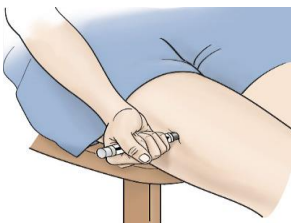
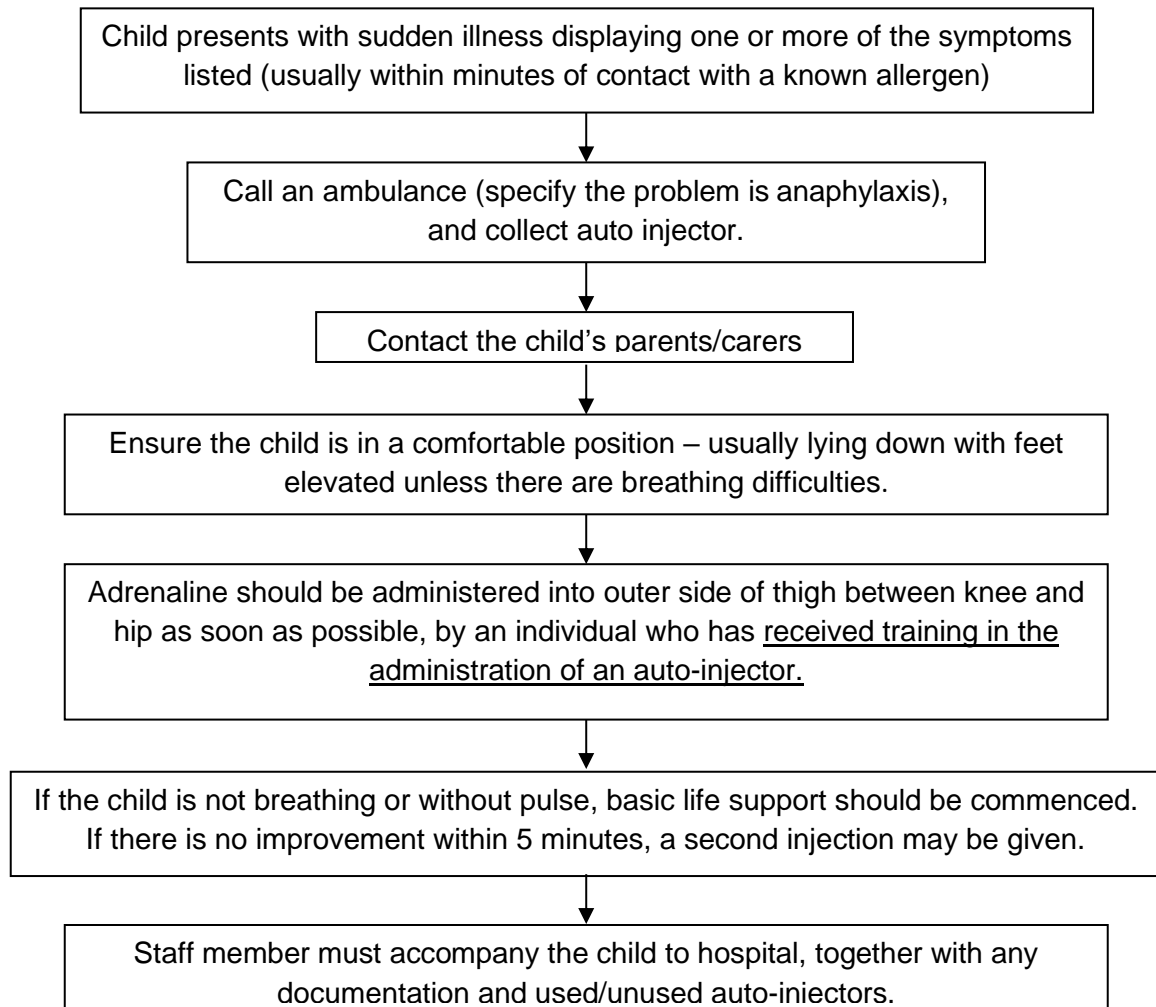
Hold the injector firmly in your fist, place on thigh with the tip at right angles to the skin.

- Press hard onto thigh
- EpiPen – Press hard (*there should be a click*)
- Anapen – Press the trigger at the top.
- Hold in place for 10 seconds
- Remove the pen and rub the area for 10 seconds
- Call an ambulance even if the child improves
- Stay with the child
- If no improvement occurs a second dose may be given after 5 –10 minutes. If a second dose is required where possible choose the opposite leg.
- The child will require a period of hospital observation.
- Ensure the child is in a comfortable position, preferably lying down with legs elevated unless there are breathing difficulties.



# MANAGEMENT OF ANAPHYLAXIS USING A PRESCRIBED AUTO-INJECTOR

## (Trained Staff Only)



### **SYMPTOMS MAY INCLUDE:**

- Swelling of throat, mouth or tongue
- Difficulty in swallowing or speaking
- Alterations in heart rate
- Severe difficulty breathing
- Sudden feeling of weakness (drop in blood pressure)
- Collapse and unconsciousness
- There can also be abdominal cramps, nausea and severe diarrhoea



# FIRST AID FOR SEIZURES Appendix 8

Seizures may occur where the person either loses consciousness (generalised) or remains conscious but suffers altered behaviour. **In all cases stay calm and re-assuring, protect the person from injury as far as practical, and stay with them until fully recovered or until the emergency services arrive as appropriate. Do not give them anything to eat or drink until they are fully recovered or attempt to bring them round.** Advice on dealing with specific seizures is as below.

## 1. Tonic-Clonic Seizures

### Symptoms:

- Person goes stiff, loses consciousness and then falls to the ground.
- A blue tinge around the mouth is likely – this is due to irregular breathing,
- Loss of bladder/bowel control may occur.
- After a minute or two jerking movements should stop and consciousness may slowly return.

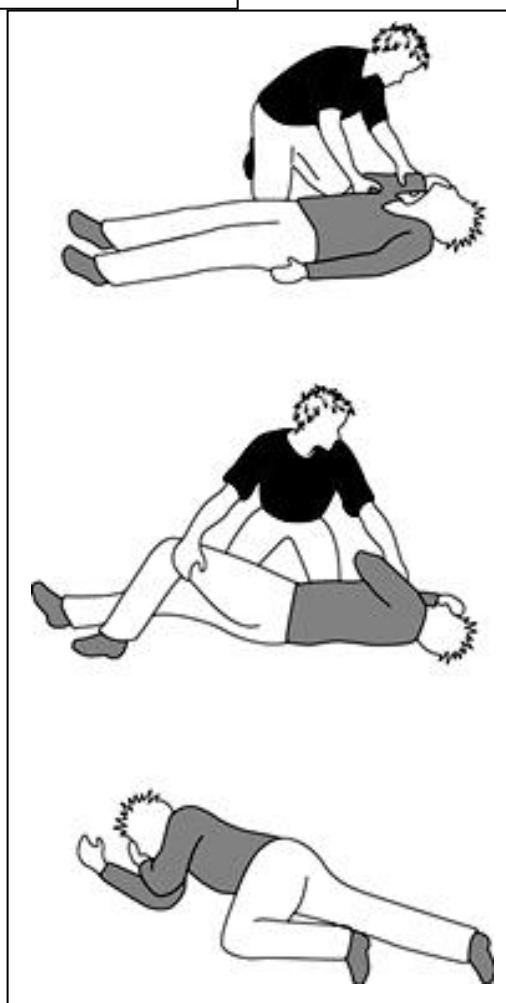
1. Remove any harmful objects nearby
2. Cushion the person's head
3. Look for an epilepsy identify card or identity jewellery
4. Aid breathing by gently placing them in the recovery position once the seizure has finished. (See diagram)

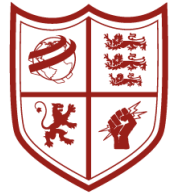
### Do not:

- Restrain the person's movements
- Put anything in the person's mouth
- Try to move them unless they are in danger

### Call an ambulance if .....

- You know this is the person's first seizure
- The seizure continues for more than 5 minutes
- One tonic-clonic seizure follows another without person regaining consciousness between seizures
- The person is injured during the seizure
- You believe the person needs urgent medical attention





# **FIRST AID FOR EPILEPTIC SEIZURES**

## **2. Complex Partial Seizures**

### **Symptoms:**

- Person is not aware of their surroundings or what they are doing.
- They may pluck at their clothes, smack their lips, swallow repeatedly, and wander around.

- Guide the person away from danger
- Re-assure and stay with the person until recovery is complete.
- Explain anything that they may have missed.

### **Do not:**

- Restrain the person's movements.
- Act in a way that could frighten them, such as making abrupt movements or shouting at them.
- Assume the person is aware of what is happening, or what has happened.

### **Call an ambulance if .....**

- You know this is the person's first seizure.
- The seizure continues for more than 5 minutes.
- The person is injured during the seizure.
- You believe the person needs urgent medical attention.

### **Further Information:**

Epilepsy Action

Tel. 0808 800 5050, [www.epilepsy.org.uk](http://www.epilepsy.org.uk)

The National Epilepsy Society

Tel. 01494 601 400,



## Healthcare Plan for Students with Medical Conditions at School

### Appendix 9

**Date form completed** \_\_\_\_\_

**Date for Review** \_\_\_\_\_

### What is this form for?

This form will be held by the school and referred to for both in school activities and trips or visits. All information will remain confidential and will only be used by staff or medical professionals to enable appropriate medical help or support if required. If your child is attending a trip or visit you will be asked at that time to confirm that this plan is up to date and given the opportunity to review the information. You do not need to complete this form unless the student has a medical condition.

### 1. Student's Information

Name of Student

Tutor Group

Date of Birth

Male ☐

Female ☐

### 1a. Emergency Contact Information – please provide 2

	Contact 1 (First)	Contact 2
Name		
Relationship to Student		
Address		
Telephone Primary		
Telephone Secondary		
Other Telephone		

### 1b. Doctor's Details

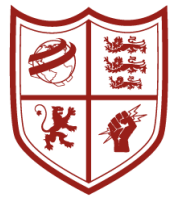
Doctor Name

Doctor Address and Postcode

Doctor telephone

☐ Please update the main school record (SIMS) to show the emergency contact information provided above.





## **2. Medical Conditions Information**

Signs and symptoms of student's condition/s

Triggers or things that make the condition/s worse

## **3. Routine Healthcare Requirements**

(For example, dietary, therapy, nursing needs or before physical activity)

During school hours:

Outside school hours:



#### 4. Past Medical History

Ever Had?	YES/ NO	IMPORTANT: if you answer 'yes' give details, including any medication, below (use another sheet if necessary)
1) Heart trouble?		
2) Asthma, bronchitis or tuberculosis?		
3) Diabetes?		
4) Epilepsy, fainting attacks, migraine, severe head injury?		
5) Hayfever or other allergy?(e.g. to medicine, insect bites or food)		
6) History of fractures or other allergy?		
7) A tetanus injection? If so, state date of most recent.		
8) Are you taking any medication? If so, please give details, state dosage and ensure you bring enough.		
9) Do you have, or suffer from any other medical or physical condition?		
10) Please give details of any special dietary requirements:		
11) Please indicate if you give permission for your child to swim? YES/NO		



## **5. What to do in an emergency**



## 6. Regular or Emergency Medication

Regular Medication 1	Regular Medication 2
Name/type of medication (as described on container)	Name/type of medication (as described on container)
Dose and method of administration (the amount taken and how the medication is taken e.g. tablets, inhaler, injection)	Dose and method of administration (the amount taken and how the medication is taken e.g. tablets, inhaler, injection)
When is it taken (time of day)?	When is it taken (time of day)?
Are there any side effects that could affect the student at school?	Are there any side effects that could affect the student at school?
Are there any contraindications (signs when the medication should not be given)?	Are there any contraindications (signs when the medication should not be given)?
Self-administration: can the student administer the medication themselves? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes with supervision by trained staff (see section 7)	Self-administration: can the student administer the medication themselves? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes with supervision by trained staff (see section 7)
Medication Expiry Date	Medication Expiry Date



<b>Regular Medication 3</b>	<b>Regular Medication 4</b>
Name/type of medication (as described on container)	Name/type of medication (as described on container)
Dose and method of administration (the amount taken and how the medication is taken e.g. tablets, inhaler, injection)	Dose and method of administration (the amount taken and how the medication is taken e.g. tablets, inhaler, injection)
When is it taken (time of day)?	When is it taken (time of day)?
Are there any side effects that could affect the student at school?	Are there any side effects that could affect the student at school?
Are there any contraindications (signs when the medication should not be given)?	Are there any contraindications (signs when the medication should not be given)?
Self-administration: can the student administer the medication themselves? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes with supervision by trained staff (see section 7)	Self-administration: can the student administer the medication themselves? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes with supervision by trained staff (see section 7)
Medication Expiry Date	Medication Expiry Date



# Stretford Grammar School

*Aspirat primo fortuna labori*

## Emergency Medication

Name/type of medication (as described on container)

Dose and method of administration (the amount taken and how the medication is taken e.g. tablets, inhaler, injection)

When is it taken (time of day)?

Are there any side effects that could affect the student at school?

Are there any contraindications (signs when the medication should not be given)?

Self-administration: can the student administer the medication themselves?

☐ Yes      ☐ No

☐ Yes with supervision by trained staff (see section 7)

Medication Expiry Date

Is there any follow up care necessary?

Who should we notify if we need have had cause to administer this medication



☐ parent ☐ specialist ☐ GP



**7. Members of staff trained to administer medications for this student**

Regular medication

Emergency medication

Epi pens – see main register

**8. Specialist education arrangement required**

(e.g. activities to be avoided, special educational needs)

**9. Any specialist arrangements required for off site activities**

**10. Any other information relating to the student's healthcare in school**





## Parental and student agreement

I agree that the medical information contained in this plan may be shared with individuals involved with me/my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing and confirm that I have not withheld any information. I agree that this healthcare plan can be used for the purpose of trips and visits and that I will update the plan for this purpose when necessary.

Signed (student)

Date

Print name

Signed (parent/carer if child under 16)

Date

Print name

## Permission for emergency medication

☐ I agree that I/my child can be administered my/their medication by a member of staff in an emergency

☐ I agree that my child **cannot** keep their medication with them and the school will make the necessary medication storage arrangements

☐ I agree that I/my child **can** keep my/their medication with me/them for use when necessary

Signed (student)

Date

Print name

Signed (parent/carer if child under 16)

Date

Print name

## Headteacher/SENCO agreement

It is agreed that \_\_\_\_\_(name of child) will receive the above listed medication at the above listed time (see part 5).

This agreement will continue until \_\_\_\_\_

(either end date of course of medication or until instructed by parents/carers)



## TRIPS AND VISITS – SUMMARY INFORMATION SHEET

This sheet will be taken on any trips or visits that your child attends. It is vital that you keep the information contained within the Healthcare Plan up to date by informing school of any changes to your child's medical needs.

Student's Name:	
Date of Birth:	
Gender (M/F):	
Condition/Need:	
Trigger:	
Treatment:	
Does student carry and administer own medication?: If yes, please give details of medication?:	<b>YES/NO</b> (Please delete as applicable)
In event of emergency / non-response to treatment action to be taken (in priority order):	(e.g. ring 999, ring parent etc)
Emergency contact details (1):	Name: Relationship: Telephone numbers:
Emergency contact details (2):	Name: Relationship: Telephone numbers:
Name and telephone number of G.P.	
Any other information you feel is relevant:	

