Supporting Pupils with Medical Needs & Allergies Policy

Review Cycle	Date of Current Policy	Author(s) of Current Policy	Review Date
3 Years	26 April 2024	KP	April 2027

Approved by: …… Chair of Governors

…… Ms K Parr Headteacher

1. Rationale

Oaklands Community Primary School is committed to providing equal opportunities for all pupils to ensure that they have access to the benefits of a broad and balanced curriculum. Medical information will be treated confidentially and pupils', parents'/carers' and families cultural and religious views are always respected. At Oaklands Primary School we believe that during medical emergencies, the consequences of taking no action are likely to be more serious than those of trying to assist. We are committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both on the school site and on school trips.

2. Aims and objectives

The aims of this policy are to:

- Consider what medical needs are;
- To help create an environment, curriculum and ethos which caters for all pupils.
- Encourage pupils with medical conditions to take control of their condition. Children feel confident in the support they receive from the school to help them do this.
- Identify the role and responsibilities of staff and individuals in providing for pupils with medical conditions.
- To ensure that pupils, parents/carers and families are involved, informed and feel secure that they are well supported and cared for.

3. Medical needs:

At Oaklands Primary School we recognise that there are different levels of medical needs. These needs are generally grouped into the following sections:

Short Term Medical Needs

We recognise that any pupil may need to receive medication or care during school hours at some time in their school life. Mostly this will be for a short period only; to finish a course of antibiotics or apply a lotion. To allow pupils to do this will minimise the time they need to be off school. Medication should only be taken to school when absolutely essential and **only** with the knowledge of school staff. The relevant form must be completed and pupils must not self-administer non-prescription medicines without the supervision of an adult. Parents/carers should be encouraged to talk to their doctor about the frequency of dosage of medication in order that it may be administered out of school hours.

Long term/severe medical needs

Parents/carers should provide the Inclusion Leader with sufficient relevant information about their child's medical condition and treatment or special care needed at school. There is a section on the school's admission form requesting information on any existing medical conditions. If the child's needs are substantial the parent, jointly with the Inclusion Leader, reach agreement on the school's role in helping with their child's medical needs. The headteacher will always seek parents'/carers' agreement before passing on information about their child's health to other school staff. We believe that sharing information is important if staff and parents/carers are to ensure the best care for a pupil.

Children will be monitored and staff noticing a deterioration in a pupil's health over time will inform the Inclusion Leader who will liaise with the parents/carers. Pupils with a long-term medical condition may need a medical health care plan in order to appropriately plan, record and advise staff about how best to support a pupil.

4. Medical Care Plans

It is important for the school to have sufficient information about the medical condition of any pupil with long term medical needs. The school needs to know about any medical needs before a child starts school, or when a pupil develops a condition. For pupils who attend hospital appointments on a regular basis, special arrangements may also be necessary. A written medical care plan should be completed for such pupils, involving the parents/carers and relevant health professionals; this should also be attached to the pupils SIMS details. This should include:

- details of a pupil's condition
- special requirements e.g. dietary needs, pre-activity precautions
- medication and any side effects
- what to do, and who to contact in an emergency
- the role the school can play

It is essential for staff to complete, sign, date and time record cards each time they give medication to a pupil. It is essential to have the dosage and administration witnessed and signed by a second adult.

Purpose of a School Medical Care Plan

The main purpose of an individual medical care plan for a pupil with medical needs is to identify the level of support that is needed at school. A written agreement with parents/carers clarifies for staff, parents/carers and the pupil the help that the school can provide and receive. Schools should agree with parents/carers how often they should jointly review the medical care plan.

Each medical care plan will contain different levels of detail according to the needs of the individual pupil. Those who may need to contribute to a medical care plan are:

- the Headteacher
- the Inclusion Leader (SENCo)
- the parent or guardian
- the child
- class teacher (primary schools)/form tutor/head of year (secondary schools)
- care assistant or support staff (if applicable)
- school staff who have agreed to administer medication or be trained in emergency procedures
- SEN Support Services as appropriate
- the school health service, the child's GP or other health care professionals (depending on the level of support the child needs)

Record Keeping

Parents/carers are responsible for supplying information about medicines that their child needs to take at school, and for letting the school know of any changes to the prescription or the support needed. The parent or doctor should provide written details including:

- name of medication
- dose
- method of administration
- time and frequency of administration
- other treatment
- any side effects

Parents/carers will be given a form to complete, giving details of medication.

5. Critical Health Care Notices

A Critical Healthcare Notice (CHN) will be produced when a child has an existing medical condition that may need urgent treatment. The CHN will identify the pupil (name & photograph), DOB, class and a brief description of their medical condition as well as emergency procedures to follow and emergency contacts.
Pupils with a CHN are known to all staff working with the child and all staff are made aware that a condition exists in case of an emergency situation.

Critical healthcare notices are displayed with the consent of parents/carers as personal data including the child's name and photograph, is shown. Typically, these notices are displayed in classroom cupboards, the staff room, medical room, toilets and production kitchen.

6. Medication

Parents/carers are expected to keep children at home when they are acutely unwell. Non-prescription medication is only permitted in extreme circumstances (or with a Health Professionals written advice) and after discussion between school/home i.e. short term pain relief for toothache whilst awaiting or following a dental appointment. Non prescriptive medication will always be self-medicated by the pupil or administered by the parent. It is the responsibility of parents/carers to ensure medication is in date and plentiful supply. All medicines are sent home at the end of the academic year and it is the responsibility of the parents/carers to ensure it is in school, if needed, for the following year.

Access to Medication

When the school stores medicines parents/carers should ensure that the supplied container is labelled with the name of the pupil, the name and dose of the drug and the frequency of administration. All medication must arrive in the original container as provided by the pharmacist, with the name of the name of the children clearly visible. Where a pupil needs two or more prescribed medicines, each should be in a separate container. Parents/carers or Staff should never transfer medicines from their original containers. The head is responsible for making sure that medicines are stored safely. Pupils should know where their own medication is stored and who holds the key if it is locked away. A few medicines, such as asthma inhalers and epi pens, must be readily available to pupils and must not be locked away. Epi pens must stay with the pupil at all times. We allow pupils to carry their own inhalers if needed.
Some medicines need to be refrigerated. Medicines can only be kept in a refrigerator if in an airtight container and clearly labelled. Otherwise medicines will be kept in a cool safe place i.e.: teacher locked medical cupboard. Children will not have access to a refrigerator holding medicines.

Safe management of medication

Some medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer this type of medicine the employer has a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the Control of Substances Hazardous to Health Regulations 1994 (COSHH).

Disposal of Medicines
School staff should not dispose of medicines. Parents/carers should collect medicines held at school at the end of each term. Parents/carers are responsible for disposal of date-expired medicines.

7. Staff roles

There is no legal or contractual duty on school staff to administer medicine or supervise a pupil taking it. This is a voluntary role. Any member of support staff may have specific duties to provide medical assistance as part of their contract by mutual agreement. However, swift action would be taken by another member of staff to assist any pupil in an emergency.
For a child with medical needs, the Inclusion Leader will need to agree with the parents/carers exactly what support the school can provide. Complex or specialised medical assistance is likely to mean that the staff who volunteer will need special training and this will be provided if necessary.

If pupils refuse to take essential medication, school staff should not force them to do so. The school should inform the child's parents/carers as a matter of urgency. If necessary, the school should call the emergency services.

Any member of staff who agrees to accept responsibility for administering prescribed medication to a pupil will receive training and guidance so that they feel fully confident to carry out these responsibilities. He or she will also be aware of possible side effects of the medication and what to do if they occur. The type of training necessary will depend on the individual case but should be delivered by the appropriate professionally trained person.

Teachers who have pupils with medical needs in their class will be provided with the full nature of the condition, and when and where the pupil may need extra attention. Teachers should be aware of the likelihood of an emergency arising and what action to take if one occurs.

At different times of the school day other staff will be responsible for pupils (e.g. Mid-Day Supervisors). The staff will be provided with training and advice and know who to refer to for each specific child.

Where it is required, the job descriptions of staff should reflect these responsibilities.

> *Under Workforce Reform teachers' conditions of employment do not include giving medication or supervising a pupil taking it.*

The LEA ensures that their insurance arrangements provide full cover for staff acting within the scope of their employment. ***The LEA wishes to reassure staff that those who volunteer to assist with any form of medical procedure are acting within the scope of their employment and are indemnified.***

> *In the event of legal action over an allegation of negligence, the LEA rather than the employee is likely to be held responsible.*

8. Intimate or Invasive Treatment

The Head or Governing board should arrange appropriate training for school staff who are willing to administer intimate or invasive treatment. Training can only be given by appropriate health professionals. If the school can arrange for two adults, one the same gender as the pupil, to be present for the administration of intimate or invasive treatment, this minimises the potential for accusations of abuse. Two adults often ease practical administration of treatment too. Staff should protect the dignity of the pupil as far as possible, even in emergencies.

9. Asthma

A large number of children suffer with asthma; at Oaklands School we ensure children with asthma are encouraged to participate fully in school life. Please refer to our asthma policy.

10. Allergies

Allergies are considered to be a medical need and pupils will accordingly have a medical care plan and, if needed, a critical healthcare plan to support their needs and treatment. The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in activities using food, food packaging, cooking, animal handling, including visitors with guide dogs.

Managing Risks

Hygiene Procedures:

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles

Catering:

Oaklands is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies using the orange lanyard system.
- School menus are available for parents to view with ingredients and allergens clearly labelled, via the school app and website. Paper copies are available on request.
- Where changes are made to school menus, we will aim to continue to meet any special dietary needs of pupils
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

Food Restrictions:

We acknowledge that it is impractical to enforce an allergen-free school. However, Oaklands is a peanut free site and as such we do not allow peanuts or peanut products on school site or on school trips and events.

If a pupil brings these foods into school, parents will be contacted.

Animals:

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

Events and School Trips:

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools Medical Policy for off-site events and school trips

Procedures for Handling an Allergic Reaction

Record of pupils with AAIs:

Any child who has been prescribed AAIs will have a written Critical Health Care Plan. The plan includes:

- Known allergens and risk factors for anaphylaxis
- A photograph of each pupil to allow a visual check to be made (this will require parental consent)

Allowing all pupils to keep their AAIs with them will reduce delays and allows for confirmation of consent without the need to check the Critical Health Care Plan.

Allergic Reaction Procedures:

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Designated members of staff are trained in the administration of AAIs
- If a pupil has an allergic reaction, the staff member will initiate the Critical Health Care Plan, following the pupil's allergy action plan
- If an AAI needs to be administered, a designated member of staff will use the pupil's own AAI.
- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures and a first aider will be called
- 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
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents informed

Adrenaline Auto-injectors (AAIs)

Storage of Prescribed AAIs:

- The allergy lead will make sure all AAIs are:
- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe location, usually the classroom cupboard, within 10 metres of where the pupil is
- Pupils who use AAIs will carry the device with them in a bag that is easily identified
- It is the responsibility of the parent to ensure the AAI is in date and to request a replacement in a timely manner

Disposal:

AAIs can only be used once. Once a AAI has been used, it should be taken to the hospital with the pupil in line with their individual care plan.

Use of AAIs off School Premises:

- Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events

Training:

The school is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- Where AAIs are kept on the school site, and how to access them
- The importance of acting quickly in the case of anaphylaxis
- The wellbeing and inclusion implications of allergies

11. Pupils who are unable to attend school for medical reasons

The responsibility for providing education for pupils unable to attend school for medical reasons lies with the Local Authority. Please also see our Children with Health Needs who Cannot Attend School Policy.