

MEDICAL CONDITIONS POLICY

This Policy and the accompanying Appendix and Templates were reviewed in October 2017.

POLICY STATEMENT

Calder House School is an inclusive community that welcomes and supports pupils with medical conditions. The school provides all pupils with any medical condition the same opportunities as others at school.

We will help to ensure all pupils can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution

The school makes sure all staff understand their duty of care to children and young people in the event of an emergency.

All staff feel confident in knowing what to do in an emergency.

Calder House School understands that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood.

Calder House School understands the importance of the administration of medication and care being as directed by healthcare professionals and parents.

All staff understand the medical conditions that affect pupils at school. Staff receive training on the impact medical conditions can have on pupils.

The named member of school staff responsible for this medical conditions policy and its implementation is the Headteacher Mrs Karen Parsons. The templates referred to in this policy and annexed to it form part of the policy.

Please note that this Policy should be read in conjunction with the accompanying appendix summarising common symptoms and triggers for pupils with medical conditions and the accompanying templates (A-E) below.

1. Calder House School is an inclusive community that supports and welcomes pupils with medical conditions.

Calder House School is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school-based and out-of-school) as other pupils. Staff understand the medical conditions of pupils at Calder House and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn. All staff understand their duty of care to children and young people and know what to do in the event of an emergency.

The school recognises that duties in the Children and Families Act (England only), the Equality Act (England, Wales and Scotland) relate to children with disability or medical conditions and are anticipatory.

2. Calder House School's medical conditions policy is drawn up in consultation with school staff and the school's Governing Body and is published on the school's website.

The medical conditions policy is supported by a clear communication plan for staff and parents to ensure its full implementation. The templates annexed to this policy are used to ensure clear communication.

3. All pupils with a medical condition will have an individual healthcare plan (IHP).

This will detail exactly what care a child needs in school, when they need it and who is going to give it. It will also include information on the impact any health condition may have on a child's learning, behaviour or classroom performance. It will be drawn up with input from the child (if appropriate) their parent/carer, relevant school staff and healthcare professionals, ideally a specialist if the child has one. The IHP for pupils with an Education Health and Care Plan is included in the paperwork for annual reviews sent to parents and the LA SEND Team. (See Template A).

4. All staff understand and are trained in what to do in an emergency for children with medical conditions at Calder House.

All school staff are aware of the medical conditions at Calder House and understand their duty of care to pupils in an emergency. All staff receive training in what to do in an emergency and this is refreshed at least once a year. A child's IHP will explain what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

5. All staff understand and are trained in the school's general emergency procedures.

All staff know what action to take in an emergency and receive updates at least yearly. See Template D. If a pupil needs to attend hospital, a member of staff known to the pupil will stay with them until a parent arrives. A member of staff will accompany a child taken to hospital by ambulance. This applies in all circumstances including on school trips.

6. Calder House School has clear guidance on providing care and support and administering medication at school.

Calder House School understands the importance of medication being taken and care received as detailed in the pupil's IHP. The school will make sure that there is more than one member of staff who has been trained to administer the medication described in the IHP and meet the care needs of an individual child. This includes advising the SEND team regarding escort staff for home to school transport if necessary. Calder House School will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. Calder House School's management team has made sure that there is the appropriate level of insurance and liability cover in place.

Calder House School will not give medication (prescription or non-prescription) to a child under 16 without a parent's written instruction. When administering medication, for example pain relief, staff will check the maximum dosage and when the previous dose was given. School staff should not be asked to exercise their judgement but given explicit instruction as to when the medication is to be given. Untrained school staff with explicit instructions from parents will administer prescription medicines provided medicine is labelled as in its original container and the pharmacist's instructions are clearly stated unless in the judgement of the school this should not be undertaken. Parents will be informed if the school has any reason to be concerned about the instruction given by a parent. Calder House School will not give a pupil under 16 aspirin unless prescribed by a doctor. The Head teacher will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit.

Parents at Calder House School understand that they should let the school know immediately in writing (using Template B or any other clear written means) if their child's needs change.

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If a pupil misuses their medication, or anyone else's, their parent will be informed as soon as possible and the school's disciplinary procedures will be followed.

7. Calder House School has clear guidance on the storage of medication and equipment at school.

We make sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment is readily available wherever the child is in the school and during off-site activities, and is not locked away. Pupils may carry their emergency medication with them if this is deemed appropriate by the school and parents, and in any event they will know exactly where it may be accessed.

If it is medically necessary to have controlled drugs on the premises, Calder House School will keep them stored securely, with only named staff having access. Staff at school can administer a controlled drug to a pupil only if they agree and have had specialist training.

Calder House School will make sure that all medication is stored safely, and that pupils with medical conditions know where the medication is at all times so that it can be accessed immediately.

Calder House School will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.

Parents are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.

Calder House School disposes of needles and other sharps in accordance with the specific arrangements made by the school. Sharp boxes are kept securely at school.

8. Calder House School has clear guidance about record keeping.

Parents are asked if their child has any medical conditions on a questionnaire which must be completed by parents when their child joins the school.

Calder House School uses an IHP to record the support an individual pupil needs around his/her medical condition. The IHP is developed with the pupil (where appropriate), parent, school staff, and relevant healthcare services. See Template E.

Calder House School has a centralised register of IHPs, and the Headteacher, Mrs Karen Parsons, has the responsibility for this register.

IHPs are regularly reviewed, at least every year or whenever the pupil's needs change. The parents, and relevant healthcare services, hold a copy of the IHP. School staff are made aware of and have access to the IHP for the pupils in their care. Calder House School makes sure that the pupil's confidentiality is protected. Calder House seeks permission from parents before sharing any medical information with any outside person or organisation.

Calder House School meets with parents and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit.

Calder House School keeps an accurate record of all medication administered, including the dose, time, date and supervising staff. See Template C.

Calder House School makes sure that all staff providing support to a pupil have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This support will be provided through personnel with the appropriate



training in school, a specialist nurse or healthcare professional if appropriate and available, and/or the parent. A record of all medically trained staff is kept by the Head teacher in the medical file in her office.

9. Calder House School ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

Calder House School is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. The school is also committed to an accessible physical environment for out-of-school activities.

Calder House School makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and overnight stays.

All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment. Pupils at school learn what to do in an emergency.

Calder House School understands the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes team sports and school clubs.

Calder House School understands that pupils should not be forced to take part in activities if they are unwell or unable to do so. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

Calder House School makes sure that pupils have the appropriate medication/equipment/food with them during physical activity.

Calder House School makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.

All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. Calder House will not penalise pupils for anything arising from their medical condition.

Calder House School will liaise with parents and the healthcare professionals concerning pupils with medical conditions who are finding it difficult to keep up educationally.

Calder House School makes sure that a risk assessment is carried out before any out-of-school visit. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

10. Calder House School is aware of the common triggers that can make common medical conditions worse or can bring on an emergency.

Calder House School is committed to identifying and reducing triggers both at school and on out-of-school visits.

School staff have a list of the common triggers for pupils with medical conditions, and the school is actively working towards reducing/eliminating these health and safety risks.

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The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and while on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.

Calder House School reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

11. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), Calder House School will work with the education provider to ensure that the child receives the support they need to reintegrate effectively.

Calder House School is committed to keeping in touch with a child when they are unable to attend school because of their condition.

12. Each member of the school knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

Calder House School works in partnership with all relevant parties including the pupil (where appropriate), parent, school's proprietors, all school staff, and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

13. The medical conditions policy is regularly reviewed, evaluated and updated annually.

In evaluating the policy, Calder House School seeks feedback from pupils, parents, relevant healthcare professionals, school staff, and the school's Governing Body. The views of pupils with medical conditions are central to the evaluation process.



Appendix: Summary of common symptoms and triggers for pupils with medical conditions

1. Anaphylaxis

What Are the Symptoms of Anaphylaxis?

Anaphylaxis may begin with severe itching of the eyes or face and, within minutes, progress to more serious symptoms. These symptoms include swallowing and breathing difficulties, abdominal pain, cramps, vomiting, diarrhoea, hives, and angioedema (swelling similar to hives, but the swelling is beneath the skin instead of on the surface).

If a child appears to have anaphylaxis, staff should seek emergency medical attention immediately. The condition can quickly result in an increased heart rate, sudden weakness, a drop in blood pressure, shock, and ultimately unconsciousness and death.

What Are the Common Triggers of Anaphylaxis?

Food is generally the most common cause of anaphylaxis. Common food triggers include nuts, shellfish (shrimp, lobster), dairy products, egg whites, and sesame seeds. Wasp or bee stings are also common causes of anaphylaxis. Additionally, exercise can trigger anaphylaxis if the activity occurs after eating allergy-provoking food. Medications are also a common cause of anaphylaxis.

Pollens and other inhaled allergens (allergy-causing substances) rarely cause anaphylaxis.

Some substances can cause reactions -- called anaphylactoid reactions -- that are similar to and just as serious as anaphylaxis, but do not involve immunoglobulin E antibodies. The most common triggers include iodine-containing dyes that can be seen on X-rays, aspirin, nonsteroidal anti-inflammatory drugs (NSAIDs) like Advil, opioids, blood transfusions, and exercise.

2. Asthma

Around 1 in 12 adults and 1 in 11 children are treated for asthma in the UK.

Types of asthma

Each person's asthma symptoms and triggers will be different. There are also different types of asthma:

Allergies and asthma

Allergies and asthma often go hand-in-hand. Allergic rhinitis (also called hay fever) is inflammation of the inside lining of the nose and is the single most common chronic allergic disease. In those with allergic rhinitis, increased sensitivity (allergy) to a substance causes the body's immune cells to release histamine in response to contact with the allergens. Histamine, along with other chemicals, lead to allergy symptoms. The most common allergens enter the body through the airway.

A pupil with allergic rhinitis may feel a constant runny nose, ongoing sneezing, swollen nasal passages, excess mucous, weepy eyes and a scratchy throat. A cough may result from the constant postnasal drip. Asthma symptoms can be triggered by allergic rhinitis. A doctor may prescribe medicine to control the allergies and in doing so, the cough and other asthma symptoms may subside.

Exercise-induced asthma

Exercise-induced asthma is a type of asthma triggered by exercise or physical exertion. Many people with asthma experience some degree of symptoms with exercise. However, there are many people without asthma, including Olympic athletes, who develop symptoms only during exercise.

With exercise-induced asthma, airway narrowing peaks five to 20 minutes after exercise begins, making it difficult for a child to catch his/her breath. The pupil may experience symptoms of an asthma attack with wheezing and coughing. A doctor should advise whether to use an asthma inhaler (bronchodilator) before exercise to prevent these uncomfortable asthma symptoms.

Cough-variant asthma

In the type of asthma called cough-variant asthma, severe coughing with asthma is the predominant symptom. There can be other causes of cough such as postnasal drip, chronic rhinitis, sinusitis or gastro-oesophageal reflux disease (GORD or heartburn). Coughing because of sinusitis with asthma is common.

Asthma is a serious cause of cough that is common. Asthma triggers for cough-variant asthma are usually respiratory infections and exercise.

For any persistent cough, medical advice should be sought. A doctor may arrange specific asthma tests, such as lung function tests, to show how well the pupil's lungs work. He/she might need to see a lung specialist for further tests before an asthma diagnosis is made.

Occupational asthma

Occupational asthma is a type of asthma that results from workplace triggers. With this type of asthma, a pupil might have difficulty breathing and asthma symptoms just on the days that they attend school.

Many people with this type of asthma suffer with runny nose and congestion or eye irritation or have a cough instead of the typical asthma wheezing.

Some common jobs that are associated with occupational asthma include animal breeders, farmers, hairdressers, nurses, painters and carpenters.

Night-time (nocturnal) asthma

Night-time asthma, also called nocturnal asthma, is a common type of the disease. For people with asthma the chances of having symptoms are much higher during sleep because asthma is powerfully influenced by the sleep-wake cycle (circadian rhythms). Asthma symptoms of wheezing, cough and trouble breathing are common and dangerous, particularly at night-time.

Studies show that the most deaths related to asthma occur at night. It's thought that this may be because of increased exposure to allergens (asthma triggers), cooling of the airways, reclining position, or even hormone secretions that follow a circadian pattern. Sometimes heartburn can cause asthma at night. Sinusitis and asthma are often problems at night, particularly with postnasal drip triggering symptoms such as coughing. Even sleeping causes changes in airway function.

People with asthma who notice their symptoms worsening as evening progresses should seek medical advice to establish the causes of their asthma. Identifying the right asthma medicines and when to take them are key to managing night-time asthma and getting quality sleep.

Health conditions that may mimic asthma

A variety of illnesses can cause some of the same symptoms as asthma. For example, cardiac asthma is a form of heart failure in which the symptoms mimic some of the symptoms of regular asthma.

Vocal cord dysfunction is another asthma mimic. Many reports have drawn attention to a peculiar syndrome in which an abnormality of the vocal cords causes wheezing that is frequently misdiagnosed as asthma. This is most common in young females who have loud and dramatic episodes of wheezing that do not respond to medicine that opens the airways.

3. Diabetes

Diabetes Symptoms - What You Need to Know

Diabetes is not something that you want to miss, as children with type 1 diabetes can end up in a diabetic coma if the diagnosis is delayed too long. That makes it important to know how to recognize diabetes symptoms, especially since some of them, like being thirsty and urinating a lot, are very non-specific symptoms that many children normally have.

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In addition to knowing the classic symptoms of diabetes, parents and staff should know that:

- About 10% of children with diabetes have type 1 diabetes.
- The peak ages to be diagnosed with type 1 diabetes are between ages 5 and 7 years and at the start of puberty.
- Although genetics is a risk factor for developing type 1 diabetes, as the risk is about 2% if a child's mother has type 1 diabetes and 7% if his father has diabetes, 85% of kids with type 1 diabetes have no family history of diabetes.
- Weight loss in children with type 1 diabetes can occur because of dehydration (water loss from urinating a lot) or from a loss of body fat (calorie loss from increased sugar in the child's urine) or from both.
- Most children with type 2 diabetes have a family history of type 2 diabetes.
- Craving sugar is not typically a symptom of diabetes. In fact, children with diabetes have too much sugar in their blood.
- Frequent infections and having cuts and bruises that heal slowly are not usually early symptoms of type 1 diabetes.

What are the symptoms of hypoglycemia?

Very low levels of blood sugar are known as hypoglycemia (or a "hypo"). Symptoms can vary from person to person. Pupils with diabetes and those responsible for their care should learn to recognise their own signs in order to treat the hypo as quickly as possible.

One of the dangerous aspects of a hypo is that others may not recognise the symptoms amongst their friends or children.

The most common symptoms of a hypo include:

- Feeling dizzy
- Feeling hungry
- A change in mood
- Feeling sweaty
- Trembling
- Finding it hard to concentrate

What are the symptoms of hyperglycemia?

The main 3 symptoms of high blood sugar levels are increased urination, increased thirst and increased hunger.

High blood sugar levels can also contribute to the following symptoms:

- Regular/above-average urination
- Weakness or feeling tired
- Loss of weight
- Increased thirst
- Vision blurring



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Templates for supporting pupils with medical conditions

Contents:

Template A: individual healthcare plan

Template B: parental agreement for setting to administer medicine

Template C: record of medicine administered to all children

Template D: contacting emergency services

Template E: model letter inviting parents to contribute to individual healthcare plan development



Template A: Individual Healthcare Plan

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

Family Contact Information

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

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school

--

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



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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with



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Staff training needed/undertaken – who, what, when

Form copied to

I give my consent to sharing this plan with the emergency services.

Name

Signed

Date



Template B: Parental agreement for setting to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school	Calder House School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	Ed Agombar / Mrs Parsons / Mrs Coulston

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy.

I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s): _____ Date: _____

Template D: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template E: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent,

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

Karen Parsons
Headteacher