

# Clifton Green Primary School

## Supporting Pupils with Medical Conditions

**Signature of Chair of Governors**



**Signature of Headteacher**



**Member of Staff Responsible:**

Caroline Telford and Suzy Collins

**Reviewing Committee:**

Teaching, Learning and Curriculum Committee

**Statutory/Non Statutory:**

Statutory

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June 2023

**Date of Review:**

May 2024



Striving for Excellence - Creating Opportunities - Nurturing One Another



## Supporting Pupils with Medical Conditions

### I. Introduction

Clifton Green Primary School is committed to reducing the barriers to participation in activities and learning experiences for all children (pupils/young people). This policy sets out the steps which we will take to ensure full access to learning for all children who have medical needs and are able to attend. The policy reflects the City of York Local Authority guidance (Dec 2019 'Guidance for Supporting Children and Young People in Schools With Medical Conditions').

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils with medical conditions. This duty came into force on 1st September 2014 supported by guidance from the DfE which states that:

*'Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.'*

Supporting Pupils at School with Medical Conditions (Dec 2015)

The Local Authority recognises that some activities may need to be differentiated accordingly and reasonable adjustments may need to be made.

Governing bodies must ensure that arrangements are in place to support pupils at their school with medical needs. In doing so they should ensure that such CYP can access and enjoy the same opportunities at school as any other child/young person

Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of CYP with medical conditions are effectively supported

Head teachers and governors should be proactive in seeking information about medical conditions for CYP starting at their school and ensure that arrangements are in place in time for the start of the relevant school term. In other cases, such as newly diagnosed or moved in CYP, every effort should be made to ensure that arrangements are put in place within 2 weeks.

Schools should be proactive in developing their facilities to meet potential future health care needs. The Equality Act 2010 requires schools to prepare and implement an accessibility plan for, *"increasing the physical environment of the school for the purpose of increasing the extent to which disabled pupils are able to take advantage of education and benefits, facilities or services offered by the school... The responsible body must have regard to the need to allocate adequate resources for implementing the plan."* This may include improved

access/egress, improved toileting facilities and improved accommodation for the medical and therapy needs of CYP.

Some medical conditions may be considered to be disabilities, defined by the Equality Act 2010 as conditions which have, “*a substantial and long-term negative effect on your ability to do normal daily activities*,” here this is the case governing bodies must comply with their duties set out in the Equality Act 2010. CYP with disabilities may require reasonable adjustments such as additional procedures, and/or support in place in order for them to be able to attend and participate in school. Examples might include:

- assisting CYP with toileting issues and personal care
- testing of blood sugar levels and the administering of insulin
- supervision of children / young people who undertake their own medical procedures e.g. using asthma inhalers
- keeping records
- tube feeding
- hoisting and manual handling for children / young people with physical disabilities
- administering medication
- undertaking a physiotherapy and/or occupational therapy programme
- making timetable adjustments
- improving accessibility e.g. flexible use of classrooms, using alternative routes
- postural support and repositioning
- support for mental health and well being.

It is crucial that schools receive and fully consider advice from health care professionals and listen to and value the views of CYP and their parents.

Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school or setting 'day'.

The Headteacher will accept responsibility for members of the school staff giving or supervising pupils taking prescribed medication during the school day, where those members of staff have volunteered to do so. There is no legal duty which requires school staff to administer medication; this is purely a voluntary role. If staff follow documented procedures, they are fully covered by their employer's public liability insurance.

Clifton Green Primary School will ensure that staff receive proper support and training where necessary. The headteacher or teacher in charge (Caroline Telford, Assistant Head for Inclusion) will decide when and how such training takes place, in their capacity as a line manager. The school will access support and training via the agreed City of York pathways outlined in City of York Local Authority guidance (Dec 2019, Managing Medicines in York Schools, Early Years and Out of School settings).

All practices and procedures referred to in this document reflect the collaborative agreement reached between City of York Council Children's Services, Education and S

NHS trusts, Teaching Unions and UNISON. The policy is based on the DfE document Supporting Pupils with Medical Conditions in School September 2014.

## 2. Roles and Responsibilities

The governing body are legally responsible and accountable for fulfilling their statutory duty. They should:

- appoint a named person within their school to make arrangements to support pupils with medical conditions (Caroline Telford, Assistant Headteacher: Inclusion). The governing body should ensure this person becomes familiar with the DfE guidance and this document, by attending local authority training;
- ensure their school develops a policy for supporting children/young people with medical conditions, which is reviewed regularly and is readily accessible to parents and school staff;
- ensure that children/young people with medical conditions are supported to enable the fullest participation possible in all aspects of school life;
- ensure their school has some staff whose job descriptions include undertaking health and personal care needs. This may involve recruiting members of staff for this purpose;
- ensure sufficient numbers of staff receive suitable training to ensure absences are covered. Training should be updated if the CYP's condition changes and should be checked annually;
- be involved in ensuring that staff are competent before they take on responsibility to support children/young people with medical need;
- ensure staff are able to access information as required and that staff who need to know are aware of a child/young person's condition and know who is the child's specialist nurse (where appropriate) and how to contact them.

Any member of staff may be asked to provide support to CYP with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of a teacher's professional duties, they should take into account the needs of pupils with medical conditions that they teach.

School staff should receive suitable training and achieve the necessary level of competency before they take on the responsibility to support a CYP. At different times of the day other staff may be responsible for CYP e.g. lunchtime supervisors. It is important that they are also provided with training and advice.

If a member of staff does not feel competent, has any issues which may affect their undertaking of such duties or has any concerns they should inform their head teacher as soon as possible.

All staff should know what to do and should respond accordingly when they become aware that a CYP with a medical condition needs help

Unison states, “*There is no legal duty on non-medical staff to administer medicines or to supervise a child taking it. This is purely a voluntary role. Staff should be particularly wary about agreeing to administer medicines where the timing is crucial to the health of the child [and/or] some technical or medical knowledge is needed.*”

Staff who do volunteer to administer medicines should not agree to do so without first receiving appropriate information and training specific to the child’s medical needs.

A joint statement from UNISON and the Royal College of Nursing recommends, “*refresher training should be provided at least once a year. First aid training is not sufficient when meeting the needs of children and young people with additional health needs.*”

### 3. The 5-19 Healthy Child Service

The school nurse/practitioner will assist schools in the development of Individual Healthcare plans around these conditions. They will also be able to sign off Individual Healthcare Plans. However, in cases where these conditions may be more complex or where a CYP may have a number of conditions then the Individual Healthcare plan should be signed by a more specialist health professional involved with the child e.g. specialist nurse, community nurse. Each specialist health care practitioner will be responsible for their specialist area and will not be able to sign off areas outside of their own job specification e.g specialist epilepsy nurses will not be able to sign off intimate care sections.

At the start of each academic year the school nurse/practitioner will assess the needs of all the CYP in their link schools and will check that schools have Individual Healthcare Plans in place and that they are signed.

The Healthy Child Service will also notify schools when a CYP has been identified as having a medical condition which will require support in school. Whenever possible, they should do this before the CYP starts school.

The one stop number for contacting the York’s Healthy Child Service is 01904 551900.

### 4. Individual Health Care Plans

#### 4.1. The purpose of an Individual Healthcare Plan

An Individual Healthcare plan:

- provides the necessary information
- clarifies procedures for support and enables a consistent approach when a number of staff are involved
- indicates who is responsible for each task
- clarifies the training / resources required and who will undertake the training
- includes parental consent
- will be required to be in place by CYC insurers before an employee can undertake a health care procedure unless the condition is temporary

Some medical procedures need to be written with advice from a registered health care professional and signed by them e.g. levels of medication, administration of medication.

#### **4.2. Determining when an Individual Healthcare Plan is needed**

A meeting should be called in school to discuss whether an Individual Healthcare Plan is needed. This should include:

- the CYP if appropriate
- parents/carers
- key school staff
- relevant healthcare professional
- specialist teacher if required by the school, parent or CYP.

#### **4.3. An Individual Healthcare plan:**

A child / young person will generally need an Individual Healthcare Plan if they: require medical procedures e.g. managing a tracheotomy, tube feeding

- require medication on a regular basis / have a number of medical conditions
- have personal care or continence needs (not occasional “accidents”)
- need monitoring for emergency symptoms and emergency procedures in place
- have a registered health professional e.g. community paediatrician, school nurse, specialist nurse involved who has identified the need

#### **4.4. Situations where an Individual Healthcare plan is generally not required:**

Many medical conditions are mild / short term and can be managed without the need for an Individual Healthcare Plan e.g. completion of a course of antibiotics.

#### **4.5. Developing Individual Healthcare Plans**

This may involve a number of people giving support, advice, information and training. For example:

- CYP themselves where appropriate
- parent
- school
- health professional
- healthy child service
- Advisory Support Teacher for Physical/Health needs if required
- Early Years Advisory Teacher.

The Head Teacher has overall responsibility for the development of Individual Healthcare Plans and for ensuring that they are finalised and implemented. It is essential that Headteachers and colleagues seek support from relevant health care professionals for the necessary advice and that parents are fully involved and the child / young person where appropriate

Headteachers should contact their School Nurse / Practitioner who can signpost them to the appropriate health professionals.

Individual Healthcare Plans must be reviewed annually or when significant changes occur.

## 5. Prescribed Medicines

Medicines should only be brought into school when essential. Where possible parents/carers are encouraged to ask doctors to prescribe medication in dose frequencies which can be taken outside school hours.

It is the responsibility of parents/carers to supply written information about the medication their child needs to take in school/setting. Staff should check that any details provided by parents/carers are consistent with instructions on the container or on the consent form.

Medicines will not be accepted anywhere in school without prior agreement of the Headteacher. Complete written and signed instructions from parent/carer are required.

Medicines must always be provided in the original container as dispensed by a pharmacist and handed directly to the Headteacher or to a nominated person authorised by the Headteacher (senior leadership, classroom based staff or admin team). Each item of medication must include the prescriber's instructions for administration. Medicines that have been taken out of the container as originally dispensed will not be accepted. Parental requests for changes to dosages will not be actioned without receiving a new supply which is correctly labelled or a written request from the doctor. This will require an amendment to records.

Parents/carers or the child's doctor should provide the following details as a minimum:

- Name of child
- Name and strength of medication
- Dosage
- Time, frequency and method of administration
- Length of treatment
- Date of issue
- Expiry date
- Possible side-effects
- Storage details
- Other treatment

Surplus or out-of-date medication will be returned to parents/carers for safe disposal.

## 6. Controlled Drugs

The school/setting agrees in principle to the administration of controlled drugs (e.g. methylphenidate), provided that the correct procedures are followed, as outlined in this policy and in accordance with the Misuse of Drugs Act.

The controlled drug will be kept in a locked non-portable container and only named staff will have access to it. A record will be kept for audit and safety purposes, as for other medication.

Misuse of a controlled drug, such as passing it to another child for use, is an offence. If this occurs the school will inform parents and, where necessary, the police.

## 7. Non-Prescribed Medicines

Clifton Green Primary School discourages the use of non-prescribed medication but if medication is required e.g. for headache, toothache or period pains, pain relief in the form of paracetamol may be administered by the Head teacher and/or other volunteer members of staff who are willing to be involved.

The administration of a non-prescribed medicine must be recorded in accordance with the school's/setting's policy, for which specific prior written agreement with parents/carers is necessary.

We will only accept non-prescribed medication if it is included in an Individual Healthcare Plan or if we have a written procedure in place for that type of medication which has been authorised by NYCC insurance. We only give medication when we have written parental permission to do so.

Aspirin and aspirin containing preparations must not be given to pupils under the age of 16 unless it is on the prescription of a doctor.

## 8. Self-Management/Administration

Clifton Green Primary School encourages children, where appropriate, to manage their own medication, under the supervision or with the knowledge of staff and following procedures laid out in their Individual Health Care Plan or in agreement with parents/carers. This may include carrying their medication securely on their person, or collecting it from a lockable facility. The safety of other pupils will always be considered.

Parents/carers will be asked to confirm in writing if they wish their child to carry their medication with them in school.

Early Years settings, Early Years and Foundation Stage, Key Stage 1 - asthma inhalers will be kept within the classroom, in a designated container which is recognised by all staff and the

children concerned. A designated member of staff will take this container to other locations in the building as necessary when children move between areas.

Key Stage 2 - children are encouraged to carry their own asthma inhalers, if appropriate.

## 9. Short Term Medical Needs

Medicines should only be taken to school/setting when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school or setting 'day'. In certain circumstances, e.g. completing a course of antibiotics, parents may apply to the Headteacher and/or other volunteer members of staff who are willing to be involved for the medication to be administered.

## 10. Long Term Medical Needs/Individual Health Care Plan

Where there are long-term medical needs requiring medication, an Individual Health Care Plan will be completed. Clifton Green Primary School will involve parents and other relevant parties such as:

- Headteacher or head of setting
- Child (if appropriate)
- Class Teacher/Form Tutor/Head of Year
- Staff who are nominated to administer medicines
- Staff who are trained in emergency procedures
- Specialist teacher for Physical Disability/Medical needs
- Health professionals (when appropriate and in line with local agreement).

In the case of long term medication, the school will agree with parents/carers how often they should jointly review the Individual Health Care Plan. This will be at least once a year, or when circumstances change.

In exceptional and/or complex cases, Emergency Treatment Plans will be initiated and written by health care professionals, then shared with schools and settings. The 'named' health professional will be contacted if an Emergency Treatment Plan has been actioned so that appropriate de-briefing can occur.

If there are any special religious and/or cultural beliefs which may affect any medical care that the child needs, particularly in the event of an emergency, this will be included in the Individual Health Care Plan.

## 11. Dealing with Medicines Safely

### 11.1. Storage

Clifton Green Primary School will ensure that all emergency medicines such as asthma inhalers and adrenaline injector pens (Epi-pens) are readily available.

children and not locked away. Whenever possible, children are encouraged to carry their own inhalers.

Medicines are stored strictly in accordance with the product instructions (paying particular note to temperature) and in the original container in which it was dispensed.

Medicines which need to be refrigerated are kept in a refrigerator in the staffroom.

Staff should be aware of the implications for safe storage of their own medicines.

#### **11.2. Administration of Medicines**

No child under 16 can be given medication by staff employed by the school or setting, without their parent/carer's written consent.

Staff giving medicines will routinely check

- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber.

#### **11.3. Record Keeping**

Schools/ settings will keep a record of medicines given to children and the staff involved. This is a legal requirement for early years settings. This will also apply to off-site activities eg residential trips etc.

A record will be kept of all medicines received, including quantity, even if they are not subsequently administered.

#### **11.4. Refusing Medication**

If a child refuses their medication, school/setting staff will not force them to take it but will note it in the records. The school/setting will provide parents/carers with details of when medication has been refused or has not been administered for any other reason, on the same day. If a refusal to take medicines results in an emergency, the school's/setting's emergency procedures will be followed.

### **12. Sport Activities**

Clifton Green Primary School will ensure staff are aware if a child requires medication as a precautionary measure before taking part in PE or other physical activity, along with any emergency procedures. Inhalers will routinely be taken to PE or other physical activity. Risk assessments will be carried out if considered necessary.

If a child wears a MedicAlert ® (e.g. a bracelet or necklace to alert others to a specific medical condition in case of an emergency) it may be necessary to consider removing it temporarily in certain circumstances, if there is a risk that it could cause injury in games or practical activities. If temporary removal is agreed in the health care plan, staff will be aware of the significance of the MedicAlert ® and will keep it safe.

### 13. Educational Visits

Clifton Green Primary School is aware of its responsibilities under the Equalities Act (2010) and will make every effort to continue the administration of medication to a child whilst on trips away from the school/setting premises, even if additional arrangements are required.

Appropriate risk-assessments will be undertaken and agreed with the parent/carer. Arrangements for taking any necessary medicines will be considered. Staff will be made aware of children's medical needs, procedures for the administration of medication and relevant emergency procedures.

Concerns about a child's safety or the safety of others will be discussed with parents/carers and advice sought from the health visitor, school nurse or the child's GP.

### 14. Emergency Procedures

- 14.1. All schools must have arrangements in place for dealing with general medical emergencies. CYP should also know what to do, in general terms, if they think there is an emergency or if help is needed e.g. tell a member of staff.
- 14.2. Children with complex health care needs often have their own emergency arrangements detailed on their individual health care plans. Where a CYP has an Individual Healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. There should be a copy held in reception to hand to an ambulance crew in case of emergency.
- 14.3. Parents/carers should be informed of the incident as soon as is reasonably possible.

#### 14.4. **Calling an ambulance**

All staff must know how to call the emergency services. When dialling 999 schools will need to give:

- your name
- your telephone number
- your location including postcode for ambulance navigation systems
- location within the school - best entrance for the ambulance crew and where they will be met by a staff member
- name of child / young person

- brief description of symptoms.

It is good practice to keep this information by the telephone. Good practice would also be to send a copy of the Individual Healthcare Plan with a CYP person who is taken to hospital and also any medication school holds for them.

#### **14.5. Accompanying a child / young person to hospital**

In the absence of a parent a member of staff should always accompany a CYP taken to hospital by ambulance, and stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

#### **14.6. Defibrillators (AED)**

Sudden cardiac arrest is when the heart stops beating and can happen to anyone at any age and without warning. When it does happen, quick action (in the form of early Cardiac Pulmonary Resuscitation and defibrillation) can help save lives. The DfE advises that schools should, *“consider purchasing a defibrillator as part of their first aid equipment.”* If they do so they should inform their local NHS ambulance service and should ensure school first aiders are trained in its use.

The school's defibrillator is located in the school's reception area with user instructions attached. The AED is designed to be used by anyone by following the attached step by step instructions without the need for specific training.

### **15. Disposal of Medicines**

Parents/carers are responsible for disposing of medicines safely, including ensuring that date-expired medicines are returned to the pharmacy for safe disposal. Parents/carers are requested to collect medicines held at the end of each term. A record will be made of all medicines returned to parents/carers.

If parents/carers do not collect all medicines, they will be taken to the local pharmacy for safe disposal. A record of disposal will be made.

### **16. Hygiene/Infection Control**

All staff are aware of basic hygiene precautions for avoiding infection, such as washing and drying hands before and after the administration of medicines.

Staff will have access to protective, disposable gloves. Extra care will be taken when dealing with spillages of blood or other bodily fluids and when disposing of dressings or equipment. A sharps container will be used for needles. Parents are responsible for its provision, collection and disposal.

## 17. Training

Clifton Green Primary School will ensure that staff receive proper support and training where necessary. The head teacher or teacher in charge will agree when and how such training takes place, in their capacity as a line manager.

Clifton Green Primary School will work within the CYC policy, 'Guidance for Supporting Children and Young People in Schools With Medical Conditions 2019' when responding to the needs of children with the following common conditions: Asthma, Epilepsy, Diabetes, Anaphylaxis.

General awareness raising will cover:

- the employer's policy on administration of medicines
- tasks staff should not undertake
- understanding labels and other instructions
- administration methods eg tablets, liquids, ointments, eye drops, inhalers etc
- infection control measures
- side effects or adverse reactions to medicines and medical procedures and how to report this
- recording the administration or failure to administer eg if a child refuses medicines
- how and when to contact the child's parent, GP, nurse etc
- safe storage of medicines
- disposal of waste materials
- awareness of policies on infectious diseases
- awareness of policies on admitting children with or recovering from illnesses

Child specific training will be accessed by the setting.

## 18. Insurance Liability Cover

The Public Liability policy issued by City of York Council (Insurance and Risk) covers the City of York Council, school governing body, teachers, other employees and volunteers should a claim be made against them from a pupil who alleges that they have sustained an injury or damage to their property as a result of the negligent provision of medical treatment.

The policy covers the administration or supervision of prescription and non-prescription medication orally, topically, by injection or by tube and the application of appliances or dressings. This applies to both straightforward and complex conditions. We would expect that the teachers, employees and volunteers would have received appropriate training and that this is reviewed on a regular basis.

Cover applies up to the full policy limit and in addition the policy covers costs incurred in defending any claim. The policy excess/deductible, if any, will apply as normal.

The policy applies to all school activities including extra curricular activities and school trips at home and abroad.

Cover also applies to any first aid activities carried out by teachers, employees and volunteers.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

## 19. Medical Conditions and Specific Guidelines

### Asthma

What is it?	A long term condition affecting the airways that carry air in and out of the lungs. Asthma triggers can irritate the airways causing them to react.
Signs and Symptoms	Can include: <ul style="list-style-type: none"> <li>• persistent cough ( when at rest )</li> <li>• wheezing sound from chest ( when at rest )</li> <li>• difficulty breathing ( may be breathing fast and with effort )</li> <li>• may complain of a tight chest ( young children may express this as tummy ache )</li> <li>• unable to talk in complete sentences. Some CYP may go very quiet</li> <li>• Nasal flaring</li> </ul>
Managing an asthma attack  (information taken from Dept of Health 'Guidance on the use of emergency salbutamol inhalers in school' 2014)	<p>During an asthma attack</p> <ul style="list-style-type: none"> <li>• Keep calm and reassure the child</li> <li>• Encourage the child to sit up and slightly forward</li> <li>• Use the child's own inhaler – if not available, use the emergency inhaler</li> <li>• Remain with the child while the inhaler and spacer are brought to them</li> <li>• Immediately help the child to take two puffs of salbutamol via the spacer</li> <li>• If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs</li> <li>• Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better</li> <li>• If the child does not feel better or you are worried at anytime before you have reached 10 puffs, call for an ambulance</li> <li>• If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way</li> </ul> <p>Call an ambulance immediately if the following are noticed:</p> <ul style="list-style-type: none"> <li>• Appears exhausted</li> </ul>

	<ul style="list-style-type: none"> <li>Has a blue/white tinge around lips</li> <li>Is going blue</li> <li>Has collapsed</li> </ul>
Possible Triggers	<p>Chalk, dust mites, animal fur, chemicals, mould etc. Aim to reduce as many as these as is reasonably practicable.</p>
How might symptoms be controlled?	<ul style="list-style-type: none"> <li>Avoidance of triggers</li> <li>Inhalers – preventers/relievers</li> </ul>
Staff training	<p>All staff including supply teachers need to know how to recognise asthma and what to do in an emergency. The school nurse should provide advice on where to obtain the training.</p> <p>Good practice would be for all staff to receive annual training and for schools to display general information about the condition and what to do if someone is having an attack.</p> <p>Staff who assist CYP with taking their inhalers and using spacers should have training in how to use them.</p>
What schools need to do?	<ul style="list-style-type: none"> <li>Ensure immediate access to inhalers at all times. Do not store in a locked container.</li> <li>Encourage CYP to carry their reliever inhaler as soon as the parent, doctor or asthma nurse and class teacher agree they are mature enough.</li> <li>Those with more severe asthma or additional medical conditions may require an Individual Healthcare Plan</li> <li>A generic school procedure can be created for those with less severe asthma who only use their inhalers occasionally.</li> <li>Keep an asthma register and keep a copy of this with the schools emergency Salbutamol inhaler</li> <li>Where a member of staff has assisted with the administration of an inhaler ( including the emergency inhaler ) this must be recorded on the administration of medication record and parents informed.</li> </ul>
Keeping a Salbutamol inhaler for emergency use	<p>From 1st Oct 2014 schools may voluntarily choose to keep their own Salbutamol inhaler for emergency use.</p> <p>The emergency salbutamol inhaler should only be used by CYP:</p> <ul style="list-style-type: none"> <li>for whom written parental consent for use of the emergency inhaler has been given</li> <li>who have either been diagnosed with asthma and prescribed an inhaler or who have been prescribed an inhaler as reliever medication.</li> </ul> <p>Schools may purchase small quantities of Salbutamol inhalers and spacers from pharmacists on an occasional basis. Requests should be made on headed paper signed by the Headteacher and include:</p> <ul style="list-style-type: none"> <li>• School name</li> </ul>

	<ul style="list-style-type: none"> <li>• The reason why the inhalers/spacers are required</li> <li>• The total quantity required</li> </ul> <p>Pharmacists can advise on what type of spacers are most appropriate for the age of the children / young people in the school and can also demonstrate how inhalers and spacers are used.</p> <p>Arrangements for the use of emergency inhalers should be included in the schools medical policy.</p> <p>Where a CYP uses the school emergency Salbutamol inhaler parents should be informed of this via letter/</p> <p>For further information: Department of Health's 'Guidance on the use of emergency Salbutamol inhalers in school' Sept 2014.</p>
School's emergency kit	<p>Schools should consider keeping an emergency asthma inhaler kit which should include:</p> <ul style="list-style-type: none"> <li>- a Salbutamol metered dose inhaler;</li> <li>- at least two single-use plastic spacers compatible with the inhaler;</li> <li>- instructions on using the inhaler and spacer</li> <li>- instructions on cleaning and storing the inhaler;</li> <li>- manufacturer's information;</li> <li>- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;</li> <li>- a note of the arrangements for replacing the inhaler and spacers (see below);</li> <li>- a list of children permitted to use the emergency inhaler</li> <li>- a record of administration (i.e. when the inhaler has been used).</li> </ul> <p>Schools should consider keeping more than one emergency asthma kit, especially if covering more than one site, to ensure that all children within the school environment are close to a kit.</p>
Salbutamol	<p>Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects including:</p> <ul style="list-style-type: none"> <li>• feeling a bit shaky or trembling</li> <li>• feeling their heart is beating faster.</li> </ul> <p>The main risk of allowing schools to hold a Salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential therefore that schools ensure that the inhaler is only used by CYP who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.</p>
Further information	<p><a href="http://www.asthma.org.uk">www.asthma.org.uk</a> – resources for schools including training videos &amp; materials</p>

	Department of Health's 'Guidance on the use of emergency Salbutamol inhalers in school' Sept 2014
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**Epilepsy**

What is it?	A tendency to have seizures which are caused by a sudden burst of intense electrical activity in the brain. This causes a temporary disruption to the messages that are passed between brain cells.
Signs and Symptoms	The main symptoms are repeated seizures. There are about 40 different types of seizure ranging from trance like state to major convulsions.
Triggers	<p>Seizures can come without warning, however sometimes triggers can be identified e.g.</p> <ul style="list-style-type: none"> <li>● Stress/excitement</li> <li>● Hormonal changes</li> <li>● Tiredness</li> <li>● Illness</li> <li>● Photosensitivity.</li> </ul> <p>It is essential that any triggers are identified and detailed in Individual Healthcare Plans with information on how they will be avoided / limited.</p>
How might symptoms be controlled?	<ul style="list-style-type: none"> <li>● Preventative medication</li> <li>● Emergency medication e.g. Buccal Midazolam / Rectal Diazepam</li> <li>● A Vagal Nerve Stimulator</li> <li>● Special Ketogenic diet.</li> <li>● Avoidance of triggers</li> </ul>
Staff Training	<p>All staff, including supply teachers, need to know how to recognise epilepsy and what to do in an emergency.</p> <p>School nurses can provide advice on where to obtain training.</p> <p>A specialist epilepsy nurse may provide specific training to staff who administer medication or signpost you to where you can get this. You must ensure that sufficient numbers of staff receive the training in order to manage cover during staff absences.</p> <p>Good practice would be for staff to receive annual training for administration of emergency medication.</p> <p>Schools should display general information about the condition and what to do if someone is having a seizure.</p>
What schools need to do	<p>Most epilepsy can be controlled by medication and needs an Individual Healthcare Plan to be written, which details any areas where extra vigilance may be required e.g. when swimming.</p> <p>Where epilepsy is not well controlled an additional risk assessment will probably be needed.</p> <p>For younger children in free flow areas a risk assessment may be needed due to the nature of the environment and the additional issues this may bring.</p>

	A Personal Emergency Evacuation Plan may also be required.
Impact of epilepsy in school	Some CYP may experience difficulties with concentration, memory loss, tiredness, behaviour and learning. It is very rare but having prolonged / severe seizures can result in injury to the brain.
Tests and Examination Arrangements	Some pupils may be entitled to access arrangements such as extra time, rest breaks. This must be applied for in good time with the appropriate exam boards. Such arrangements should also be applied to school activities i.e. this must be the pupil's normal way of working.
Further information	<a href="http://www.epilepsy.org.uk">www.epilepsy.org.uk</a> Epilepsy Action Young Epilepsy

## Diabetes

What is it?	Diabetes is a long-term condition caused by too much glucose, a type of sugar, in the blood. It is also known as diabetes mellitus.
Signs and Symptoms	May include: <ul style="list-style-type: none"> <li>• Feeling very thirsty</li> <li>• Going to the toilet a lot, especially at night</li> <li>• Extreme tiredness</li> <li>• Weight loss and muscle wasting (loss of muscle bulk)</li> <li>• Lack of concentration or engagement</li> <li>• Change of mood</li> </ul>
How might symptoms be controlled?	Diet Insulin via injection or pump
Staff Training	All staff including supply teachers need to know what symptoms to look out for and what to do in an emergency.  School nurses can provide advice on where to obtain training.  A specialist diabetes nurse may provide specific training to staff who supervise or administer medication, test blood sugar levels, test Ketones and calculate the carbohydrate content of meals. Headteachers and governors must ensure that sufficient numbers of staff receive the training in order to manage cover during staff absences.  Good practice would be for staff to update their training annually.
What do schools need to do?	<ul style="list-style-type: none"> <li>• Detail needs in an Individual Healthcare Plan</li> <li>• Where the diabetes is not well controlled or in free flow areas an individual risk assessment may be needed.</li> <li>• Identify a place in school where blood sugar levels can be tested and insulin / food given as detailed in the Individual Healthcare plan.</li> </ul>

	<ul style="list-style-type: none"> <li>• A procedure for the safe disposal of sharps and the collection of sharps boxes should be put in place – sharps boxes must be kept off the floor and out of the reach of children / young people.</li> </ul>
Further information	<a href="http://www.diabetes.org.uk">www.diabetes.org.uk</a>

### Allergic Reaction

What is it?	An adverse (bad) reaction to a particular substance (allergen).
Signs and Symptoms	<p>Can include:</p> <ul style="list-style-type: none"> <li>• Sneezing</li> <li>• Wheezing</li> <li>• Sinus pain</li> <li>• Runny nose</li> <li>• Coughing</li> <li>• Nettle rash/hives</li> <li>• Swelling</li> <li>• Itchy eyes, ears, lips, throat and palate</li> <li>• Shortness of breath</li> <li>• Sickness, vomiting and diarrhoea</li> <li>• Anaphylactic shock</li> </ul>
Triggers	<p>Can include:</p> <ul style="list-style-type: none"> <li>• Pollen</li> <li>• House dust mites</li> <li>• Mould</li> <li>• Animal fur</li> <li>• Latex</li> <li>• Nuts and other foods</li> <li>• Bee and wasp stings</li> </ul>
Staff Training	<p>All staff including supply teachers need to know how to recognise allergic reactions, what constitutes an emergency and what to do in an emergency.</p> <p>School nurses can provide advice on where to obtain training. A school nurse may also provide specific training to staff who administer medication via an Epipen.</p> <p>Good practice would be for training to be updated annually and for general information about allergies and anaphylaxis to be displayed in school.</p> <p>Headteachers and governing bodies must ensure that sufficient numbers of staff receive the training in order to manage cover during staff absences.</p>
How might symptoms be controlled?	<ul style="list-style-type: none"> <li>• Avoidance of allergens where possible</li> <li>• Medication via tablet, liquid, Epipen</li> </ul>

What do schools need to do?	<ul style="list-style-type: none"> <li>• Keep Epipens readily accessible</li> <li>• Reduce triggers where possible</li> <li>• Those with more severe allergic reactions will need an Individual Healthcare Plan and a risk assessment</li> <li>• Consider food preparation</li> <li>• Consider meal supervision</li> <li>• Put in place a procedure for the safe disposal of sharps</li> </ul>
Should we ban identified triggers from school e.g. nuts?	<p>Before making this decision Headteachers should undertake a risk assessment which considers the nature of their school, the maturity of the CYP and other CYP in the school, the severity of the allergy etc.</p> <p>A balanced decision should then be made.</p> <p>National Education Union guidance states:</p> <p>...prohibitions on specific foods such as 'nut bans' which have been introduced by some schools are not seen as the best way forward: allergic children should be able to develop an awareness of dealing with risks which prepares them for life outside the school environment.</p>
Want to know more?	<p><a href="http://www.allergyinschools.co.uk">www.allergyinschools.co.uk</a></p> <p><a href="http://www.anaphylaxis.org.uk">www.anaphylaxis.org.uk</a></p>

### Personal Care including Continence

What is it?	<p>Procedures of a personal / invasive nature, assisting with:</p> <ul style="list-style-type: none"> <li>• cleaning and changing a pupil who has soiled/wet themselves</li> <li>• disabled or young girls with aspects of menstruation</li> <li>• disabled children and young people with toileting needs</li> <li>• oral health procedures e.g. teeth brushing</li> </ul>
Why might needs arise?	<p>Examples...</p> <ul style="list-style-type: none"> <li>• Young age</li> <li>• Cognitive and developmental level</li> <li>• Physical disability or medical condition</li> <li>• Social and Emotional needs</li> </ul>
Admissions	<p>Schools must not refuse admission to a child / young person due to not being toilet-trained or not being able to manage their own intimate personal care needs.</p>
Reasonable Adjustments	<p>Schools should make all 'reasonable adjustments' to manage intimate personal care needs to ensure emotional resilience and develop good health and well-being.</p>
Intimate personal Care Plan	<p>It is good practice to have generic written procedures for children / young people who have occasional "accidents" in school.</p> <p>CYP with more complex conditions may require an Individual Healthcare Plan</p>

Independence	CYP should be encouraged to undertake as much of the task as is reasonably possible and this should be detailed in the Individual Healthcare Plan.
Staffing levels	<p>This must be assessed on an individual basis. In most circumstances procedures only require 1 member of staff. Two members of staff should only be used where there is a specific need e.g.</p> <ul style="list-style-type: none"> <li>• A moving and handling need</li> <li>• A history of child protection issues</li> <li>• Social, Emotional and Mental health challenges</li> </ul> <p>The National Union of Teachers advice (March 2009) states... there is no legal requirement for 2 adults to be present in such circumstances and such a requirement might in any case be impractical</p>
Identifying an area where procedures can be undertaken.	<p>This needs to take into account ...</p> <ul style="list-style-type: none"> <li>• Age/gender</li> <li>• Facilities required/available</li> <li>• Privacy and dignity</li> </ul>
Disposal of Waste	<p>Soiled or wet nappies/pads and wipes should be double bagged using nappy bags and disposed of in the usual waste. If there is a larger quantity schools should contact their local environmental health department for advice.</p> <p>Where a child / young person is known to have a reportable disease e.g. HIV or Hepatitis you must always contact your local environmental health department for advice on safe disposal</p>
Soiled/wet clothing	<p>This should be double bagged using plastic carrier bags and stored in a lidded bin / box for returning home at the end of the session.</p> <p>Non – residential schools are not expected to wash soiled / wet clothing Other schools should follow their own protocols</p>
Resources/ Equipment For Continence issues	<p>In general schools should supply these items where they are required:</p> <ul style="list-style-type: none"> <li>• Gloves (Nitrile rather than latex)</li> <li>• Disposable aprons</li> <li>• Nappy bags</li> <li>• Lidded box/bin</li> <li>• Hand washing facilities</li> <li>• Changing mat / change bed</li> </ul> <p>Note: some children / young people prefer to be changed standing up</p> <p>In general, parents supply:</p> <ul style="list-style-type: none"> <li>• Nappies/incontinence pants/pads</li> <li>• Wipes</li> <li>• Spare clothing</li> </ul> <p>It is good practice for schools to keep their own small supply of these in case of need. School supplies of wipes should be non-alcohol based.</p>

Hygiene and infection control	<p>Staff who assist with intimate personal care procedures should not have any nail enhancements or nail varnish. They should keep fingernails short and remove any jewellery on hands and wrists (apart from plain bands)</p> <p>Good hand hygiene practice should be followed by staff and the child/young person.</p>
Parental Involvement	<p>Schools should be clear on what resources and information they expect parents to provide and detail this in the Individual Healthcare Plan. Good liaison is essential.</p> <p>Schools should not expect parents to come in to undertake intimate personal care or to lift their child on/off the toilet or undertake any other manual handling needs. This also applies to off-site visits and residential trips.</p>
Staff Training	<p>A lot of intimate personal care is about using common sense but it is important to remember that staff may need help and guidance to gain confidence this can be done through discussion with other staff, parents, and relevant health professionals. Healthy child nurses / practitioners can provide training for schools.</p> <p>In addition adults involved need to be aware of safeguarding/child protection procedures.</p>
Further information	<ul style="list-style-type: none"> <li>● CYC Health and Safety policy.</li> <li>● CYC Intimate Care policy</li> <li>● National Union of Teachers Continence and Toilet Issues in Schools March 2009</li> <li>● Joint statement from Unison and Royal College of Nursing</li> </ul>

### Physiotherapy Programmes

What is it?	Therapeutic exercises / stretches which aim to improve or maintain physical health, mobility and movement. This may also include the use of a standing frame, walking frames and other aids. They are an essential aspect for a child / young person's care. Moving and Handling training may be needed to safeguard staff.
Reasonable adjustments	<p>Some families will choose to carry out physiotherapy at home but schools need to make 'reasonable adjustments' to include physiotherapy taking into account:</p> <ul style="list-style-type: none"> <li>● Time</li> <li>● Staffing</li> <li>● Staff training</li> <li>● Parents &amp; child / young person's views</li> <li>● Facilities</li> <li>● Equipment</li> </ul>

Identifying a suitable area	<p>This would take into account...</p> <ul style="list-style-type: none"> <li>• Dignity and privacy</li> <li>• A space for the child / young person and staff that is fit for purpose</li> <li>• Space for any equipment e.g. plinth, mat, hoist etc</li> </ul>
Following a programme	<p>School staff would only undertake a physiotherapy programme following guidance from the child / young person's physiotherapist. This should be clear and reviewed at regular intervals or when the condition changes. Schools will need to have regular communication with therapists, parents and carers.</p> <p>It is essential that the physiotherapist trains staff, sets and monitors the programme.</p> <p>Where a private physiotherapist has been employed by parents and will be working in a school, the Headteacher must ensure the therapist:</p> <ul style="list-style-type: none"> <li>• is registered with The Health and Care Professions Council <a href="https://www.hcpc-uk.org/check-the-register/">https://www.hcpc-uk.org/check-the-register/</a></li> <li>• has their own insurance</li> <li>• has DBS clearance</li> <li>• works with regard to the ethos of the school</li> <li>• provides records and reports following visits (where pertinent)</li> </ul>

#### Legs: injuries and surgery

Reasonable adjustments	These are likely to be short term and often unexpected. However, schools will need to make 'reasonable adjustments' to meet needs.
Planning a child/young person's return.	<p>School will need to find out the following information from parents:</p> <ul style="list-style-type: none"> <li>• Are both legs affected?</li> <li>• Are there external fixators (metal work around a leg)?</li> <li>• Have any mobility aids been issued e.g. crutches, wheelchair?</li> <li>• Is the CYP able to weight bear?</li> <li>• Is there a need for a phased return?</li> </ul> <p>Arrange a pre visit for the CYP and parent. Consider:</p> <ul style="list-style-type: none"> <li>• Access</li> <li>• Emergency exits</li> <li>• Alternative routes/areas</li> <li>• Toileting needs</li> <li>• Fatigue and whether a shorter day/phased return is needed</li> </ul>
Toileting needs	<p>Identify:</p> <ul style="list-style-type: none"> <li>• Which toilet is most appropriate to use?</li> <li>• Any assistance needed and which staff will give this</li> </ul>

	<ul style="list-style-type: none"> <li>Any equipment that could help (take advice from the therapist or specialist teacher involved).</li> </ul> <p>If a CYP cannot get on / off the toilet independently moving and handling advice must be sought. Parents must not be expected to lift their child on/off the toilet. Contact <a href="mailto:SENdept@york.gov.uk">SENdept@york.gov.uk</a> if the child is not known to the specialist teaching team.</p>
What might schools need?	<ul style="list-style-type: none"> <li>A risk assessment</li> <li>A moving and handling risk assessment</li> <li>A Personal Emergency Evacuation Plan</li> </ul>
Access to the curriculum / activities	<p>It is important that schools make 'reasonable adjustments' to ensure inclusion into activities. Consider:</p> <ul style="list-style-type: none"> <li>Physical activities</li> <li>Practical activities</li> <li>Off-site visits</li> <li>Break times and after school activities</li> </ul>
Further information	<ul style="list-style-type: none"> <li>CYC Health and Safety Policy</li> <li>Moving and handling section of this document</li> </ul>