

2024-2025

Moorside Community Primary School
Head Learner – Ms. S Howard



MOORSIDE COMMUNITY PRIMARY SCHOOL

SUPPORTING PUPILS WITH MEDICAL CONDITIONS

To be ratified by Governors

Named personnel with designated responsibility

Designated SLT	Deputy designated SLT	Nominated Governor	Chair of Governors
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Next Review Date	April 2024
Committee Responsible	Governing Board
Document locations	Website and shared drive

Change History

Version	Date	Change Description	Stored
1	August 2018	Name of policy changed to Supporting Pupils with medical conditions and combining Asthma, Epilepsy policies	
2	August 2020	Individual folders detailing current medical conditions at Moorside, revision of procedures, SPAG corrections and reduction of descriptors to make for more digestible reading.	Shared Drive
3	February 2021	Changes made to include 15 day absentee rule and additional SPAG corrections Inclusion of links to the LA model policy	Shared Drive
4	April 2021	Addition of Spinda Bifida Delegation to DHT	Shared Drive
5	April 2023	Changes made to staffing	Shared Drive
6	April 2024	Changes made to staffing. Minor grammatical changes and aesthetics to appendices	Shared Drive
7	October 2024	To be ratified by Governors	Shared Drive

N.B this document is produced in accompaniment to the DfE document located at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

‘Appropriate authorities’ must have regard to¹ this guidance when carrying out their statutory duty to make arrangements to support pupils at school with medical conditions. The guidance also applies to activities taking place off-site as part of normal educational activities. In this document, references to schools are taken to include academies and PRUs and references to governing bodies include proprietors in academies and management committees of PRUs.

Further advice, where provided, is based on good practice but is non-statutory.

(Supporting pupils at school with medical conditions; Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, December 2015)

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<u>DRUG ADMINISTRATION TO PUPILS AND THE CARE OF PUPILS WITH HEALTH PROBLEMS</u>	

General overview:

- Most pupils will at some time have a medical condition (mental or physical) that may affect participation in school activities because they are on a course of medication or recovering from an illness e.g. infection or broken limb etc. Some pupils have medical conditions that if not managed could limit their access to education and may require extra care e.g. asthma, cancer or medical/neurological etc., however, most are able to attend school regularly with some support. However, school staff may need to take extra care in supervising some activities to ensure these pupils are not put at risk.
- When supporting pupils in receipt of an EHCP, who also have a medical condition, professionals will comply with the SEND Code of Practice (2014).
- Parents/carers have the prime responsibility for a child's health and should provide the school with information regarding their needs. Staff must fully understand the needs individual pupils when considering their additional care and supervision needs, but it is not a legal duty or requirement for staff to assist with the administration of, or administering of medication to a child. They can however perform duties in-line with guidelines on a voluntary basis once they have received the appropriate training necessary for each individual case.
- The Council has combined liability insurance, which covers all employees including teachers. The insurance policy covers employer's liability, public liability and official's indemnity. The effect is that any claim for loss, damage, or injury made against any individual employee will result in the endorsement of all policies, and individual employees will have the benefit of using said insurance as well as the any support provided by the Council.
- Parents/carers should provide full information about their child's medical needs, including details of any medication they are prescribed and any additional medical needs they may have.
- This policy is written in conjunction with the Salford Local Authority Policy; Supporting Pupils at School with Medical Conditions; <https://www.salford.gov.uk/media/395862/salford-la-medical-policy-sept-2020.pdf> and is to be used with this document when providing support for pupils.

Prescribed Medicines:

- 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 day. Schools should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.
- School should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages irrespective of parental instructions.

- It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents could be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.
- The Medicines Standard of the National Service Framework (NSF) for Children, 2004 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/199952/National_Service_Framework_for_Children_Young_People_and_Maternity_Services_-_Core_Standards.pdf)

recommends that a range of options are explored including:

- Prescribers consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside school hours.
- Prescribers consider providing two prescriptions, where appropriate and practicable, for a child's medicine: one for home and one for use in the school or setting, avoiding the need for repackaging or re-labelling of medicines by parents.

Controlled Drugs:

- The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act, 1971 (<https://www.legislation.gov.uk/ukpga/1971/38/contents>) and its associated regulation. Some may be prescribed as medication for use by children e.g. methylphenidate.
- Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.
- A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.
- Controlled drugs would be locked in the school safe to which only named staff have access. A record for audit and safety purposes would be kept.
- A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal.
- Misuse of a controlled drug, such as passing it to another child for use, is an offence.

Non-Prescriptive Medicines:

- Staff should never give a non-prescribed medicine to a unless there is specific prior written permission from the parent.
- Where the Head Teacher agrees to administer a non-prescribed medicine, it must be recorded on the appropriate sheet (Appendix A).
- Under 16's should never be given aspirin or medicines containing Ibuprofen, unless prescribed by a doctor.

Short Term Medical Needs:

- Some individuals will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion.
- Allowing individuals to self-administer, when appropriate, will minimise the time that they need to be absent. However, such medicines should only be taken in school where it would be detrimental to a child's health if it were not administered during the school day.
- A school should notify the Local Authority when a pupil is absent, or going to be absent, for a period of 15 days, either consecutive or cumulative over a term.

Long Term Medical Needs:

- It is important to have sufficient information about the medical condition of any child with long-term medical needs. If medical needs are inadequately supported this may have a significant impact on the individual's health, experiences and the way they function in and out of school. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning; leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.
- The Special Educational Needs Code of Practice, 2014 (<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>) advises that a medical diagnosis or a disability does not necessarily imply a SEN. However, support for all areas of need will be considered on an individual basis and those with a diagnosis may also be supported through the usual SEN channels (please see SEN policies, <https://www.moorsideprimary.net>).
- All settings request to be informed of specific needs before a child is admitted or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, then special arrangements (attendance considerations) may also be necessary.
- For such individuals a document known as an Individual Health Care Plan (IHCP) (Appendix F), will be written in conjunction with parents and any health care professionals currently supporting the them. This is now overseen by the SENCo.

Administering Medicines:

- No child under 16 should be given medicines without their parent's written consent (Appendix B). Any member of staff giving medicines to a child should check the name on the medication, the prescribed dose, the expiry date, any possible side effects and any instructions provided by the prescriber on the label or container.
- If concerns arise relating to a specific medical concept then staff should contact parents and/or health care professionals linked with the pupil in question as soon as possible.
- Written records must be kept each time medicines are given (See Appendix A) and staff should complete and sign the record each time they give medicine to a child, as this exhibits an effective duty of care.

- When administering medication or completing procedures relating to intimate care, then the adults supporting them must operate in pairs as a minimum and follow individual HCP and/or relevant policies and guidelines (Intimate Care Policy and procedures) at all times.

Self-Management:

- It is good practice to support and encourage children, when appropriate, to take responsibility and manage their own administration of medicines. Staff and parents should encourage and support this as much as possible.
- Older pupils with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies.
- Parents, alongside any health care professions, must confirm the decision for children to self-administer medicine as such methods are not always appropriate for all pupils. If it is deemed appropriate for a child to self-administer then parents must complete the appropriate form - giving permission for them to administer their own medicine (Appendix C).
- If children can take their medicines themselves, staff may need only to supervise.
- All medicines should be brought to the school office, as they MUST be stored here securely and MUST not be kept by the child under any circumstances. Pupils will need to present at the main reception when they require medicine to be administered.
- The medicine should then be collected at the end of the school day as no medicine should be kept in the setting overnight.

Refusing Medicines:

- If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. Parents should be informed of the refusal at the time this refusal occurs as this action could lead to an emergency.

Record Keeping:

- Parents should update the setting if changes to medication occur, along with any additional instructions provided. This must then be carefully checked by staff before administering the medication. If staff have any concerns then it is their responsibility to contact the appropriate health care professional involved.
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions.
- Parents should complete the appropriate form (Appendix D) to record details of medicines. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.

- Once a parent has signed the appropriate form, this acts as confirmation that the parent consents to the setting administering medication to the pupil on their behalf.
- Detailed records are kept on all pupils who have been administered medicine within school. This is then monitored regularly.

Educational Visits:

- It is good practice for schools to encourage pupils with medical needs to participate in safely managed visits. Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on any organised visits.
- Planning arrangements will include necessary steps to include and support children with additional needs and/or medical needs. A supporting risk assessment will also be completed by the designated person on site and any concerns relating to specific pupils will be discussed and clarified with the Head Teacher, Deputy or SENCo (health care professionals where appropriate) prior to a decision being made regarding the individual in question.

Sporting Activities:

- Most children with medical conditions can participate in physical activities and extra-curricular sport without exception and a degree of flexibility must be always afforded to them. For many, physical activity can benefit social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual Health Care Plan and it is the responsibility of the teacher to ensure that they support any actions detailed within it; including any issues of privacy and dignity (all IHCPs are located on CPOMS).
- Some children may need to take precautionary measures before or during exercise and have immediate access to medication such as asthma inhalers (see Asthma guidelines). Should staff supervising sporting activities have any concerns about an individual's ability to participate, they should seek advice from a member of the Senior Leadership Team (SLT), who will decide if a risk assessment is necessary (e.g. emergency procedures).

DEALING WITH MEDICINES SAFELY

Safety Management:

- All medicines may be harmful to anyone for whom they are not appropriate. Where a school agrees to administer any medicines the Head Teacher must ensure that the risks to the health of others are properly controlled.

Storing Medicines:

- Large volumes of medicines should not be stored on site and staff should only store, supervise and administer medicine that has been prescribed for a specified individual. Medicines should be stored strictly in accordance with

the product instructions displayed on their labels (paying particular note to temperature) and when presented in the original container in which it was dispensed and are accompanied by the prescriber's instructions at the time of administration.

- Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.
- Where a child needs two or more prescribed medicines to be administered then each should be in a separate container and must adhere to the stipulations noted above. Non-healthcare staff should NOT transfer medicines from original containers under any circumstances.
- Children should know where their own medicines are stored and by whom.
- It is the responsibility of the Head Teacher to ensure that all prescribed medicines are stored safely.
- All emergency medicines, such as inhalers and adrenaline pens, should be kept in the 'red bags' and maintained by a designated adult (usually the individual's Class Teacher) as they will need to ensure that the medication is always readily available should a pupil require it.
- Before an inhaler or adrenaline pen is administered the Class Teacher must follow the information noted in their IHCP and ensure that any actions taken are recorded within the 'red' first aid book (located in each Year area, in a pre-agreed safe place), parents are informed and correct procedures for aftercare are followed precisely.
- Any medicine that needs to be refrigerated can be kept in a refrigerator that also contains food, but they should be stored in an airtight container and clearly labelled (as detailed above) and access to the designated storage fridge must be restricted.

Access to Medicines:

- Children need to have immediate access to their medicines when required. Emergency medicines will be kept in the locked medical cupboard and relevant staff will be made aware of their whereabouts. It is important to ensure that medicines are only accessible to those for whom they are prescribed and when administered in the presence of a trained adult.

Disposal of Medicines:

- Staff should NOT dispose of any medicines - parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. If parents do not collect all medicines, then they should be taken to a local pharmacy for safe disposal.
- Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription. Collection and disposal of the boxes should be arranged with environmental services.

Hygiene and Infection Control:

- All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and must take care when dealing with spillages of blood or other body fluids or disposing of dressings or equipment which may have been contaminated.

Emergency Procedures:

All staff and children are aware of the procedure to follow in the case of an emergency, and they should ensure that:

- Children find the nearest adult
- Instructions for calling an ambulance are clearly displayed by the telephone located in the main reception area
- The call to emergency services is carried out by a responsible adult
- A member of staff should always accompany a child to hospital and should stay until a parent arrives.
- Staff NEVER take children to hospital in their own car.
- IHCP are followed and they include details on how to manage a child in an emergency, along with clearly identifying who is responsible should an emergency arise.

DRAWING UP AN INDIVIDUAL HEALTH CARE PLAN

Purpose of an Individual Health Care Plan (IHCP):

- The main purpose of the IHCP for a child with medical needs is to identify the level of support that they require.
- Not all children who have medical needs will require the IHCP, but one is necessary for those individuals who have a specific condition, which is life-threatening/significant and/or requires additional support on a regular basis.
- For some conditions a signed agreement, to administer medication for example, between parents and the setting may be all that is necessary (Appendix B).
- The IHCP clarifies for staff, parents and the child the help that can be required and is guided by medical professionals.
- It is sensible to review the IHCP at least once a year, but intermittent reviews may be necessary if the needs of the child change.
- Developing the IHCP should not be onerous, although each plan will contain different levels of detail according to the need of the individual child.
- Contributors to the IHCP may include: the child, parents, practitioners, school health and medical professionals.

Co-ordinating Information:

- Co-ordinating and sharing information on an individual pupil with medical needs can be difficult, but necessary and it is the responsibility of the Head Teacher to ensure this is facilitated as they are the first point of contact for parents

and staff. Although, some responsibility is disaggregated to the SENCo, who helps support the process by liaising with all parties including external agencies in the first instance.

Information for Staff and Others:

- All staff involved with a child's medical needs including supply staff should know about their needs. All information is located on CPOMS and/or the Shared drive.

Staff Training:

- In some instances, staff may be required to attend additional training sessions in order to better equip themselves to meet the needs of the pupil as is described in their IHCP. This may include support on how to administer specific medication and/or actions relating to their need. No staff member is permitted to administer medication without having had the appropriate training.

Confidentiality:

- The Head Teacher and his staff should always treat medical information confidentially and the Head Teacher will agree with parents who is permitted to have access to the information within the IHCP.
- If information is withheld from staff, then they should not therefore be held responsible if they attempt to give medical assistance, but it is incorrectly administered, as they endeavoured to do this in good faith.

COMMON CONDITIONS – ASTHMA, EPILEPSY, DIABETES, SPINA BIFIDA AND ANAPHYLAXIS

The medical conditions in children that most commonly cause concern in schools and settings include: Asthma, Diabetes, Epilepsy, Spina Bifida and severe allergic reactions e.g. Anaphylaxis. Additional information on all concerns can be found at: <https://www.nhs.uk/conditions>.

ASTHMA: What is Asthma?

- Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children have asthma in the UK.
- The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Younger children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest. No everyone will get all these symptoms and some children may only get symptoms from time to time.
 - People with Asthma have sensitive air passages which are quick to respond to anything that irritates them (triggers).
- This results in the air passages of the lungs becoming narrow, making it difficult to breathe in and out.

- Narrowing of air passages produces ONE or ALL of the following: coughing, breathlessness, wheezing.
- SUDDEN, SEVERE narrowing of air passages may result in an 'Asthma Attack'.
- At Moorside we will ensure:
 - Pupils with Asthma are encouraged and helped to participate fully in all aspects of school life.
 - We recognise that Asthma is an important condition affecting many children.
 - We recognise that immediate overseen access to inhalers is vital and we take all possible steps to ensure that this is achieved.
 - We do all we can to make sure the school environment is favourable to children with Asthma.
 - That other children understand Asthma so that they can support their friends and so that children with Asthma can avoid the stigma sometimes attached to this chronic condition.
 - We have a clear understanding of what to do in the event of a child having an Asthma attack.

This section has been written with advice from:

- The Department of Health <https://www.gov.uk/government/organisations/department-of-health-and-social-care/about/statistics>
- Asthma UK <https://www.asthma.org.uk>,
- Salford LA guidance <https://www.salford.gov.uk/media/395862/salford-la-medical-policy-sept-2020.pdf>
- Salford Primary Care Trust
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/253410/Salford_PCT_Annual_Report_and_Accounts_2012-13.pdf
- Parents/carers
- The Governing Board
- Pupils
- SEN Code of Practice <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

This school recognises that Asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with Asthma and encourages pupils with Asthma to achieve their potential in all aspects of school life. All staff are aware of the Asthma Policy within school and receive regular updates and reminders of the practices expected of them in relation to safekeeping and administering medication.

Moorside Primary School acknowledges that Asthma is the most prevalent childhood disease and recognises that many pupils enrolled in this school it. Asthma sufferers should not at any time feel isolated and awareness of the disease should involve ALL members of the school community.

Identification of pupils affected:

- It is the responsibility of parents or guardians to notify the school if their child has Asthma as soon as they are made aware of it. This information is usually collected on the Information Collection Update sheet sent home each September by a member of the admin team.
- This information is then passed to the SENCo who collates it onto the Class Information sheets and uses it to inform the implementations of any new IHCP that may be required.
- Parents are requested to provide a detailed overview, which includes current conditions, medications and concerns along with any prevalent historical information that may prove pertinent at a later date.

Asthma Medicines:

- Immediate access to reliever medicines is required at all times and must be monitored and administered by a member of staff (Appendix G).
- Once parent/carer and medical professional agree, a child carry their inhaler on their person, but this is usually only applicable for older children.
- All staff are aware of the Asthma procedures currently in place and have been made aware of the needs of each individual pupil (Class Information List).
- Parents/Carers are asked to ensure that the school is provided with a prescribed and labelled inhaler (Appendix F).
- School staff are not required to administer Asthma medicines to pupils (except in an emergency) and any staff who agree to administer medicines are insured by the Local Authority when acting in agreement with this policy (Appendix G).
- In addition, all staff are first aid trained and have a responsibility to recognise and act upon can recognise the symptoms of an Asthma Attack and should be equipped on how to deal with one.

Exercise and activity – PE and after school clubs:

- Taking part in all aspects of the Physical Education curriculum is compulsory, but individuals are supported in-line with their IHCP and needs. All staff working within the setting are aware of which pupils are Asthmatic.
- All pupils are encouraged to participate in after school clubs, support plans will be implemented to ensure pupils have the opportunity to attend any club they wish to (as long as it is deemed safe for them to do so) and if any concerns arise then a risk assessment may also be carried out to ensure their needs are met. .

School Environment:

- The school does all that it can to ensure the school environment is favourable to pupils with Asthma. The school does not keep furry or feathery animals and has a definitive no smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with Asthma.

- If a pupil does feel any discomfort or exhibit any symptoms; they will be encouraged to leave the room while supervised until their symptoms have subsided and/or the environment has changed.
- As a setting we attempt to educate all staff and pupils and encourage them to support the Asthma friendly philosophy currently in place.
- In addition, it is recognised that some pupils who have Asthma may, as a direct result, also suffer from a Special Educational Need (SEN) and specialised provisions may also be required to help support all their needs.

Prevention:

- It is important to be aware that many factors provoke narrowing of the air passages. Some of these factors are avoidable within the school environment; therefore, appropriate steps should be taken.
- Trigger factors include: - coughs & colds, cigarette smoke, furry animals, cold weather, chemical paints – sprays and vapours, grass pollens and spores, extremes of emotion and exercise.

Treating:

- Reliever inhalers (usually blue) and preventer inhalers (usually brown/purple).
- Only **BLUE** inhalers are permitted and administered in school (Appendix G)
- Staff are not required to administer inhalers except in an emergency, but should ensure that the inhalers are available (under their supervision) at all times.
- A reliever inhaler (blue) should be given: If requested by the child or if an adult witnesses the child coughing, wheezing or becoming breathless. In both instances specific recording steps must be adhered to (Appendix G).
- If this is effective, the child can return to normal classroom activity and the class teacher will inform the parents at the soonest convenient time.
- For specific treatment pathways please consult individual HCPs and the NHS guidelines (Appendix H)
- But remember:
 - Stay calm – it is treatable
 - Sit the child comfortably – do not let the child lie down
 - Do not crowd the child
 - Speak quietly and calmly to the child – encourage slow deep breaths.
 - Do not put your arms around the child's shoulders – this restricts breathing.
 - If this works-contact parent/carers who should come to school in order to follow the action plan regarding the need for medical attention.
 - The **BLUE** inhaler should last for 4 hours. Increased frequency usually signifies a worsening condition and parents must be contacted as soon as possible.
- If the **BLUE** inhaler is not working, e.g. they can only say 2/3 words before taking a breath, breathing is rapid, their skin appears pale or their lips have turned blue, then DIAL 999 – telephone for an ambulance. In the meantime,

Continue to give the BLUE inhaler 1 puff every minute until help arrives (You cannot overdose the child by doing this but keep a record of how many have been administered and inform the paramedic on arrival).

Useful websites:

1. Guidance on the Use of Emergency inhalers at school, 2015

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

2. Asthma UK-Asthma Policy for School Information Pack

www.asthma.org.uk

3. Supporting Pupils with Medical Needs in School

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

EPILEPSY: What is Epilepsy?

- Children with Epilepsy have repeated seizures that start in the brain. An Epileptic Seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. At least 1 in 200 children have Epilepsy and around 80% of them attend mainstream school. Most children with diagnosed Epilepsy never have a seizure during the school day. Epilepsy is a very individual condition.
- At Moorside we will ensure:
 - Teachers of a child with Epilepsy meet with parents at the outset of the school year to ensure understanding of the condition and its treatment in school.
 - All members of staff are made aware of Epileptic children in school and what to do in case of emergency.
 - Other children in the class of an Epileptic child will be sensitively made aware of the condition.
 - We do all we can to make sure the school environment is favourable to children with Epilepsy.
 - That other children understand Epilepsy so that they can support their friends and so that children with Epilepsy can avoid the stigma sometimes attached to this condition.
 - We have a clear understanding of what to do in the event of a child having an Epileptic episode.

These procedures have been written in line with information provided by Epilepsy Action, the Department for Children, Schools and Families (DCSF), the local authority (LA), the school health service, the Governing Board, pupils and parents as detailed within the Supporting Pupils at School with Medical Conditions (see link above).

Moorside recognises and welcomes all individuals affected by Epilepsy and encourages them to achieve to their full potential. This will be done by having a policy in place that is developed in conjunction with the LA and understood by all school staff. All staff supporting specific individuals will receive training to support those pupils who have a diagnosis of Epilepsy; including how to administer any medication they may require.

Any child with a diagnosis of Epilepsy, will be in receipt of an IHCP. It will contain details of signs, symptoms, medication (e.g. Rectal Diazepam or Buccal Midazolam, prevention and treatment and will be signed and agreed upon by parents the setting and where appropriate a health care professional. If a pupil requires the administering of an emergency medicine then correct storage procedures in the line with the DCSF guidance found in Managing Medicines in Schools and Early Years Settings, 2015 (<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>).

What to do when a child is identified as having Epilepsy:

When a child with epilepsy joins Moorside, or a current pupil is diagnosed with the condition, the SENCo, as directed by the Head Teacher, will arrange a meeting with professionals, parents and staff to share knowledge, develop an IHCP and make arrangements for any reasonable adjustments to take place that will better support their individual needs. First aid for the pupil's seizure type will be included in their IHCP and will be administered by those named within it. Specific training will also be arranged for those supporting the child daily, with updates shared as soon as they arise (CPOMS), but all staff on site have received basic training and are able to act accordingly in an emergency.

Basic first aid for Tonic-clonic Seizures:

1. Stay Calm
2. If the child is convulsing, then put something soft under their head
3. Protect the child from injury (remove harmful objects from nearby)
4. NEVER try and put anything in their mouth or between their teeth
5. Try and time how long the seizure lasts – if it lasts longer than usual for that pupil or continues for more than five minutes then call medical assistance.
6. When the child finishes their seizure stay with them and reassure them.
7. Do not give them food or drink until they have fully recovered from the seizure.
8. Sometimes a child may become incontinent during their seizure, if this happens, try and put a blanket around them to avoid any potential embarrassment.

It is recognised that children with Epilepsy may also have a SEN and may therefore require additional monitoring and support to ensure that their medical need does not begin impacting upon their learning.

DIABETES: What is Diabetes?

- Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 Diabetes) or there is insufficient insulin for the child's needs, or the insulin is not working properly (Type 2 Diabetes).
- About one in 550 school-age children have diabetes. Most children have Type 1 Diabetes. They normally need daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 Diabetes are usually treated by diet and exercise alone.
- At Moorside we will ensure that:
 - Teachers of pupils with Diabetes fully understand their condition and meet with parents/carers at the outset of the school year to ensure agreement about the handling of the pupils' disorder.
 - All members of staff are made aware of diabetic children in school and what to do in case of emergency.
 - Other children in the class of a diabetic child are made aware of the need for diabetics to 'snack' during the day.
 - Emergency glucose to ensure insulin/sugar balance is maintained will be kept in school (provided by the family of the child according to needs).

SPINA BIFIDA: What is Spina Bifida?

- Spina bifida is when a baby's spine and spinal cord does not develop properly in the womb, causing a gap in the spine. Spina bifida is a type of neural tube defect. The neural tube is the structure that eventually develops into the baby's brain and spinal cord. The neural tube starts to form in early pregnancy and closes about 4 weeks after conception. In spina bifida, part of the neural tube does not develop or close properly, leading to defects in the spinal cord and bones of the spine (vertebrae).
- It's not known what causes spina bifida, but a lack of folic acid before and in the early stages of pregnancy is a significant risk factor.
- Symptoms can include: weakness or paralysis of the legs, bowel and urinary incontinence, loss of skin sensation in the legs and bottom (inability to feel hot and cold), hydrocephalus (build-up of fluid on the brain, occasionally requiring a shunt to be fitted to help drain away the fluid away from the brain) and some individuals may develop learning difficulties.
- Specialist equipment and a sterile room is required when completing any procedure; this is maintained by SPIE. All rooms and equipment are subject to a risk assessment which is reviewed annually.
- At Moorside we will ensure that:
 - Teachers of pupils with Spina Bifida fully understand their condition and meet with parents/carers at the outset of the school year to ensure agreement about the handling of the pupils' disorder.
 - All members of staff are made aware of whom the children are in school and what to do in case of emergency.
 - Other children in the class are made aware of the need for additional toilet breaks during the day – if appropriate and agreeable with parents to do so.

- Emergency bag (provided by the family of the child according to needs) is kept in the classroom and resources are replenished by parents on a regular basis. Staff are to monitor resources and report when they are running low.
- All staff are aware of what to do in an emergency situation.

ANAPHYLAXIS: What is anaphylaxis?

- Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.
- Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).
- The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically, and the patient loses consciousness. Fortunately, this is rare among children below teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.
- Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting.
- At Moorside we will ensure:
 - That if a child appears to demonstrate symptoms, emergency services will be called immediately. A paramedic will be requested stating that the patient has 'apparent anaphylactic reaction'.
 - If a child is known to suffer from this disorder a clear agreement will be drawn between the school and the parents/carers. All members of staff will be made fully aware of the condition, its treatment in school and the home/school agreement.
 - The school will continually review the availability and disposal of tampons because it is the toxins produced by bacteria that cause Toxic Shock Syndrome not tampons
 - We do all we can to make sure the school environment is favourable to children with Anaphylaxis.
 - That other children understand Anaphylaxis so that they can support their friends and so that children with Anaphylaxis can avoid the stigma sometimes attached to this condition.

AIDS: What is Aids?

We will ensure that basic health and hygiene procedures are followed to ensure protection against diseases transmitted through body fluids. Management of personal hygiene related to HIV and Aids.

The following guidance is recommended:

- Minor cuts, open or weeping skin lesions and abrasions should be covered with waterproof or other suitable skin dressings.
- Normal first aid procedures should be followed, which should include the use of disposable gloves where possible.

- Wash wounds immediately and copiously with soap and water. Apply a suitable dressing and pressure pad if needed.
 - Splashes of blood from known infected child onto another child:
 - Splashes of blood on the skin should be washed off immediately with soap and water.
 - Splashes of blood into the eyes or mouth should be washed out with copious amounts of water.
 - After accidents resulting in bleeding, contaminated surfaces (e.g. tables or furniture) should be cleaned liberally with household bleach, freshly diluted 1:10 in water. Such solutions must not come into contact with the skin.
- In the event of any child or adults being affected by AIDS a comprehensive programme of AIDS education will be undertaken prior to the admission of the pupil or adult to the school.

(Additional medical information relating to each child who requires an IHCP is located in the 'Medical Information – Specific Medical Concerns' folder on the staff drive and each class teacher has a hard copy of medical conditions for pupils within their class).

INFORMATION REGARDING ADMINISTRATION OF MEDICINES TO PUPILS IN SCHOOL

(Taken from the Medicines Policy <https://www.moorsideprimary.net>)

1. Parents/Carers have the prime responsibility for a child's health.
2. If Pupils are unwell, they should not be sent to school.
3. There is no legal or contractual duty on staff to administer medicine or supervise a child taking it.
4. We cannot be responsible for administering medicines at a specific time.
5. We cannot be responsible for administering medicine where intimate contact is necessary.
6. Medicines should only be taken into school when essential, that is where it would be detrimental to a child's health if the medicines were not administered during the school day.
7. If possible, medicines should be taken outside of school hours.
8. Parents should provide full information about their child's medical needs including details on medicine.
9. School will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.
10. Non-prescriptive medicine WILL NOT be given to a child unless there is prior specific written permission from the parents and agreement by the Head Teacher.
11. Children under 16 years should not be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.
12. Children are not allowed to keep medicine in their classrooms, bags or coats.
13. All medicine must be brought to the school office every morning and collected at the end of the school day. Parents must dispose of their own medicines.
14. All appropriate forms must be completed by the parent giving information for administration of the medicine: name of pupil, name of medicine, dos, method of administration, any side effects and expiry Date.
15. Written records will be kept by all staff administering medicine.
16. If the staff member administering the medicine has any doubt about the procedure, they will contact the parent or a health professional before taking further action.
17. Children should be encouraged to self-manage their medicine so that staff only have to supervise.
18. If a child refuses the medicine, they will not be forced to take it. Parents will be notified, and a record made.
19. Children will be made aware of where their medicine is kept and which staff members they need to approach.
20. Children with long term medical needs will be published with an Individual Health Care Plan in consultation with the Head Teacher, Parent and any necessary health professionals.
21. Controlled drugs will be locked in the school safe to which only named staff have access.
22. A record for audit and safety purposes will be kept.

Appendices

[illegible]

APPENDIX BRecord of medicine administered to an individual child

NAME OF CHILD	
CLASS	
DATE MEDICINE PROVIDED BY PARENT	
QUANTITY RECEIVED	
NAME AND STRENGTH OF MEDICINE	
EXPIRY DATE	
QUANTITY RETURNED	
DOSE AND FREQUENCY OF MEDICINE	
STAFF SIGNATURE	
PARENT SIGNATURE	

DATE			
TIME GIVEN			
DOSE GIVEN			
NAME OF STAFF			
STAFF INITIALS			

APPENDIX CRequest for child to carry his/her own medicine

This form must be completed by parents/guardian

If staff have any concerns, they will discuss this request with healthcare professionals

CHILD'S NAME	
CLASS	
NAME OF MEDICINE	
PROCEDURES TO BE TAKEN IN AN EMERGENCY	

Contact Information

NAME	
ADDRESS	
DAYTIME TELEPHONE NO:	
RELATIONSHIP TO CHILD	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed _____ (Parent/Carer)

Date _____

APPENDIX DParental Agreement for School 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 school can administer medicine.

Name of Child	
Date of Birth	
Class	
Medical Condition	

Medicine

Name and type of medicine (as described on container)	
Date dispensed	
Expiry Date	
Dosage and method	
Any special precautions	
Any side effects	
Procedures to take in an emergency	

Contact Details

Name	
Relationship to child	
Daytime Telephone No:	

Address	
---------	--

I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing and that it is my responsibility to collect the medicine at the end of the school day and dispose of the medicine at the end of the course.

Signed _____ Parent/Carer Date: _____

APPENDIX E

Individual Health Care Plan

Date from completed	
Date for review	
Copies held by	

1. Pupil's information	
Name of school	Moorside Primary School
Name of pupil	
Date of birth	
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>
Member of staff responsible for home-school communication:	

2. Contact information	
Pupil's address	Postcode

Family contact 1	
Name	
Phone (day)	Phone (evening)
Mobile	
Relationship with child	
Family contact 2	
Name	
Phone (day)	Phone (evening)
Mobile	
Relationship with child	
GP (Name and Address)	
Phone	
Specialist contact (Name and Address)	
Phone	

3. Details of pupil's medical conditions
Signs and symptoms of this pupil's condition:
Triggers or things that make this pupil's condition/s worse:

4. Routine healthcare requirements

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

During school hours:

Outside school hours:

5. What to do in an emergency

6. Regular medication taken during school hours

Medication 1	Medication 2
Name/type of medication (as described on the container):	Name/type of medication (as described on the container):
Dose and method of administration (the amount taken and how the medication is taken, e.g. tablets, inhaler, injection)	Dose and method of administration (the amount taken and how the medication is taken, e.g. tablets, inhaler, injection)
When it is taken (time of day)?	When it is taken (time of day)?

Are there any side effects that could affect this pupil at school?	Are there any side effects that could affect this pupil at school?
Are there are any contraindications (signs when this medication should not be given)?	Are there are any contraindications (signs when this medication should not be given)?
Self-administration: can the pupil administer the medication themselves?	Self-administration: can the pupil administer the medication themselves?
<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes, with supervision by:	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes, with supervision by:
Staff member's name	Staff member's name
Medication expiry date	Medication expiry date

7. Emergency medication (please complete even if it is the same as regular medication)	
Name/type of medication (as described on the container):	
Describe what signs or symptoms indicate an emergency for this pupil	
Dose and method of administration (how the medication is taken and the amount)	
Are there are any contraindications (signs when medication should not be given)?	
Are there any side effects that the school needs to know about?	

Self-administration: can the pupil administer the medication themselves?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes, with supervision by:
Is there any other follow-up care necessary?	Who should be notified? <input type="checkbox"/> Parents <input type="checkbox"/> Specialist <input type="checkbox"/> GP

8. Regular medication taken outside of school hours (for background information and to inform planning for residential trips)	
Name/type of medication (as described on the container):	
Are there any side effects that the school needs to know about that could affect school activities?	

9. Members of staff trained to administer medications for this pupil	
Regular medication	
Emergency medication	

10. Specialist education arrangements required (e.g. activities to be avoided, special educational needs)

11. Any specialist arrangements required for off-site activities

(please note school will send parents a separate form prior to each residential visit/off-site activity)

12. Any other information relating to the pupil's healthcare in school?

Parental and pupil agreement	
I agree that the medical information contained in this plan may be shared with individuals involved with my/my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.	
Signed	Date
Pupil (Print name)	Date

Permission for emergency medication	
<input type="checkbox"/> I agree that I/my child can be administered my/their medication by a member of staff in an emergency	
<input type="checkbox"/> I agree that my child cannot keep their medication with them and the school will make the necessary medication storage arrangements	
<input type="checkbox"/> I agree that I/my child can keep my/their medication with me/them for use when necessary	
Name of medication carried by pupil	
Signed (Parent/guardian)	Date

Head teacher agreement	
It is agreed that (name of child)	
<input type="checkbox"/> will receive the above listed medication at the above listed time (see part 6).	
<input type="checkbox"/> will receive the above listed medication in an emergency (see part 7).	
This arrangement will continue until (either end date of course of medication or until instructed by the pupil's parents)	
Signed (Headteacher)	Date

Dear Parent

Re: The Healthcare Plan

Thank you for informing us of your child's medical condition. As part of accepted good practice and with advice from the Department for Children, Schools and Families, relevant voluntary organisations and the school's Governing Board, our school has recently established a new medical conditions policy for use by all staff.

As part of this new policy, we are asking all parents of children with a medical condition to help us by completing a school Healthcare Plan for their child/children. Please complete the plan, with the assistance of your child's healthcare professional, and return it to the school. If you would prefer to meet someone from the school to complete the Healthcare Plan or if you have any questions then please contact us on 0161 921 1295.

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

Please make sure the plan is regularly checked and updated and the school is kept informed about changes to your child's medical condition or medication. This includes any changes to how much medication they need to take and when they need to take it.

I look forward to receiving your child's Healthcare Plan.

Thank you for your help.

Yours sincerely

Headteacher

APPENDIX F

Asthma Update for Parents

Please could we remind all parents that if their child has been prescribed a reliever inhaler (usually blue) by their Dr. then they must administer this using the spacer provided. If your child does not currently have one, please could you obtain one for them at the earliest convenient time.



E.g.

In addition, we are able to administer the reliever spray in school with your signed consent as previously done. However, we do not administer the preventer (usually brown/purple) unless we are informed otherwise in writing; this is the same practice for any prescribed medication (e.g. antibiotics) that needs to be administered in school. Should this be required you will need to speak with our office team for further clarification.

An adult will oversee any administering of medication and a record of first aid will be kept in school.

APPENDIX G

Asthma Update for Staff

1. No child should be self-administering medication
2. Any child who needs an inhaler must do it in the presence of an adult
3. Each time the inhaler is administered an entry to the accident book must be made

Accident book log must include:

- Name
 - Actions taken (e.g. 2 puffs of inhaler)
 - Reason why
 - Time
 - Date
 - Adult administering medication
-
4. All children must use a spacer when taking their spray (parents need to be reminded of this also)
 5. During break and lunchtime all medication must be taken outside and kept by an adult on duty e.g. red bag

APPENDIX H

Asthma Action Plan for Schools/Early years Setting

Salford Royal **NHS**
NHS Foundation Trust

University Teaching Trust

All pupils [Designing and commissioning services for children and young people with asthma: A good practice guide](#)

with

asthma must have a spare reliever +/- spacer at school (spacer not needed for dry powder device)

Some Children may benefit from using their **blue inhaler—two puffs 10-20 minutes before exercise**. This should be on their individual asthma management plan

safe • clean • personal

