



Starting the journey well

As a Church of England community school, we ***believe*** we can impact God's world for good, ***grow*** in learning, love, wonder and faith and ***seek*** together to flourish in the fullest way possible

Medical Conditions Policy 2021-22

Review Date: Autumn 2022

POLICY STATEMENT

Christ Church Primary School is an inclusive community that welcomes and supports pupils with medical conditions.

This school will provide all pupils with any medical condition the same opportunities as others at school.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy school and achieve well in their learning
- make a positive contribution to the school community
- prepare for life-long learning

The school will make sure that:

- all staff understand their duty of care to children and young people in the event of an emergency.
- all staff feel confident in knowing what to do in an emergency.
- all staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils.

This school understands:

- that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood.
- the importance of medication and care being taken as directed by healthcare professionals and parents.

The named member of school staff responsible for this medical conditions policy and its implementation is the SENCO.

Christ Church School is an inclusive community that supports and welcomes pupils with medical conditions.

- The school is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils.
- No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- This school will listen to the views of pupils and parents.

The school will:

- make sure pupils and parents feel confident in the care they receive from this school and the level of that care meets their needs.
- ensure staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.
- ensure all staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- make sure the whole school and local health community understand and support the medical conditions policy.

This school understands that all children with the same medical condition will not have the same needs.

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

This school's medical conditions policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.

These include pupils, parents, school nurse, school staff, governors, the school, the Local Authority and relevant local health services.

- The medical conditions policy is supported by a clear communication plan for staff, parents, governors etc. to ensure its full implementation.
- Pupils, parents, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels.
- All staff understand and are trained in what to do in an emergency for children with medical conditions at this school.
- All school staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.
- All staff receive training in what to do in an emergency and this is updated.

- All children with a medical condition at this school have an individual healthcare plan (HP), which explains what help they need in an emergency. The HP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the HP for sharing the HP within emergency care settings.

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

- All staff, including temporary or supply staff, know what action to take in an emergency.
- Updates are given out regularly.
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car unless they have authorisation.

This school has clear guidance on providing care and support and administering medication at school.


- This school understands the importance of medication being taken and care received as detailed in the pupil's Health Plan.
- This school will make sure that there are several members of staff who have been trained to administer the medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary. This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. This school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.
- This school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent, while respecting their confidentiality.
- When administering medication, for example pain relief, this school will check the maximum dosage and when the previous dose was given. Parents will be informed. This school will not give a pupil under 16 aspirin unless prescribed by a doctor.
- This school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
- Parents at this school understand that they should let the school know immediately if their child's needs change.
- This school makes sure that all staff understand what constitutes an

emergency for an individual child and makes sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities, and is not locked away.

- This school will store controlled drugs securely with only named staff having access.
- Staff at this school can administer a controlled drug to a pupil once they have had specialist training.
- This school will make sure that all medication is stored safely.
- This school will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump
- Parents are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication as needed.
- This school disposes of needles and other sharps in line with local policies.
- Sharps boxes will be kept securely at school and will accompany a child on off-site visits. They will be collected and disposed of in line with local authority procedures.

This school has clear guidance on the storage of medication and equipment at school.

Please see: 'Supporting Pupils at School with Medical Conditions' -DfE 2014

<p>Name: D.O.B</p> <p>NHS No:</p> <p>School:</p> <p>Current Class/Group</p> <p>Significant Past Medical History:</p> <p>Condition 1:</p> <p>Condition 2:</p> <p>Allergies:</p> <p>Date of Plan: Review Date:</p>	 <p style="text-align: center;">Photograph</p>
<p>PARENT/GUARDIAN/CARER CONTACT</p> <p>Contact Name: Relationship: Contact Number:</p> <p>Contact Name: Relationship: Contact Number:</p>	<p>Contact Numbers</p> <p>Emergency Contact Name: Emergency Contact Number:</p> <p>Hospital Consultant Name: Hospital Consultant Number:</p> <p>Specialist Nurse Name: Specialist Nurse Number:</p>
<p>KEYWORKER RESPONSIBLE IN SCHOOL</p> <p>Name: Building/Department Contact Number:</p>	<p>GENERAL PRACTITIONER</p> <p>Contact Name: Contact Number:</p>

N.B: This Health Care Plan should be reviewed on annual basis unless there are changes to the child's health or medication.

It is the parent/carer/guardian and school's responsibility to contact the School Health Team.

School Member of Staff agreeing to this Eczema Health Care Plan

Name:

Signature:

Date:

Awareness

Causes/ Triggers if known:.....

Symptoms:.....

Reason for medication to be given (e.g. itchy or dry skin):

Dosage and when medication can be given:

School Nurse / School Health Advisor Name:

Parent/Carer/Guardian: Name

Address:

Signature:

Date:

Telephone Number:

Pupil name

D.O.B

Fax No:

When appropriate Signature:

Signature:

Date:


This form has been filled in with The School Health Team / Parent/Guardian/Carer/Pupil named above.

Copies of the Health Care Plan sent to (Please Tick Box):

Parent G.P Notes Consultant Clinical Nurse Specialist

Other (Please State) Adapted from www.sicklecelleducation.com 01.2012

Personal Details

<p>Name:</p> <p>D.O.B</p> <p>NHS No:</p> <p>School:</p> <p>Current Class/Group</p> <p>Significant Medical History:</p> <ol style="list-style-type: none"> 1. . 2. . 3. . <p>Date of Plan: Review Date:</p>	<div style="text-align: center;">  <p>Photograph</p> </div>
<p>PARENT/GUARDIAN/CARER CONTACT</p> <p>Contact Name: Relationship: Contact Number:</p> <p>Contact Name: Relationship: Contact Number:</p>	<p>Contact Details:</p> <p>Hospital Consultant Name: Hospital Consultant Number:</p> <p>Specialist Nurse Name: Specialist Nurse Number:</p> <p>General Practitioner: Telephone Number:</p>
<p>KEYWORKER RESPONSIBLE IN SCHOOL</p> <p>Name:</p> <p>Building/Department</p> <p>Contact Number or Extension:</p> <p>Signature: Date:</p>	<p>Parent/Carer/Guardian: Name:</p> <p>Signature: Date:</p> <p>Pupil when appropriate name:</p> <p>Signature: Date:</p>
<p>PREVENTION:ACTION</p> <p>Key worker to ensure that each member of school staff is aware of the importance of the following preventive measures:</p> <ol style="list-style-type: none"> 1. Avoidance of Allergen. 2. 	<p>School Nurse / School Health Advisor Name:</p> <p>Telephone Number:</p> <p>Signature: Date:</p>

IT IS THE PARENTS AND SCHOOLS RESPONSIBILITY TO INFORM THE SCHOOL HEALTH TEAM IF THERE ARE ANY CHANGES TO THE PUPIL'S MEDICATION OR CONDITION.



Allergy Action Plan (Mild-Moderate)

NAME:

DOB:

KNOWN ALLERGIES:

NEXT OF KIN:

CONTACT DETAILS:

DOCTOR/NURSE:

CONTACT DETAILS:

Mild to Moderate Reaction:

- Swelling of lips, face, eyes
- Hives or rash
- Abdominal pain, vomiting

ACTION:

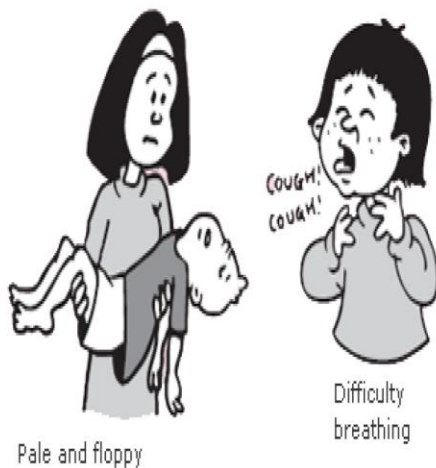
- Stay with the child
- Call for help if necessary
- Give antihistamine.....
.....mg (.....ml)
- Contact carer/parent

Watch for signs of ANAPHYLAXIS:

- Difficult/noisy breathing
- Throat tightness
- Hoarse voice/altered cry
- Wheeze/cough
- Loss of consciousness/collapse
- Pale/floppy

IF ANY OF THESE OCCUR.....

- **CALL AN AMBULANCE IMMEDIATELY (999)**
- **SAY "ANAPHYLAXIS" (ANA-FIL-AX-IS)**



Paediatric Allergy Service, Barts and the London.
Contact: 020 7377 7000 Ext 3023,
Email: Shelima.khanom@bartsandthelondon.nhs.uk



Allergy Action Plan (Severe)

NAME:

DOB:

KNOWN ALLERGIES:

NEXT OF KIN:

CONTACT DETAILS:

DOCTOR/NURSE:

CONTACT DETAILS:

How to give EpiPen® or EpiPen® Jr

1 Form fist around EpiPen® and PULL OFF GREY SAFETY CAP.

2 PLACE BLACK END against outer mid-thigh (with or without clothing).

3 PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.

4 REMOVE EpiPen® and DO NOT touch needle. Massage injection site for 10 seconds.

Mild to Moderate Reaction:

- Swelling of lips, face, eyes
- Hives or rash
- Abdominal pain, vomiting

ACTION:

- Stay with the child
- Call for help if necessary
- Give antihistamine.....
.....mg (.....ml)
- Contact carer/parent

Watch for signs of ANAPHYLAXIS:

- Difficult/noisy breathing
- Throat tightness
- Hoarse voice/altered cry
- Wheeze/cough
- Loss of consciousness/collapse
- Pale/floppy

If any of these symptoms occur:

- Give EpiPen.....mg
- Lie the child down and raise legs
- Call 999 immediately & say
“ANAPHYLAXIS”
 (“ANA-FIL-AX-IS”)
- Stay with the child
- If they have not improved in 5-10 min:
• **REPEAT EPIPEN injection**

Paediatric Allergy Service, Barts and the London.
Contact: 020 7377 7000 Ext 3023
Email: Shelima.khanom@bartsandthelondon.nhs.uk



Allergy Action Plan (Mild-Moderate with Asthma)

NAME:

DOB:

KNOWN ALLERGIES:

NEXT OF KIN:

CONTACT DETAILS:

DOCTOR/NURSE:

CONTACT DETAILS:

Mild to Moderate Reaction:

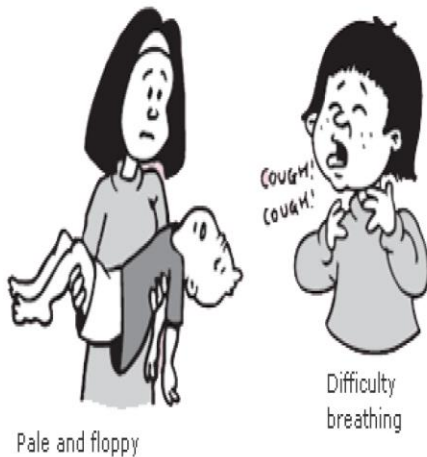
- Swelling of lips, face, eyes
- Hives or rash
- Abdominal pain, vomiting

ACTION:

- Stay with the child
- Call for help if necessary
- Give antihistamine -
..... (.....ml)
- Give Salbutamol.....puffs, via spacer
- Contact carer/parent

Watch for signs of ANAPHYLAXIS:

- Difficult/noisy breathing
 - Throat tightness
 - Hoarse voice/altered cry
 - Wheeze/cough
 - Loss of consciousness/collapse
 - Pale/floppy
- IF ANY OF THESE OCCUR.....**



- **CALL AN AMBULANCE IMMEDIATELY (999)**
- **SAY "ANAPHYLAXIS" (ANA-FIL-AX-IS)**

Paediatric Allergy Service, Barts and the London.
Contact: 020 7377 7000 Ext 3023,
Email: Shelima.khanom@bartsandthelondon.nhs.uk



Allergy Action Plan (Severe with Asthma)

NAME:

DOB:

KNOWN ALLERGIES:

NEXT OF KIN:

CONTACT DETAILS:

DOCTOR/NURSE:

CONTACT DETAILS:

Mild to Moderate Reaction:

- Swelling of lips, face, eyes
- Hives or rash
- Abdominal pain, vomiting

ACTION:

- Stay with the child
- Call for help if necessary
- Give antihistamine.....
-mg (.....ml)
- Give Salbutamol.....puffs, via spacer
- Contact parent/carer

Watch for signs of ANAPHYLAXIS:

- Difficult/noisy breathing
- Throat tightness
- Hoarse voice/alterd cry
- Wheeze/cough
- Loss of consciousness/collapse
- Pale/floppy

If any of these symptoms occur:

- Give EpiPen.....mg
- Lie the child down and raise legs
- Call 999 immediately & say
“ANAPHYLAXIS”
 (“ANA-FIL-AX-IS”)
- Stay with the child
- If they have not improved in 10 min:
- **REPEAT EPIPEN injection**
- **REPEAT SALBUTAMOL.....puffs via spacer**

How to give EpiPen® or EpiPen® Jr



1
Form fist around EpiPen® and PULL OFF GREY SAFETY CAP.



2
PLACE BLACK END against outer mid-thigh (with or without clothing).



3
PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.



4
REMOVE EpiPen® and DO NOT touch needle. Massage injection site for 10 seconds.

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