



Garden Fields School

Child Illness, First Aid and Children with Medical Needs Policy

Introduction

Garden Fields Primary School recognises its responsibility to promote a learning environment that is safe and healthy for all.

In order to maintain a clean and healthy environment this policy provides guidance for staff and parents as to when children should or should not be in school if showing signs of sickness. The health and well-being of all children is of paramount importance to enable them to be successful learners in everything they do. If children are sick or injured at school, staff will provide basic first aid, care and support and we will contact the pupil's parent/carer or emergency contact if we believe that the pupil needs to be taken home. Parents/carers must ensure their contact details are up to date and that they are contactable at all times.

This policy links to our Garden Fields School Health and Safety Policy. There is also government guidance (issued September 2014) from the DFE regarding the duty of schools to support children with recognised medical needs to ensure that they have fair entitlement to education. Section 10 of this policy has been written in conjunction with these guidelines. These are available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf

1) Aims

The purpose of this policy is to:

- ensure that sick children are appropriately and correctly identified and cared for appropriately.
- protect children and adults from preventable infection;
- enable staff and parents to be clear about the requirements and procedures when children are unwell.
- ensure that first aid procedures are in place for children who have accidents/injuries during the school day;
- ensure pupils at school with medical conditions are properly supported so that they have full access to education, including school trips and physical education;
- ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

2) Illness

Children should not be brought to school if they are displaying signs of illness. If parents do bring children to school and staff feel that they are unfit for school, parents/carers/emergency contacts will be contacted and requested to come and collect their child who should not return until symptom free.

2.1) Children with infectious or contagious diseases will not be permitted to attend for certain periods. If staff suspect that a child has an infectious or contagious disease they will request that parents / carers consult a doctor before returning the child to school and the school may seek advice from the Health Protection Agency.

2.2) We recommend that children do not attend school while suffering from a communicable disease and they should remain at home for the minimum period recommended by their doctor. Coughs and colds do not normally require the child to be absent from school but this depends on severity and how the child is able to cope with the school routine. A child who is, or appears to be unwell, may be refused admission.

2.3) A child who has sickness or diarrhoea whilst at home (or at school) should be kept away from school for 48 hours following the last bout of sickness or diarrhoea. This 48-hour rule is essential in order to protect other children or staff from contracting a bug. Unfortunately, this may mean that a child misses a school event.

2.4) Parents/carers should ensure their contact details are correct and that they are obtainable at all times.

2.5) Guidance around what parents need to do if they, members of their household or their children are displaying Covid-19 symptoms are available on our website and these are updated if there are any changes.

3) Guidance when children are ill/injured at school

3.1) Should a child become ill whilst at school, a member of staff will contact the parent / carer / emergency contact. While awaiting the arrival of parents, the staff will ensure the comfort of the child, taking appropriate action, which would include seeking medical advice if necessary. A medical first aid box with basic first aid materials and a book to record accidents in, is kept on each playground during morning, lunch and afternoon breaks. If the child is in danger, the staff will seek medical advice immediately. Staff will report any worries about a child's health to the parents / carers immediately. Parents are responsible for keeping the school informed about their child's health.

3.2) If a child has sickness and/or diarrhoea whilst at school the parents/carer will be contacted to take the child home. The child must then be kept away from school for 48 hours before returning.

3.3) To prevent the spread of conjunctivitis, suspected cases will be reported immediately to parents who will be requested to take their child from school to seek medical advice from a GP or Pharmacy. When treatment commences, the child may return to school.

3.4) For incubation periods for other infections see Guidance on Infection Control in Schools and Other Childcare Settings. This is available at:

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

3.5) Should a member of staff consider an illness / situation to warrant immediate medical attention, they will report it to a senior manager who will contact emergency services and the parent / carer will be notified accordingly.

3.6) **Covid-19 symptoms in school**

Protocol if there is a suspected case whilst working on site (referenced from our Covid-19 Risk Assessment)

- Ensure SLT / Head are notified.
- Individual goes home as soon as possible (if awaiting collection by their parent, isolate child in a room behind a closed door, or an area at least 2m away from others, open a window for ventilation) and self-isolate.
- School staff supervising the child while they await collection should wear PPE (a fluid resistant surgical mask, type IIR) **if** a distance of 2m cannot be maintained
- If direct care (such as for a very young child or a child with complex needs) is required then staff giving care to wear a fluid resistant surgical mask (type IIR), disposable apron and gloves.

Clear message to parents that if a student is unwell at school they are to be sent home or collected immediately.

Anyone who has had contact with those with symptoms to wash hands thoroughly.

All areas occupied and equipment used by the affected person are to be thoroughly cleaned and disinfected. See PHE cleaning advice:

<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>

4) **Accident Reporting**

In the case of accidents at school the following procedures will be followed:

4.1) **Minor accidents:**

Incidents of minor injury are recorded in the relevant medical room log. If the incident happens at lunchtime or playtime, the relevant class teacher is informed. If we are concerned about the injury the parent / carer will be informed.

4.2) **Head injuries:**

If there has been a head injury, a record of this is made in the relevant medical room log.

The injury is also recorded on a green accident slip which is given to the child's class teacher and the teacher made aware.

This is passed on to parents/carers at the end of the school day.

If staff are particularly concerned about a head injury, parents are informed immediately.

4.3) **Serious injury:**

More serious injuries which require hospital/medical professional treatment are reportable to the local authority electronically via Solero.

See Appendix A for a flowchart detailing requirements and procedures for reporting.

5) **First Aiders**

All teachers, teaching assistants and midday supervisory staff are invited to attend a 6 hour First Aid at work course every 3 years.

A nominated First Aider is appointed at morning, afternoon break-times and dinner times to lead on first aid.

Anaphylaxis and Asthma training is delivered to all staff annually.

6) **Allergies**

Parents/carers must inform the school of any allergies their child has prior to starting at school via the school admission form.

Should their child develop an allergy during their time at Garden Fields JMI, school must be informed immediately. All allergies are recorded and relevant staff informed. If the child has medication, an individual care plan will be established between parents and our First Aid Administrator (FFA): see **Appendix 2** for this process.

7) **Food allergies/intolerances:**

In addition to the school, parents/guardians/carers must also notify the catering company HCL via their website for the child's school lunches:

<https://specialmenu.hcl.co.uk/>

8) EpiPens and Jext Pens (Auto injector):

8.1) School staff have annual Anaphylaxis training which includes administration of auto injectors.

8.2) An individual care plan is established between the school and the parent/guardian/carer for the child.

Garden Fields School ask that we have 2 auto injectors to keep at school. The auto injector is kept in a lidded plastic box with a copy of the IHP and an administration record in a designated place.

8.3) Should the child experience anaphylaxis whilst in the care of Garden Fields JMI School or The Hub (after school provision) the following steps will be taken by a trained member of staff:

8.4) The Auto injector will be administered by a trained member of staff. This member of staff stays with the child. 999/112 will be called immediately.

The timing of when the injector was administered is written on the child's hand/arm.

The parent/guardian/carer is called.

8.5 Generic Epi-Pens

Garden Fields JMI School has generic inhalers for emergency use only. These should only be used by children, for whom written parental consent for use of the emergency Epi-Pen has been given, and who have either been prescribed an inhaler, or who have been prescribed an epi-pen as part of a medical condition.

9) Asthma:

9.1) About

Asthma now affects one in ten children in the UK. The most common symptoms are coughing, wheezing or a whistling noise in the chest, or getting short of breath. Children with asthma need to have immediate access to their reliever inhalers whenever they need them.

When someone with asthma comes into contact with a trigger that affects their asthma, the airways do three things:

- The airway lining starts to swell
- It secretes mucus
- The muscles that surround the airway start to get tighter

These three effects combine to make the tubes very narrow, which makes it hard to breathe in and out normally. When this happens, asthma symptoms appear (cough, wheeze, a tight chest, and shortness of breath). This is called an asthma attack. It's at this point that the person with asthma will need to take a dose of their reliever medication. Appendix 3 gives details on how we treat someone having an attack.

9.2) The school recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma. We ensure that all staff are trained so that they know what to do in the event of a child or colleague having an asthma attack. We recognise that pupils with asthma need immediate access to reliever inhalers at all times. We ensure that the whole school environment: physical, social, sporting and educational, is favourable to pupils with asthma.

9.3) Immediate access to reliever medicines is essential. All inhalers are kept in the medical bag in the pupils' classroom with the class first aid kit. This bag also contains a medical watch list (children with allergies, inhalers and any other medical concerns).

9.4) As for other conditions which require medical treatment in school, an individual care plan is set up once we are informed by a parent that their child has asthma. An example plan, with the standard letter to parents can be found in **Appendices 4 and 5**. Parents/carers are asked to ensure that the school is provided with a labelled reliever inhaler that is in date for each term and that all relievers are taken home at the end of the school year. All inhalers must be labelled with the child's name by the parent/carer.

9.5) As with other medicines, there is no legal requirement for school staff to administer asthma medicines to pupils, however many of the staff at Garden Fields are happy to do this.

9.6) School staff who agree to administer medicines are insured by the local authority when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to.

9.7) **Record keeping**

At the beginning of each school year, or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their registration form. We keep a record of all pupils with asthma and the medicines they take.

9.8) **Exercise and activity PE and games**

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and teachers at the school are aware of which pupils have asthma from the school's asthma register. Pupils with asthma

are encouraged to participate fully in all PE lessons. The health benefits of exercise are well documented and this is also true for children and young people with asthma.

9.9) **Generic Inhalers – their use and permission**

In school we have 2 generic inhalers, one in each medical room

From 1 October 2014, legislation changed to allow UK schools to purchase a salbutamol inhaler without a prescription for use in emergencies when a child with asthma cannot access their own inhaler.

Garden Fields JMI School has generic inhalers for emergency use only. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given and who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

9.91) **Sun Care**

In the summer children will be encouraged to wear sunhats and to come to school wearing sun cream on hot, sunny days. We would prefer if sunglasses were only worn if a child has a medical condition which makes this advisable.

10) Supporting Pupils at School with Medical Conditions

10.1) Roles and Responsibilities:

- i) **Governing bodies** - must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
- ii) **Headteachers** – should ensure that their school’s policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. At Garden Fields we have a First Aid Administrator Assistant (FAA) with a special responsibility for liaising with parents who notify us of a child’s medical need, and who helps to ensure that all staff who need to know are aware of the child’s condition. The FAA also, with the headteacher, ensures that sufficient trained numbers of staff are available to implement the

policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Headteachers have overall responsibility for the development of individual healthcare plans but again these are developed and shared with necessary staff by the school's FAA. The headteacher ensures that staff are appropriately insured and are aware that they are insured to support pupils in this way. The FAA should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

- iii) **School staff** - any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. The FFA, or in their absence the head or deputy/INCo will ensure that the necessary staff have been informed on how to administer the medication and where necessary given relevant training.
- iv) **School nurses** - every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan (example of procedure in **Appendix 2**) and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs – for example there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.
- v) **Other healthcare professionals, including GPs and paediatricians** - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes).
- vi) **Pupils** with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

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- vii) **Parents** – should provide the school with sufficient and up-to-date information about their child’s medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child’s individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
 - viii) **Local authorities** – are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year.)
 - ix) **Providers of health services** - should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children’s community nurses, as well as participation in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.
 - x) **Clinical commissioning groups (CCGs)** – commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children’s needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities

- xi) **Ofsted** - their inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

10.2) The school's First Aid Administrator, together with the headteacher and deputy head/INCo (note that at Garden Fields our deputy head has the INCo role) will be responsible for:

- ensuring that sufficient staff are suitably trained,
- a commitment that all relevant staff will be made aware of the child's condition,
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- briefing for supply teachers,
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable, and
- monitoring of individual healthcare plans.

10.3) Procedures to be followed whenever a school is notified that a pupil has a medical condition

On notification of a pupil's medical need an appointment will be made with the FFA and/or INCo, the pupil's class teacher and if necessary the school nurse. The FFA will work with the INCo to bring in the school nurse or send staff on relevant training. The FFA and INCo will also take a lead on sharing information with staff.

10.4) Where a formal diagnosis is not yet in place

The DFE guidelines make it clear that schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree challenge may be necessary to ensure that the right support can be put in place.

10.5) Individual healthcare plans

The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view. (See flowchart in Appendix B)

- i) The format of individual healthcare plans may vary to enable the school to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans

should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

- ii) Individual healthcare plans, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership with the school. This would be initiated by either our FAA and/or INCo.
- iii) The governing body should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.
- iv) Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

10.6) **Information to be included on care plans:**

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;

- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable.

10.7) **Managing medicines on school premises**

- i) Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- ii) No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- iii) A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief is kept in school for exceptional circumstances, but it should never be administered without checking with the parent first, and checking maximum dosages and when the previous dose was taken if it has been administered already. Parents will be informed when it is given.
- iv) Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- v) Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- vi) All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips boxes should always be used for the disposal of needles and other sharps.

10.8) Staff Training and Support

- The school INCo will support staff in carrying out their role to support pupils with medical conditions. This will assess whether there are any particular training needs and how and by whom training will be commissioned and provided.
- The INCo will ensure that any member of school staff providing support to a pupil with medical needs will have received suitable training. This will be identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.
- The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school may choose to arrange training themselves and will ensure this remains up-to-date.
- Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
- Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- All staff are made aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy through our induction programme and are kept updated through staff meetings. Induction arrangements for new staff should be included. The relevant healthcare professional will be called upon to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

- The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.
- Details of any professional training are logged on the SIMS database.

10.9) **The child's role in managing their own medical needs**

- i) After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans where these are used. Parents will need to give clear instructions about this. Inhalers, clearly labelled, should be kept in the teacher's drawer or class cupboard and the children concerned informed of where to find them. These inhalers should always be taken on outside trips, including swimming.
- ii) Some conditions such as asthma require regular or immediate medication. The child should be taught to administer these drugs themselves but it may be necessary for an adult to supervise or administer these for younger children.
- iii) Children should be allowed to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures will require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.
- iv) If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

10.10) **Record Keeping**

Whenever a medicine is taken, whether administered by an adult or the child themselves, this must be recorded and the pupil's parent(s)/carer notified.

10.11) **Emergency procedures**

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- i) In the event of an emergency one adult will remain with the pupil whilst another will ring the emergency services using the 999 number and request an ambulance. The adults will then be guided by the service in terms of the best way to support the child whilst waiting for the ambulance.
 - ii) If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

10.12) Day trips, residential visits and sporting activities

- i) At Garden Fields we support the entitlement of pupils with medical conditions to participate in school trips and visits, or in sporting activities, and do not prevent them from doing so. Teachers will be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.
- ii) We will consider any reasonable adjustments that might enable children with medical needs to participate fully and safely on visits. A risk assessment will be made so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. See also the Health and Safety Executive (HSE) guidance on school trips. <http://www.hse.gov.uk/services/education/school-trips.htm>

10.13) Unacceptable Practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

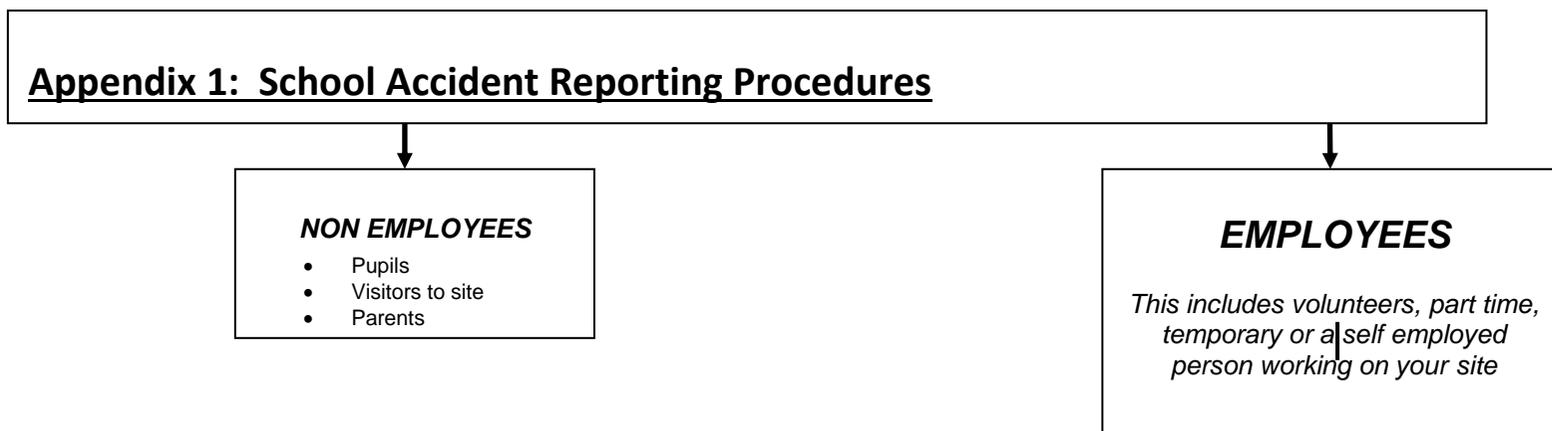
- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;

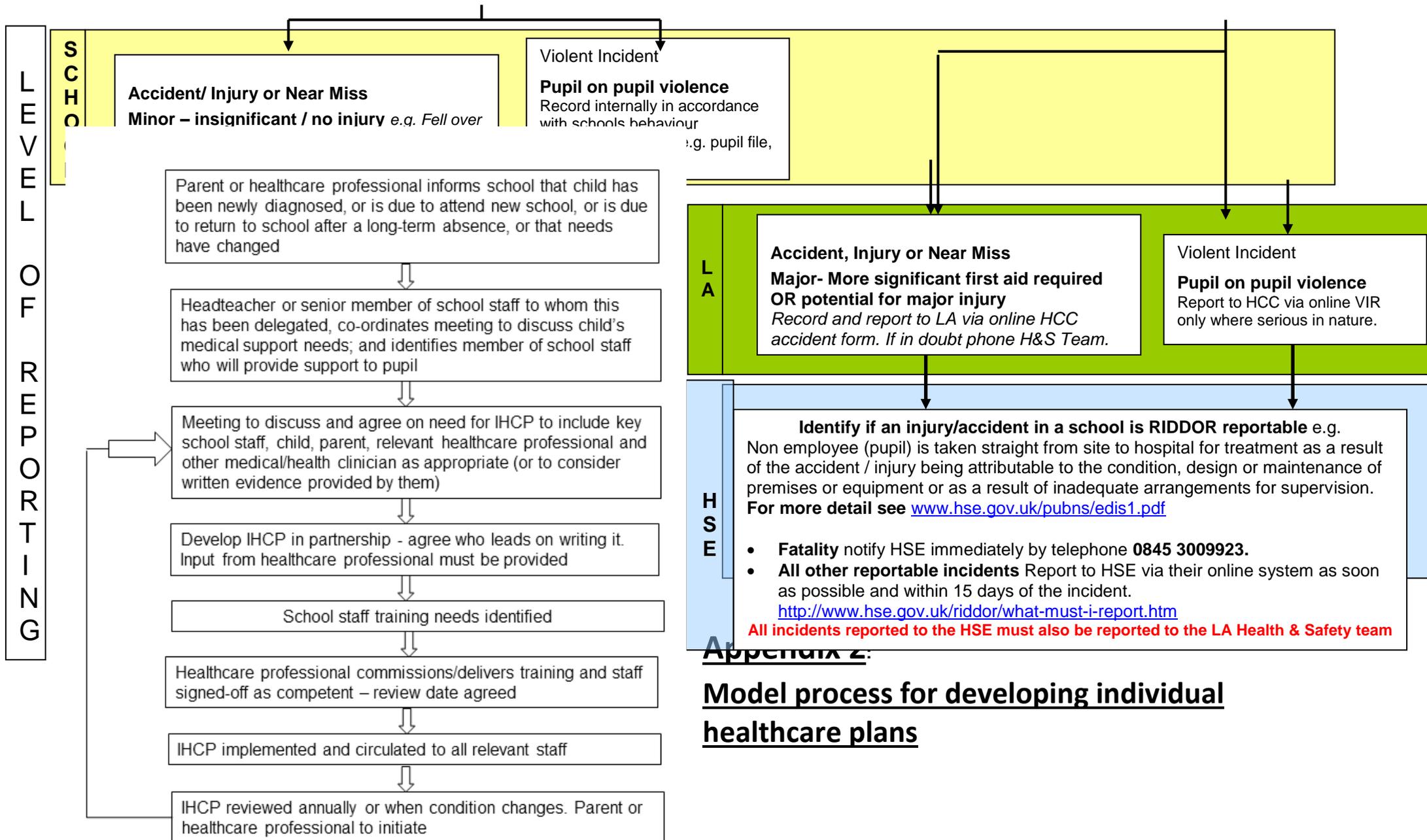
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- assume that every child with the same condition requires the same treatment;
 - ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
 - send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
 - if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
 - penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments;
 - prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
 - require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
 - prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

10.14) **Parental Complaints**

- i) Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.
- ii) Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Adopted June 2021





Appendix 2:

Model process for developing individual healthcare plans

- **THE REPORTING OF EMPLOYEE INCIDENTS TO THE LA IS ONLY MANDATORY FOR COMMUNITY AND VC SCHOOLS**
- *Adult (18yrs plus) accident records need to be kept for at least three years.*
- *Pupil accident records need to be kept for three years from their 18th birthday, therefore, until they are 21.*

Appendix 3

What to do if a child has an asthma attack

1. Ensure that the reliever inhaler is taken immediately

This is usually blue and opens up the narrowed air passages.

2. Stay calm and reassure the child

Attacks can be frightening so stay calm. Listen carefully to what the child is saying. It is very comforting to have a hand to hold but do not put your arm around the child's shoulder as this is restrictive.

3. Help the child to breathe

Encourage the child to breathe slowly and deeply. Most children find it easier to sit upright. If possible get the child to place one arm over the back of the chair to open the airways. or lean forward slightly. Lying flat on the back is not recommended. Ensure tight clothing is loosened and offer the child a drink of water.

4. After the attack

Minor attacks should not interrupt a child's involvement in school. As soon as they feel better they can return to normal school activities. The child's parents must be informed about the attack immediately by telephone.

5. Emergency situations

Call a doctor or the ambulance urgently if:

- The reliever has no effect after five to ten minutes
- The child is either distressed or unable to talk
- The child is getting exhausted
- You have any doubts at all about the child's condition

6. Continue to give reliever medication every few minutes until help arrives

A child should always be taken to hospital in an ambulance. School staff should not take them in their car as the child's condition may deteriorate very quickly.

Appendix 4

Letter to parents re Asthma Care Plan

Dear Parent\Carer,

School Asthma Care Plan

We are committed to providing quality care for children with asthma. You will be pleased to know that this school takes its responsibilities to pupils with asthma seriously and that the school has an Asthma Policy to enable all staff members to help your child manage their condition.

To ensure your child receives the best possible care at all times, we ask you to assist with the following:-

- ❖ Complete the school asthma care plan (if you are in any doubt about the treatment, please take the form to your doctor or asthma nurse for completion). This will be sent out annually to ensure our records are up to date.
- ❖ Sign the declaration form
- ❖ Inform school immediately of any change of treatment (when appropriate)
- ❖ Ensure your child has a reliever (blue) inhaler for use in school (and a spacer if this is the usual method of delivery) as well as a home inhaler. School inhaler to be kept in school please during term time.

Please complete even if your child has no symptoms at present and only has a history of asthma. We still need this information. If you have any questions or wish to see a copy of the Asthma Policy and procedures, please contact myself or the School Nurse. Thank you for your co-operation in this important matter.

Can you please ensure a spare reliever is provided and reviewed to ensure reliever is in date.

Yours sincerely

Mr A Farrugia
HEADTEACHER

Appendix 5

Asthma Care Plan

Asthma Care Plan

Child's nameDate of Birth.....

Address.....

....

Telephone NumberMobile

Emergency contact number.....

GP Name Telephone No.....

Regular treatment to be given during school hours

Name of medication	Dosage	When to be taken	Medication kept in school?
			YES / NO

Reliever medication to be given as required

Name of medication	Dosage	When to be taken	Medication kept in school?
			YES / NO

Treatment to be taken before exercise

Name of medication	Dosage	When to be taken	Medication kept in school?
			YES/NO

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Asthma Triggers (if known)

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Signed (parent/carer)..... (date)

Appendix 6

ASTHMA DECLARATION AND GENERIC SALBUTAMOL INHALER PERMISSION

Garden Fields JMI School

ASTHMA DECLARATION AND GENERIC SALBUTAMOL INHALER PERMISSION

I (Parent/Carer) confirm that

(name of child) in (class and year group)

Is:

- Able to take responsibility for the administration of their own reliever in school (blue) inhaler when required **or**
- Unable to take responsibility for the administration of their own reliever inhaler (blue) and will require assistance from school staff during school hours
- My child's inhaler is not required in school

Signed Parent/Carer Date

Appendix 7

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: Date:

Name (print).....

Parent's address and contact details:

.....
.....
.....

Emergency contact number :

E-mail: