

Supporting Students with Medical Conditions

1. Introduction

Most students will at some time have a medical condition that may affect their participation in school activities. For many this will be short term. Other students have medical conditions that, if not properly managed, could limit their access to education. Such students are regarded as having medical needs. Most of these students will be able to attend school regularly and take part in normal school activities.

2. School ethos

In the case of students with special medical needs, the responsibility of the school is to make sure that safety measures cover the needs of all students at the school. This may mean making special arrangements for particular students so that they can access their full and equal entitlement to all aspects of the curriculum. In this case, individual procedures may be required. Uxbridge High School is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support that students with medical conditions (long or short term) may need.

3. Our aims

- To support students with medical conditions, so that they have full access to education, including physical education and educational visits;
- To ensure that school staff involved in the care of students with medical needs are fully informed and adequately trained by a professional in order to administer support or prescribed medication;
- To comply fully with the Equality Act 2010 for students who may have disabilities or special educational needs;
- To write, in association with healthcare professionals, individual healthcare plans where necessary;
- To respond sensitively, discreetly and quickly to situations where a student with a medical condition requires support;
- To keep, monitor and review appropriate records.

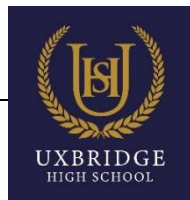
4. Unacceptable practice

While school staff will use their professional discretion in supporting individual students, it is unacceptable to:

- prevent students from accessing their medication;
- assume every student with the same condition requires the same treatment;
- ignore the views of the student or their parents / carers or ignore medical advice;
- prevent students with medical conditions accessing the full curriculum, unless specified in their individual healthcare plan;
- penalise students for their attendance record where this is related to a medical condition;
- prevent students from eating, drinking or taking toilet breaks where this is part of effective management of their condition;
- require parents to administer medicine where this interrupts their working day;
- require parents to accompany their child with a medical condition on a school trip as a condition of that child taking part.

5. Entitlement

Uxbridge High School provides full access to the curriculum for every student wherever possible. We believe that students with medical needs have equal entitlement and must receive necessary care and support so that they can take advantage of this. However, we also recognise that employees have rights in relation to supporting students with medical needs, as follows:



Employees may:

- choose whether or not they wish to be involved;
- receive appropriate training;
- work to clear guidelines;
- bring to the attention of the Leadership Team any concern or matter relating to the support of students with medical conditions.

6. Expectations

It is expected that:

- parents will inform the school of any medical condition which affects their child;
- parents will supply the school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container;
- parents will ensure that medicines to be given in school are in date and clearly labelled;
- parents will co-operate in training their children to self-administer medicine if this is appropriate and that staff members will only be involved if this is not possible;
- medical professionals involved in the care of children with medical needs will fully inform staff beforehand of the child's condition, its management and implications for the school life of that individual;
- Uxbridge High School will ensure that, where appropriate, students are involved in discussing the management and administration of their medicines and are able to access and administer their medicine if this is part of their individual healthcare plan (for example, an inhaler);
- school staff will liaise as necessary with healthcare professionals and services in order to access the most up-to-date advice about a student's medical needs and will seek support and training in the interests of the student;
- transition arrangements between schools will be completed in such a way that Uxbridge High School will request full disclosure of relevant medical information, individual healthcare plans and support needed in good time for the student's arrival at school;
- Individual healthcare plans will be written, monitored and reviewed regularly and will include the views and wishes of the student and parent in addition to the advice of relevant medical professionals.

7. Procedure

The Board of Trustees of Uxbridge High School ensures that an appropriate level of insurance is in place and reflects the level of risk presented by students with medical conditions.

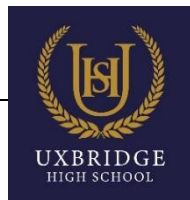
8. Information

Students with serious medical conditions or those with medical conditions which may require emergency attention, e.g. epilepsy, diabetes will have their photo and brief description of condition, along with any other necessary information, displayed in the staffroom and the information will be logged on Sims.net.

9. In an emergency

In a medical emergency, first aiders have been appropriately trained to administer emergency first aid if necessary. If an ambulance needs to be called, staff will inform the principal.

Students will be accompanied to hospital by a member of staff if this is deemed appropriate. Parents will always be called in a medical emergency, but do not need to be present for a student to be taken to hospital.



10. Administration of medicines

Only essential medicines will be administered during the school day. Parents must have agreed to medicine being administered in the admissions booklet and handed in relevant medication with a written letter giving details of medication, dosage, etc. Medicines to be given during the school day must be in their original container. Controlled drugs can also be administered, subject to all other conditions as described in the Policy.

Essential medicines will be administered on Educational Visits, subject to the conditions above. A risk assessment may be needed before the visit takes place. Staff supervising the visit will be responsible for safe storage and administration of the medicine during the visit.

Before administering any medicine, staff must check that the medicine belongs to the student, must check that the dosage they are giving is correct and that written permission has been given. Any student refusing to take medicine in school will not be made to do so and parents will be informed about the dose being missed. All doses administered at school will be recorded on the student's details in sims.net. Students self-administering asthma inhalers do not need to be recorded.

All medicines will be stored safely. Medicines needing refrigeration will be stored in the Welfare fridge. Some medicines (inhalers, etc) will be carried with the students, for ease of access. All medicines must be clearly labelled.

Controlled drugs or prescribed medicines will be kept in the locked cabinet in the Welfare office. Access to these medicines is restricted to the named persons. Epi-pens may be carried by students.

Spare asthma inhalers will be kept in the Welfare office and marked with the student's name. All students with an inhaler must take them on educational visits, however short in duration.

10.1 Epi-pens – Any member of staff can administer an epi-pen in an emergency. The pen (cap off) should be pushed against the student's thigh, through clothing if necessary. The pen should be held for a count of 10 seconds before being withdrawn. Ambulances must be called for a student who has required an Epi-pen. Parents should be contacted after this call has been made.

11. Students who cannot attend school due to health needs

The school will ensure that:

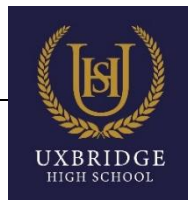
- Suitable education is arranged for pupils on roll who cannot attend school due to health needs
- Pupils, staff and parents understand what the school is responsible for when this education is being provided by the local authority.

11.1 Legislation and guidance and the responsibility of the school - this policy reflects the requirements of the [Education Act 1996](#).

Local authorities have a duty to make arrangements for children of compulsory school age who, due to illness or for other reasons, may not receive a suitable full-time education unless alternative education is arranged. The Department for Education (DfE) has published [statutory guidance for local authorities](#), which has been taken into account in preparing this policy.

Full guidance provided by the London Borough of Hillingdon can be found here:

<https://www.hillingdon.gov.uk/article/8500/Education-of-children-unable-to-attend-school-because-of-additional-health-needs>



Asthma Policy

Indemnity statement

School staff should be willing to assist with inhaler administration when it has been recommended by an appropriate health care professional and the correct training has been completed.

The importance of Asthma:

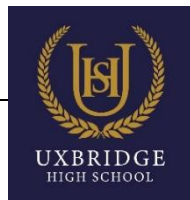
- Asthma is the most common chronic condition, affecting one in eleven children.
- On average, there are two children with asthma in every classroom in the UK
- There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK.
- Children with persistent, uncontrolled, or severe asthma are more likely to miss school, compared to children with mild asthma.
- Every September, more children are rushed to hospital due to their asthma than at any other time of the year.
- Research studies suggest that asthma is responsible for up to 18% of school absences, with evidence improved asthma control improves school attendance and performance.

What is Asthma?

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a child with asthma is exposed to something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrow and inflamed. Sticky mucus or phlegm also builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma.

The most common day-to-day symptoms of asthma are:

- Dry cough
- Wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest
- Tummy ache in younger children



The Asthma policy ensures that Uxbridge High School:

- has made arrangements for the supply, storage, care and disposal of emergency inhaler and spacers in line with the school's policy on supporting students with medical conditions;
- has a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler;
- requests that parents are given the opportunity through written communication if they wish to prohibit their child's use of the emergency inhaler, which is included as part of a child's individual healthcare plan;
- that the emergency inhaler is only used by students with asthma with written parental consent for its use (list will be with emergency kit);
- keeps a record of use of the emergency inhaler as required by this policy and informs parents or carers that their child has used the emergency inhaler;
- has provided training for all staff to provide education around the importance of understanding asthma and the signs and symptoms with which to recognise it
- has given appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting students with medical conditions;
- that all staff are aware of how to recognise and respond to an asthma attack in the case of emergency (see also Appendix 2);
- has a nominated asthma champion who will take the lead in maintaining the safety of students with asthma and will ensure all members of staff regularly complete mandatory asthma training sessions;
- has made sure that all staff are aware of where emergency kits are placed, which include in welfare, English Office, C8 Office, Orsino Office, PE office, Science prep room upstairs, Art office, Lancaster reception and Main reception, covering all buildings of the school.
- each individual emergency kit is equipped with 2 inhalers, 2 spacers, a list of students with asthma, instructions of how to administer emergency inhaler, a document to record the usage of the inhaler.
- carries out regular 'spot' checks to ensure that students are carrying their reliever inhaler at all times.

How to recognise an asthma attack

The signs of an asthma attack are:

- persistent cough (when at rest);
- a wheezing sound coming from the chest (when at rest);
- difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body);
- nasal flaring;
- unable to talk or complete sentences. Some children will go very quiet;
- may try to tell you that their chest feels 'tight'.

Call an ambulance immediately and commence the asthma attack procedure without delay if the child:

- appears exhausted;
- has a blue/white tinge around lips;
- is going blue;
- has collapsed.

Asthma attack procedure

- Keep calm and reassure the child;
- Seek immediate help from the welfare assistant or a first aider. If necessary ask another responsible adult to seek their support. Under no circumstances leave the child unaccompanied;
- Encourage the child to sit up and slightly forward;
- Use the child's own inhaler – if not available, use the emergency inhaler;
- Remain with the child while the inhaler and spacer are brought to them;
- Immediately help the child to take two separate puffs of salbutamol via the spacer;
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs;
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better, unless they have needed 6 puffs of their inhaler. In this case they must go home;
- Should a child need to use their inhaler again within 4 hours, they must be sent home;
- If the child does not feel better or you are worried at ANY TIME before you have reached 10 puffs, an ambulance should be called by the welfare assistant or main reception. In exceptional circumstances, if these are not aware of the situation, call 999 for an ambulance. In this instance the welfare officer, main reception and principal should be notified;
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
- A map of areas where emergency inhalers can be found is on the staff portal. All staff should take the time to familiarise themselves with this.

Anaphylaxis Policy Guidelines

Introduction:

Uxbridge High School aims to support pupils with allergies and to ensure that they are not disadvantaged in any way whilst at school as defined in the Government policy for Supporting Children with Medical Conditions.

Uxbridge High School Aims:

- To provide as far as practicable, a safe and supportive environment in which pupils with anaphylaxis can participate in all aspects of school life.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- To engage with parents/carers of pupils with anaphylaxis in assessing risk, developing risk minimisation strategies and management strategies for the pupils.
- To ensure that staff members have adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to anaphylactic reaction.

Definition of Anaphylaxis:

Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergen. The whole body is affected, usually within minutes of exposure to the allergen and can get worse very quickly. In school aged children, the most common allergens are; nuts, eggs, fish, sesame seeds, insect stings, medication, cow's milk and fruit.

Signs and Symptoms of Anaphylaxis:

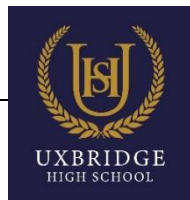
- Feeling lightheaded or faint
- Breathing difficulties
- Swelling of face, tongue, lips and throat
- Difficulty in swallowing
- Abdominal cramps and nausea
- Wheezing or difficulty in breathing
- Increased heart rate
- Collapsing or losing consciousness

Medication:

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline. The device, an Adrenaline Auto injector (AAI), looks like a large pen and is pre-loaded with the correct dose (depending on size and weight) of adrenaline. It is normally injected into the fleshy part of the thigh, sometimes through light clothing depending on the situation. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. Each Adrenaline Auto injector is a pre-loaded single dose and can only be used once. In cases of doubt it is better to give the injection than to hold back. An ambulance should be called immediately. There are three adrenaline injectors available on prescription in the U.K: EpiPen, Jext and Emerade and information about each and how to use can be found on the BSACI website.

In line with the Anaphylaxis Policy, Uxbridge High School will ensure;

- that the anaphylaxis policy is reviewed on a regular basis.
- That all school staff receive an annual refresher session regarding anaphylaxis, delivered by appropriate means.



- That appropriate systems are in place to make all staff aware of all pupils at risk of anaphylaxis.
- That all staff are aware of any student allergies and the severity to these as outlined in students individual care plan.
- That student epi-pens are stored in a safe, secure environment that is accessible by appropriate staff in the case of an emergency.
- That additional in date epi-pens are available in case of emergency and stored in appropriate, accessible locations (including; (Welfare, Main Reception, Sixth Form Reception in Lancaster Building)
- That regular spot checks are carried out on students who require an epi-pen that they have one on their person at all times.
- To risk assess and manage pupils in all areas of school, including various activities both curricular and extra curricular, and including trips outside of school.

The following has been communicated to all parent/carers of children with a risk of anaphylaxis to ensure they are aware of their responsibilities:

Parent/Carer Responsibility:

- It is the parent/carers responsibility to inform the school if their child is at risk from anaphylaxis.
- To provide school with an up to date treatment plan or letter of authorisation from the prescriber.
- To provide school with all prescribed medications and ensure that they are in date. All pupils requiring an adrenaline auto-injector should have two adrenaline auto-injectors in school.
- To keep the school updated about the pupil's health and any changes should they occur.