

FARCET C. of E PRIMARY SCHOOL



Medical care Policy

‘Let your light shine’ Matthew 5:16

Date Agreed: April 2025

Date for Review: March 2029

This policy, having been presented to, and agreed upon by the whole staff and Governors, will be distributed to:

- All staff
- School Governors
- Parents and Families of Farcet C. of E. Primary School

A copy of the policy will also be available in:

- The staffroom
- The school website
- The school office



Introduction:

This policy is use din conjunction with the DEMAT policy 'Supporting Pupils with Medical Conditions and aims to share specific details around common conditions found in Primary schools.'

At Farcet our main priority is the safety of our pupils. This means that we work closely with parents, outside agencies and NHS advisors to ensure that we provide the best possible care for our children.

Where a child is diagnosed with a medical condition or allergy we ensure that we have as much knowledge and understanding to ensure we can support the child ad family as best as possible.

All of our training comes from reputable sources including the NHS, Great Ormond Street Hospital and our own first aid training.

In the first instance of a diagnosis we ask parents to inform the school office who will pass this information on to our Medical Lead: **Kimberley Roberts (Deputy Headteacher)** who will then contact the family to meet and discuss a care plan for the child. This plan will then be disseminated amongst staff and training need booked and given. Information will also be shared with outside staff such as Premier Education and the School Kitchen staff,

All care plans will be reviewed annually or before if the parent has received new guidance from their own medical team.



Allergies

At Farcet we strive work together to foster a whole school approach to the healthcare and management of those members of our school community with specific allergies.

Farcet C. of E. Primary School is aware that any of our pupils may suffer from food, bee/ wasp sting, animal or nut allergies and we take all allergies seriously and are committed to managing and minimising the risks to individuals in a professional and appropriate way.

Our position is not to guarantee a completely allergen free environment. However, we strive to:

- minimise the risk of exposure, encourage self-responsibility
- plan for effective response to possible emergencies
- develop a culture of no food and drink sharing

The Statutory Framework states that the provider must obtain information about any dietary requirements or specific allergies. As such, families are asked to provide details of allergies in the pupil's School Admissions Forms, which are submitted before starting school. Regular data collections sheets from the school office are also sent home to ensure the most up-to-date health and dietary information is available to staff and caterers at all times.

The intent of this is to minimise the risk of any pupil suffering an adverse reaction or allergy-induced anaphylaxis whilst at school. An allergic reaction to nuts or eggs are among the most common high risk allergies found in pupils and as such, demands more rigorous controls across the school community. The underlying principles of this policy include:

- The establishment of effective risk management practices to minimise exposure to known trigger foods and insects
- Staff training and education to ensure effective emergency responses to any allergic reaction occurrence.



This policy applies to all members of the school community:

- school staff/ caterers/ contractors/ visitors
- families
- volunteers
- supply staff
- pupils

Definitions:

Allergy: a condition in which the body has an exaggerated response to a substance (e.g. food or drug)

Allergen: a normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person

Anaphylaxis: refers to anaphylactic shock which can be a very sudden, severe and potentially life threatening allergic reaction to food, stings, bites or chemicals/ medicines immediate inter-muscular administration

Minimized Risk Environment: An environment where risk management practices (e.g. Risk assessment forms) have minimised the risk of (allergen) exposure.

Health Care Plan or Individual Risk Assessment: A detailed document outlining an individual pupil's condition treatment, and action plan for location of Epipen.

Procedures and Responsibilities for Allergy Management:

- The involvement of families and staff in establishing individual healthcare plans or risk assessments
- The establishment and maintenance of practices for effectively communicating a pupil's healthcare plan or risk assessment to all relevant staff
- Staff training in anaphylaxis management, including awareness of triggers and first-aid procedures to be followed in the event of an emergency.
- Appropriate education for all pupils regarding food safety and allergens in the surrounding environment; growing a culture of awareness and awareness of other people's vulnerabilities and allergies.



Medical Information:

- The school will seek updated information via a medical form at the commencement of each academic year.
- Furthermore, any change to a pupil's health or medical condition must be reported to the school.
- For any pupil with an allergic condition, the school requires families to provide written advice from a doctor, which explains the condition, defines the allergy triggers and any required medication and actions
- The Headteacher will ensure that a Healthcare Plan or Risk Assessment is established and updated for each pupil with a known allergy
- All members of staff are required to review and familiarise themselves with the medical information relating to any and all pupils in school
- Pupils with allergies will have a recent photograph and information regarding their medical needs posted in relevant rooms with parental permission.

The role of Parents/ Carers and Families

Parents and carers are responsible for providing, in writing, on-going accurate and current medical information to the school. Families are to send a letter or meet with a member of school staff to confirm and detail the nature of the allergy including:

- allergen (the substance the pupil is allergic to)
- nature of the allergic reaction (from rash, breathing problems to anaphylactic shock)
- what to do in case of allergic reaction, including any medication to be used and how it is to be used.
- control measures – such as how the pupil can be prevented from getting into contact with the allergen.
- if a pupil has an allergy requiring an EpiPen, or the risk assessment deems it necessary, a Healthcare Plan or Risk Assessment must be completed and signed by the families.
- it is the responsibility of the parents or carers to provide the school with up to date medication / equipment clearly labelled in the original packaging.
- in the case of life saving medication, like EpiPens, the pupil will not be allowed to attend without it.



- families are also required to provide up to date emergency contact information
- families should liaise with the class teacher about appropriateness of snacks and any food-related activities (e.g. cooking)

The Role of Staff

- Staff are responsible for familiarising themselves with the policy and to adhere to health & safety regulations regarding food and drink.
- If a pupil's School Admissions Form states that they have an allergy, then a Healthcare Plan or Risk Assessment is needed.
- A risk assessment should be carried out and any actions identified to be put in place. Risk assessments should be stored with the pupil's Healthcare Plan.
- Upon determining that a pupil attending school has a severe allergy, a team meeting will be set up as soon as possible where all relevant staff attend to update knowledge and awareness of the pupil's needs.
- All staff who come into contact with the pupil will be made aware of the treatment/medication required by the Headteacher or Deputy Headteacher and where any medication is stored.
- All staff are to promote hand washing before and after eating
- Snack time foods are monitored by staff and are nut free. Where other allergens are identified within school, we will endeavour to minimise the risk of cross contamination by carefully considering seating plans and hygiene routines.

However, the school and its staff cannot guarantee that foods will not contain traces of nuts or allergens due to the nature of packed lunches being prepared in homes.

We can commit to:

- All tables are cleaned with an approved solution.
- Pupils are not permitted to share food.
- We ensure specific Epipen use training is provided
- We may ask families for a list of food products and food derivatives the child must not come into contact with.
- Emergency medication is easily accessible, especially at times of high risk.
- Staff liaise with families about snacks and any food-related activities especially those with known allergies



Actions:

In the event of a child suffering an allergic reaction:

- We will delegate someone to contact the child's family
- Follow the pupil's Healthcare Plan if one exists
- If a child becomes distressed or symptoms become more serious telephone 999
- Make the pupil as comfortable as possible and follow medical advice as it is given
- If medication is available, it will be administered as per training and in conjunction with the Supporting Children with Medical Conditions Policy
- If families have not arrived by the time ambulance arrives, a member of staff will accompany the child to hospital
- If a child is taken to hospital by car, two members of staff will accompany them

The Role of the School Community:

Snacks and lunches brought into the school by other families must be nut free. The school will ensure that families are regularly reminded and will monitor the contents of lunchboxes and snacks.

Staff reserve the right to confiscate food products with nuts and notify parents or carer at the earliest, convenient opportunity.

Aspens



Aspens is our current school lunch provider and hence have their own policy for food allergies. Families are required to provide a current medical letter stating the allergy of the pupil and keep the School Office and caterers up to date with any allergies so that all risks are known and minimised wherever possible. For more information: <https://www.aspens-services.co.uk/contact-us/>





Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK).

As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all pupils with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have the following in place:

- an asthma register
- an up-to-date asthma policy
- all pupils with immediate access to their reliever inhaler at all times
- all pupils have an up-to-date asthma medication form
- ensure all staff have regular asthma training
- promote asthma awareness amongst pupils, parents and staff

Asthma Register

We have an asthma register of children within the school, which we update yearly. We do this by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the pupil has been added to the asthma register and has:

- an up-to-date medication form in school
- their reliever (salbutamol/terbutaline) inhaler in school

Parental responsibility When a pupil joins our school, parents/carers are required to complete a data collection form, where all details of medical conditions are listed with doctor's details. If a child is subsequently diagnosed during a school year it is also vital that parents inform school. All parents/carers of children with asthma are asked to give information about their child's medication. This information is kept in the school office system, the asthma register and first aid file. Parents/carers are responsible for notifying school if medication changes or ceases and making sure medication is in date and labelled with a prescription/name/ dosage. All inhalers must be labelled with the child's name by the parent/carer



All inhalers are sent home at the end of each term for washing and checking for expiry dates, to ensure good practice guidelines are adhered to.

Medication and Inhalers

All children with asthma should have immediate access to their reliever (usually blue) inhaler at all times. The reliever inhaler is a fast acting medication that opens up the airways and makes it easier for the child to breathe. (Source: Asthma UK).

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should not bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed. (Source: Asthma UK).

Reliever inhalers are carried in each class First Aid Bag (coloured Orange). This First Aid bag is in classrooms during lesson time and goes onto the playground for times that children are outside. Children are taught to go to the bag and inform an adult that they need their inhaler. Pupils are encouraged to administer their inhaler themselves but also recognise that children may still need supervision in taking their inhaler. School staff are not required to administer asthma medicines to pupils, however, many children have poor inhaler technique, or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma training, and are happy to support children as they use their inhaler as this can be essential for the wellbeing of the child. If we have any concerns over a child's ability to use their inhaler we will refer them to the school nurse and advise parents/carers to arrange a review with their GP/nurse. Please refer to the medicines policy for further details about administering medicines. (Source: Asthma UK)

School environment

We do all that we 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/ vaping policy. As far as possible, the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.



Pupils with asthma are encouraged to leave the room to another safe space if particular fumes trigger their asthma. If the school was evacuated for whatever reason, it is the class teacher's responsibility to ensure the inhalers are taken to the meeting point.

Staff Training

Staff will need regular asthma updates. This training can be provided by the school nursing team or via online training. If parents or carers have any concerns about the management of their child's asthma in school, please speak with school staff as soon as possible.

Asthma attacks:

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack. The school's holds an emergency inhaler which is kept in the First Aid cabinet in the school office. The senior first aider or Headteacher should check:

- on a monthly basis that the inhaler is present and in working order, and the inhaler has sufficient number of puffs
 - that batch numbers on the inhalers are recorded, and that replacement inhalers are obtained when expiry dates approach
 - the mouthpiece of the inhaler has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

The emergency inhaler will be kept in the main school office away from pupils. The inhaler itself may be reused when it has been cleaned after use. Parents of children with asthma will be asked to consent to the use of the emergency inhaler.



APPENDIX 1

What to do if a child is having asthma attack (Asthma UK)

Actions to take if a child has an asthma attack

1. Help them to sit up – don't let them lie down. Try to be calm
2. Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If they don't have their blue inhaler, or it's not helping, or if you are worried at any time, call 999 straightaway.
4. While you wait for an ambulance, your child can use their blue reliever again, every 30 to 60 seconds (up to 10 puffs) if they need to. When to call 999 Don't delay getting the help you need if your child has an asthma attack. Call 999 if the child's reliever isn't helping, or you're worried at any time. While you wait for an ambulance, your child can repeat step 4 above.

Recognise the signs of an asthma attack

An asthma attack happens when the child's asthma symptoms get much worse. This can happen quite suddenly or can build up gradually over a few days. The child might:

- find it hard to breathe
- breathe more quickly
- be unable to talk or walk or eat
- wheeze and cough a lot
- complain of a tight chest or a tummy ache
- say their blue reliever inhaler isn't helping, or they need it more than every four hours
- be unusually quiet.

If the child needs to use their blue reliever inhaler three or more times a week, it's a sign that their asthma is not well controlled and the parent should be asked to consult their GP.