

Dringhouses Primary School

Supporting Children with Medical Conditions Policy

Signature of Chair of Governors

Signature of Headteacher

Date of Adoption: Spring 23

Date of Review: Annually Spring 24

Reviewing Committee: Resources Committee

Statutory / Non-Statutory

POLICY ON SUPPORTING PUPILS WITH MEDICAL CONDITIONS

Children with medical conditions are entitled to a full education and have the same rights of admission to school as other children. Section 100 of the Children and Families Act 2014 places a duty on the governing body and senior leadership team to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

It is important that parents and health/social care professionals are consulted and that staff are properly trained to provide the support that pupils need, so that pupils feel safe and parents are confident that the school will effectively provide for their child's medical condition.

Some children with medical conditions may be disabled. Where this is the case, governing bodies must comply with their duties under the Equality Act 2010. Some children may also have Special Educational Needs and may have an Education, Health and Care (EHC) plan, which brings together health and social care needs as well as their special educational provision. For these children, this guidance should be read in conjunction with the Special Educational Needs and Disability (SEND) Code of Practice.

This policy sets out the steps which Dringhouses Primary School will take to ensure full access to learning for all children who have a medical need or condition.

The policy will be reviewed regularly and will be readily accessible to parents/carers and staff.

Policy Implementation

The overall responsibility for the implementation of this policy lies with the headteacher. They will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site.

The SENCo, will be responsible for briefing supply teachers, risk assessments for school visits and other school activities outside the normal timetable, and for monitoring of individual healthcare plans.

All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this policy.

Reference

- Children and Families Act 2014
- Supporting Pupils at School with Medical Conditions: DfE December 2015
- Guidance on the Use of Emergency Salbutamol Inhalers in Schools: DfE March 2015
- Food Standards Agency – 14 Allergens
- Natasha's Law 2020

Definitions of Medical Conditions

Pupils' medical needs may be broadly summarised as being of two types:

- Short-term, affecting their participation in school activities because they are on a course of medication.
- Long-term, potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

The Role of Staff at Dringhouses Primary School

If children are deemed to have long-term medical conditions, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. The school, health professionals, parents/carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases, this will require flexibility and involve, for examples, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Health Care Plans). At Dringhouses Primary School we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication (see Appendix D).

Procedure to be followed when notification is received that a pupil has a medical condition

We will ensure that the correct procedures will be followed whenever we are notified that a pupil has a medical condition or identified allergy. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupils' needs change, and arrangements for any staff training or support.

For children starting at Dringhouses Primary School, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to Dringhouses Primary School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, Dringhouses Primary School will take into account that many of the medical conditions requiring support at school will affect quality of life and may be life-threatening. We will also acknowledge that some will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The school will ensure that arrangements give parents/carers and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained to provide the support that pupils need. The school will ensure that arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in educational visits, classroom activities or sporting activities, and not prevent them from doing so. The school will make arrangements for the inclusion of pupils in such activities, with adjustments as required, unless evidence from a clinician such as a GP states that this is not possible. The school will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

The school does 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 include some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. This will usually be led by the SENCo or the headteacher. Following the discussions, an Individual Health Care Plan will be put in place, where appropriate.

Where a child has an Individual Health Care Plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school will know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff will stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance.

Individual Health Care Plans

Individual Health Care Plans will be reviewed by the SENCo, where appropriate, but it will be the responsibility of all members of staff supporting the individual child to ensure that the plan is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at school.

Individual Health Care Plans will help to ensure that the school effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, health care professional and parents/carers will agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher will take a final view.

A flow chart for identifying and agreeing the support a child needs and developing an Individual Health Care Plan is provided in Appendix A.

Individual Health Care Plans will be easily accessible to all who need to refer to them, whilst preserving confidentiality. Plans will 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 SEN will be mentioned in their Individual Health Care Plan.

Appendix B shows a template for the Individual Health Care Plan and the information that needs to be included. Individual Health Care Plans (and their review) may be initiated, in consultation with the parent/carer, by a member of school staff or a healthcare professional involved in providing care to the child. The Individual Health Care Plan will be completed by the school business manager, with support from the SENCo, parents/carers, and a relevant healthcare professional, e.g. school nurse, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the school.

The school will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed 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 wellbeing and minimises disruption. Where the child has a SEN identified in a Statement or EHC plan, the Individual Health Care Plan will be linked to or become part of that Statement or EHC plan.

Each Individual Health Care Plan will include:

- 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, e.g. crowded/noisy conditions, 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 tests, 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 his/her medication, this will 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 their child's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the child's condition and the support required.
- Arrangements for written permission from parents/carers for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
- Separate arrangements or procedures required for educational visits or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parents/carers or child, the designated individuals to be entrusted with information about the child's condition.
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the school's responsibility to write or review.

The Child's Role in Managing His/Her Own Medical Needs

If, after discussion with the parents/carers, it is deemed that children are competent to manage their own health needs and medicines, the school will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans.

Wherever possible, children will be allowed to carry their own medicines and relevant devices or will be able to access their medicines for self-medication quickly and easily. These will be stored in the child's classroom in a location that does not compromise the safety of other children. The school does also recognise that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but instead follow the procedure agreed in the Individual Health Care Plan. Parents/carers will be informed, outside of the review, so that alternative options can be considered.

Management of Medicines on the Dringhouses Primary School Site

The following are the procedures to be followed for managing medicines:

Prescribed Medicines

- School staff will administer **prescribed medicines only**. These must be provided in the original container as dispensed by a pharmacist and include the following details:
 - Name of Child
 - Name and strength of medication
 - Dosage
 - Time, frequency and method of administration
 - Length of treatment
 - Date of issue
 - Expiry date
 - Possible side-effects
 - Storage details
 - Other treatment

The exception to this is insulin, which must still be in date, but will generally be available inside an insulin pen or a pump rather than in its original container.

- Medicines will only be administered at the school when it would be detrimental to a child's health or school attendance not to do so. Where possible, parents/carers are encouraged to ask doctors to prescribe medication in dose frequencies which can be taken outside school hours, e.g. three times a day – before school, after school and at bedtime.
- No child will be given medicines without a parent's/carer's written and signed consent.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away; these will be stored in the classroom or other easily identifiable location, where both class teacher and child know how to access them. If a child requires an asthma inhaler, it is crucial that there

is an inhaler in the school at all times. Spare medicines and devices of this nature are stored in the emergency medicines bag in the school office.

- Prescription medicines for short-term use will be stored safely in the school office. Children will know where their medicines are and be able to access them at the appropriate times.
In order to ensure the safety of all children, under no circumstances should medicines, either prescribed or un-prescribed, be given to pupils to keep in their possession at school.
- During educational visits and off-site activities, the visit leader will carry all medical devices and medicines required.
- Staff administering medicines will do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication administered at the school will be noted and parents informed if their child has been unwell at school. Appendix C outlines these procedures. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- The school cannot be held responsible for missed doses.
- If a child refuses their medication, Dringhouses Primary School staff will not force them to take it but will note it in the records. The school will inform parents/carers with details of when medication has been refused.
- Where prescription medicines (e.g. antibiotics) are required to be sent home with the child at the end of the day, parents/carers will be responsible for collecting these from the school office or for making any necessary arrangements with out of school providers, e.g. Out of School Club. Medicines will not be given directly to children to take home.
- When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

Non-Prescribed Medicines

Dringhouses Primary School will not give non-prescription, over-the-counter, medicines. However, if a parent feels that a non-prescribed medicine is essential during the school day, parents/carers can come into school to personally administer medicine to their child. This should be between 12:00 and 13:00.

Use of Emergency Asthma Inhalers

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 has allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

Dringhouses Primary School will hold emergency salbutamol inhalers for use by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The school has a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which is kept with the emergency inhaler.

An emergency inhaler will be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Arrangements for the supply, storage, care and disposal of Emergency inhalers

The school will buy inhalers and spacers (enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a pharmacist, as follows:

- Inhalers will be bought in small quantities.
- The pharmacist will be provided with a letter of request signed by the headteacher and stating the school's name, the purpose for which the product is required, and the total quantity required.
- The school will discuss with the pharmacist the different plastic spacers available and what is most appropriate for the age-group in the school.
- The emergency asthma inhaler kit will include:
 - A salbutamol metered dose inhaler.
 - At least two plastic spacers compatible with the inhaler.
 - Instructions on using the inhaler and spacer.
 - Instructions on cleaning and storing the inhaler.
 - Manufacturer's information.
 - A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded.
 - A note of the arrangements for replacing the inhaler and spacers.
 - Guidance on the use of emergency salbutamol inhalers in schools.
 - A register of children permitted to use an emergency inhaler.
 - A record of administration (i.e. when the inhaler has been used).

The main risk of the school holding a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential therefore that an inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

Appendix F provides essential information on the safe use of an emergency inhaler.

Storage and Care of the Emergency Inhaler

The emergency inhaler and spacers will be kept in the "emergency medicines" bag in the school office and will be clearly labelled to avoid confusion with a child's own inhaler.

To avoid possible risk of cross-infection, the plastic spacer will not be reused (it can be given to the child to take home for future personal use). The inhaler itself, however, can be reused, provided it is cleaned after use. The inhaler canister will be removed, and the plastic inhaler housing and cap washed in warm running water and left to dry in air in a clean, safe place. The canister will be returned to the housing when it is dry, the cap replaced, and the inhaler returned to the designated storage place. However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it will also not be re-used but disposed of.

Spent inhalers will be returned to the pharmacy to be recycled, rather than being thrown away. The school is registered as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal.

The first aider who holds the “First Aid at Work” Certificate will:

- Carry out a monthly check to ensure that the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available.
- Ensure that replacement inhalers are obtained when expiry dates approach.
- Ensure that replacement spacers are available following use.
- Ensure that the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

Management of Food Allergies – (see Allergens Policy)

A number of pupils in the school have moderate or severe allergies to specific foods. Parents are required to inform the school in writing of any known food allergies that their child has and should update this information if any allergy is diagnosed or is outgrown at any stage of their child’s education.

Teachers and key members of staff are given the names of children who have specific food allergies through the confidential information sheets issued at the beginning of each school year. Photographs of pupils with severe food allergies are displayed in staff room and the school kitchen.

The school will access training to enable staff to recognise the symptoms of an allergic reaction and how to use an ‘EPIPEN’ should a child with a known food allergy go into anaphylaxis.

All parents are asked to ensure that their child does not bring nuts or foods containing nuts into school. This includes snacks, lunch box items and birthday treats. In addition, children are not allowed to share snacks or packed lunches brought into school.

The school kitchen and recipes are free from nuts, shellfish and kiwi, but cannot guarantee that the source of manufacture is completely nut (or other allergen) free. The school caterers will provide details of, and whether there is a risk of cross contamination with, known allergens to parents upon request to the school.

The school does not sell foods that specifically list nut or peanut products on the ingredients list of a food label, and the Friends of Dringhouses Primary School will not bring nut products into school. The school cannot, however, monitor products sold at events attended by pupils offsite, but will do all that it can to minimise risk.

Special Diet Protocol

The term ‘special diet’ refers to any medically prescribed diet, e.g. gluten-free, egg-free, dairy-free, etc.

All children diagnosed with a food allergy must follow the special diet procedure detailed below, which has been established by the school’s catering team for providing school meals for children with special dietary requirements. The process is primarily designed to safeguard children with medical conditions whilst supporting the catering staff involved in the preparation and service of school meals.

Allergen Labelling

From December 2014, the EU Food Information regulation (FIR) came into force, followed by Natasha's Law in 2020. This ensures clear labelling of foods and identifies 14 key allergens (See Appendix H). The school cook holds a list of those allergens present in each dish as served. The kitchen and recipes are free from nuts, shellfish and kiwi, however a minority of products used are produced in factories where nuts may have been present.

Special Diet Referral Procedure

- Parents/carers will request a *Special Diet Referral Form* from the school office and complete this in full.
- One form to be completed per child and returned to the school with supporting documentation from the child's GP, dietician, paediatrician or school nurse, confirming their dietary requirement (**any form received without supporting evidence will not be processed**).
- The school will keep a copy of both parts of the form for school records.
- On receipt of the form, the school chef nutritionist will devise a menu for that child.
- All new menus to be forwarded to the parents.
- Once a menu has been devised and the parent's approval received, the child will be provided with a daily meal. Up until this time, parents will be expected to provide a packed lunch for their child.
- For referrals relating to nut, kiwi and/or shellfish allergies only, no individual menus will be created.

Unacceptable Practice

Although school staff will use their discretion and judge each case on its merits with reference to the child's Individual Health Care 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.
- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents/carers, 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 Health Care Plans.
- If the child becomes ill, to send them to the school office or first aid station/medical room unaccompanied or with someone unsuitable.
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- Prevent pupils from eating, drinking or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents/carers, or otherwise make them feel obliged, to attend the school to administer medication or provide medical support to their child, including with toileting issues.

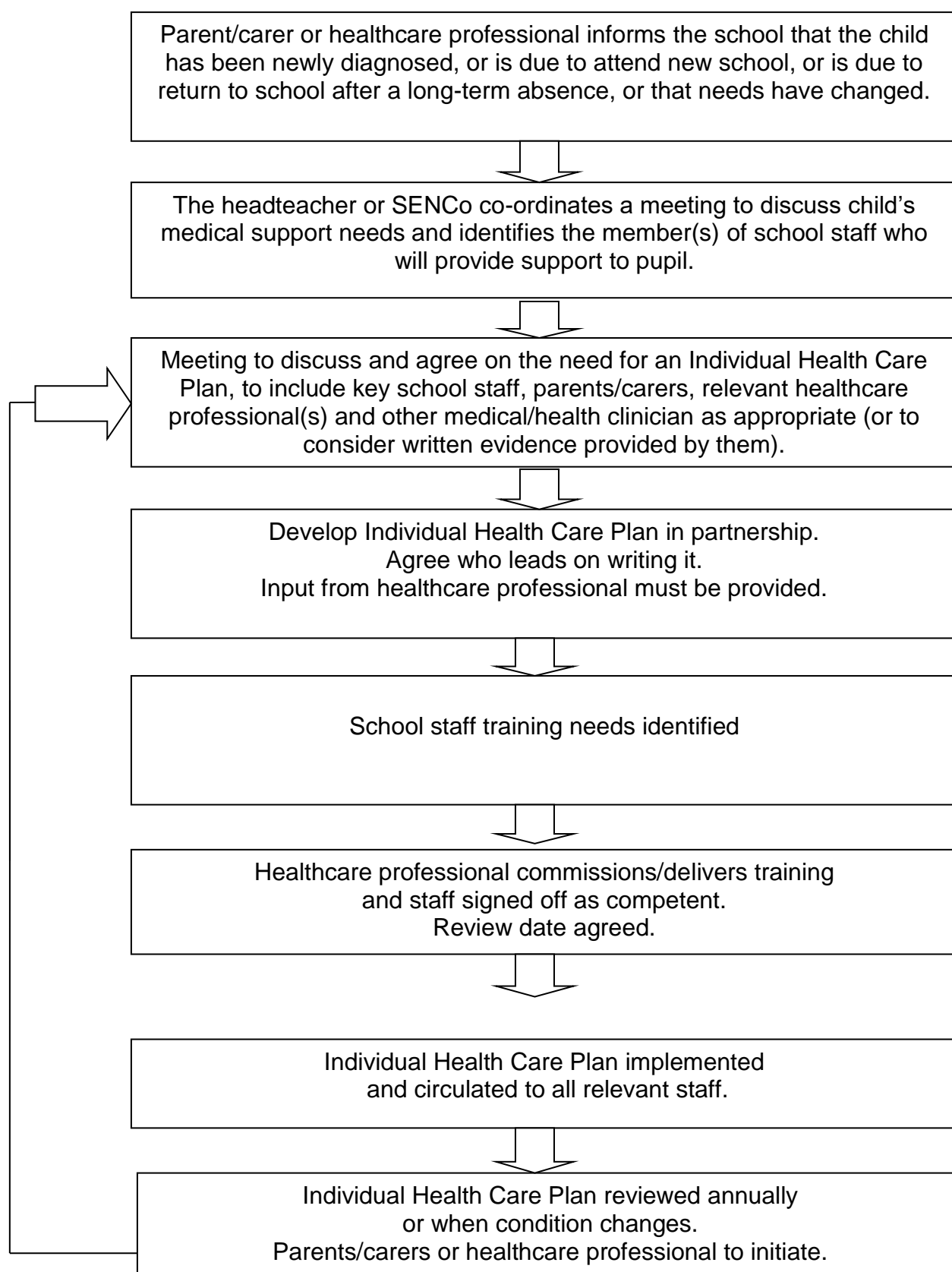
No parent/carer will have to give up working because the school is failing to support their child's medical needs.

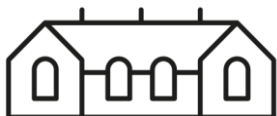
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including educational visits and activities, e.g. by requiring parents/carers to accompany the child.

Complaints

Should parents/carers 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 complaints procedure outlined in the school's Complaints Policy.

Model Process for Developing Individual Health Care Plans





PUPIL INDIVIDUAL HEALTH CARE PLAN

Child's Name	
Class	
Date of Birth	
Address	
Medical Diagnosis/Condition	
Date of this Plan	
Review Date	

Name of Parent/Carer 1	
Contact Numbers	Mobile:
	Work:
	Home:
Relationship to Child	

Name of Parent/Carer 2	
Contact Numbers	Mobile:
	Work:
	Home:
Relationship to Child	

Clinic/Hospital Contact Name	
Clinic/Hospital Contact Numbers	Mobile:
	Clinic/Hospital:

GP's Name	
GP Contact Numbers	

INDIVIDUAL HEALTH CARE PLAN – CONTINUED

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues, etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by / self-administered, with/without supervision

Daily Care Requirements, level of support/supervision needed

Who will provide the support / training needs / expectations of role / proficiency to provide support / cover arrangements/ who needs to be aware of the support required (consideration to be given to confidentiality)

Specific support for the child's educational, social and emotional needs, e.g. extra time for tests, rest periods, counselling

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Arrangements for written permission from parents/carers for administering of medication

Arrangements for educational visits, activities, etc.

Other Information / Follow-up Care

Describe what constitutes an emergency and the action to be taken if this occurs

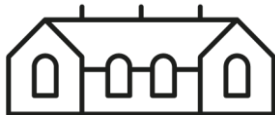
Who is responsible in an emergency? (State if different for off-site activities)

Staff training needed/undertaken : Who / What / Where / When

Special religious and/or cultural beliefs which may affect medical needs

Plan developed with (names)	Signed

Plan copied to:



Parental Agreement for School to Administer Medicine

School staff can only administer medicine when this form is completed and signed.

Child's Name	
Date of Birth	
Class	
Medical Condition or Illness	
Date medicine provided by parent/carer	
Name and Strength of Medicine	
Quantity Received	
Expiry Date	
School staff to administer or child to self-administer	
How much to give (i.e. dose to be given)	
When to be given	
Special Precautions/Storage details	
Known side-effects	
Procedures to take in an emergency	
Day time tel. no. of parent/carer or adult contact	
Name and tel. no. of GP	

PRESCRIPTION MEDICINES MUST BE IN THE ORIGINAL CONTAINER, AS DISPENSED BY THE PHARMACY

- The above information is, to the best of my knowledge, accurate at the time of writing
- I accept that the school cannot be held responsible in the event of any missed or incorrect doses.
- I give consent to the school staff administering medicine in accordance with the school policy.
- I accept responsibility for collecting medication at the end of the school day and disposing of unused medicine.
- I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped

Parent's/Carer's Signature

Print Name Date

SURPLUS/UNUSED MEDICINE	
The following quantity	<input type="text"/> of the above medicine was collected by:
Name	Signature Date
THE ABOVE MEDICINE WAS NOT COLLECTED	

It was taken tochemist for safe disposal, by:

Name Signature Date

It was taken tochemist for safe disposal, by:

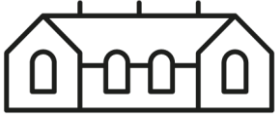
Name Signature Date

Dosage Record

PLEASE CHECK THE DIRECTIONS OVERLEAF BEFORE ADMINISTERING MEDICINE

Child's Name:		Medicine to be administered:	
Class:		Start Date:	

[illegible]

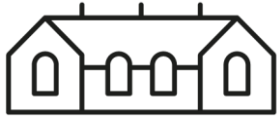


STAFF TRAINING RECORD:

SUPPORTING CHILDREN WITH MEDICAL CONDITIONS

Name of Staff Member	
Type of Training Received	
Date of Training Completed	
Training Provided by (name)	
Profession/Title of Trainer	
I confirm that (name of staff member) has received the training above and is competent to carry out any necessary treatment.	
I recommend that the training is updated (state how often)	
Trainer's Signature Date	
I confirm that I have received the training above Signature of member of staff Date	

Suggested Review Date



Access to Education for Children with Medical Needs

All pupils will continue to have access to as much education as their medical condition allows so that they are able to maintain the momentum of their education and to keep up with their studies.

The person responsible for overseeing educational provision for sick children unable to attend school is the SENCo, in collaboration with the class teacher.

To whom does the policy apply?

- School age children who are going to be absent from school for 15 days or more as a result of ill health or injury.
- Children who have recurring periods of absence as a result of ill health e.g: cystic fibrosis.
- Children who are in hospital.

Homework

As soon as school is informed or becomes aware that a child of school age is to be absent through ill health for up to 15 school days, the class teacher will make homework available. This will usually be in core curriculum areas. The child will only be expected to complete the homework if he/she is well enough. The work will be given as soon as possible in collaboration with parents/carers. This also applies to children who have recurring periods of absence due to ill health. If the child is going to be absent for more than 15 days, an application will need to be made for home teaching and the homework provided will cover all curriculum areas.

Monitoring Absences

Either the class teacher, the office staff and/or the Education Social Worker (ESW) notes absence due to ill health. The class teacher is made aware as soon as absence is identified, so this policy may be implemented.

Home Teaching

If a child is to be away from school for a medical reason for more than 15 school days, the named person needs to initiate a referral for home teaching. Pupils taught at home have an entitlement to 5 hours of home teaching per week, depending on the child's health and medical appointments.

The named person or ESW will make referral for home teaching by letter. Referral is made to the Head of Inclusion Support and must include appropriate medical authorisation of non-attendance e.g. a letter from a GP or consultant.

A teacher from the Hospital and Home Teaching Service (HTTS) will be allocated to the pupil and will contact the parents/carers and school. In some instances, the tuition may take place away from home e.g. a family centre.

Hospitalised Children

Teaching is provided in York District Hospital, by the HHTS, throughout the child's stay if the pupil is of school age. A teacher is available in the schoolroom on the Children's Assessment Unit in the mornings during term time; teaching takes place at the bedside for children who cannot access the schoolroom.

For both home and hospital teaching, the class teacher and named person will liaise with the HHTS to enable them to draw up a Personal Education Plan to cover the complete education for a pupil who is likely to be absent from school for more than 15 school days and for pupils with recurrent absence as a result of ill-health.

The class teacher will provide access to books and worksheets via the parent/carers so that the pupil can follow the programmes of work as far as he/she is able and is practical. They will also provide information about the pupil's capabilities and educational progress.

The class teacher will monitor work missed and develop a strategy in liaison with the HHTS, for helping the pupil to keep up rather than having to catch up.

The class teacher and SENCo will ensure that pupils who are unable to attend school because of medical needs are kept informed about school events and extra-curricular activities that may be appropriate for them to attend. They will also encourage and facilitate liaison and communication with peers.

The class teacher and SENCo person will need to liaise with the HHTS to formulate a re-integration plan for pupils returning to school and ensure that peers are involved in supporting the pupil's re-integration. If there is a resulting special educational need from the ill health/accident, normal school SEN procedures apply.

Examinations

If a Year 6 child is at home during administration of the STAs and receiving home teaching, it is possible for the child to complete all tests with the HHTS should everyone agree that this would be appropriate. The headteacher will liaise with the HHTS about the delivery, collection and supervision of these tests.

If a Year 6 child is in hospital during the STAs, the HHTS will supervise their implementation. The child will still complete these if well enough. The headteacher will need to liaise with HHTS about the delivery, collection and supervision of these tests.

If a Year 6 child is absent for less than 15 school days, including absence during STAs week, the decision regarding STAs will be made by the headteacher.

If the child is in Year 2, KS1 STAs can usually be completed at a different time.

Partnership with Parents/Carers and Pupils

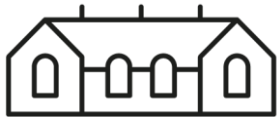
The opinions of children will be taken into account where appropriate.

Parents/carers will liaise with the school so that the child can be provided with homework as soon as they become able to cope with it for absences that are expected to last for 15 working days or less and are not part of a pattern of recurring illness.

If referral for home teaching is made by parents/carers, they must also notify the school.
Parents/carers will be consulted before teaching begins at home.
Parents/carers must be on the premises when a child is taught at home.
Parents/carers are key in supporting the continuum of educational provision and the links between hospital, home and school.

Parents/carers should be full collaborative partners and will be informed about their child's educational programme and performance.

Specialist Teaching Team
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Guidance on the Use of Emergency Salbutamol Inhalers

Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need. For this reason, the emergency inhaler should only be used by children who have been diagnosed with asthma, and prescribed a reliever inhaler, or who have been prescribed a reliever inhaler AND whose parents have given consent for an emergency inhaler to be used.

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising.
- Shortness of breath when exercising.
- Intermittent cough.

These symptoms are usually responsive to use of an inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

Signs of an asthma attack include:

- Persistent cough (when at rest).
- A wheezing sound coming from the chest (when at rest).
- Being unusually quiet.
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache).
- Difficulty in breathing (fast and deep respiration).
- Nasal flaring.
- Being unable to complete sentences.
- Appearing exhausted
- A blue/white tinge around the lips.
- Going blue.

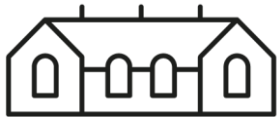
If a child is displaying the above signs of an asthma attack **CALL AN AMBULANCE IMMEDIATELY.**

- Keep calm and reassure the child.
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available, use the emergency inhaler.
- Remain with child while inhaler and spacer are brought to them.
- Immediately help the child to take two separate puffs of the salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE.**
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.

- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

Recording use of the inhaler and informing parents/carers

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. The child's parents must be informed in writing so that this information can also be passed onto the child's GP.



Dringhouses Primary School
Enjoying Excellent Education

APPENDIX G

DRINGHOUSES PRIMARY SCHOOL CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Child's Name

Child's Date of Birth

I confirm that my child has been diagnosed with asthma / has been prescribed an inhaler
[delete as appropriate].

My child has a working, in-date inhaler, clearly labelled with their name, which they will bring
with them to school every day.

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















Name
(print).....

14 Allergens



The way allergens are labelled on prepacked foods has changed. The Food Information Regulation, which came into force in December 2014, introduced a requirement that food businesses must provide information about the allergenic ingredients used in any food they sell or provide.

There are 14 major allergens which need to be mentioned (either on a label or through provided information such as menus) when they are used as ingredients in a food. Here are the allergens, and some examples of where they can be found:

- 1 Celery**

 This includes celery stalks, leaves, seeds and the root called celeriac. You can find celery in celery salt, salads, some meat products, soups and stock cubes.
- 2 Cereals containing gluten**

 Wheat (such as spelt and Khorasan wheat/Kamut), rye, barley and oats is often found in foods containing flour, such as some types of baking powder, batter, breadcrumbs, bread, cakes, couscous, meat products, pasta, pastry, sauces, soups and fried foods which are dusted with flour.
- 3 Crustaceans**

 Crabs, lobster, prawns and scampi are crustaceans. Shrimp paste, often used in Thai and south-east Asian curries or salads, is an ingredient to look out for.
- 4 Eggs**

 Eggs are often found in cakes, some meat products, mayonnaise, mousses, pasta, quiche, sauces and pastries or foods brushed or glazed with egg.
- 5 Fish**

 You will find this in some fish sauces, pizzas, relishes, salad dressings, stock cubes and Worcestershire sauce.
- 6 Lupin**

 Yes, lupin is a flower, but it's also found in flour! Lupin flour and seeds can be used in some types of bread, pastries and even in pasta.
- 7 Milk**

 Milk is a common ingredient in butter, cheese, cream, milk powders and yoghurt. It can also be found in foods brushed or glazed with milk, and in powdered soups and sauces.
- 8 Molluscs**

 These include mussels, land snails, squid and whelks, but can also be commonly found in oyster sauce or as an ingredient in fish stews.
- 9 Mustard**

 Liquid mustard, mustard powder and mustard seeds fall into this category. This ingredient can also be found in breads, curries, marinades, meat products, salad dressings, sauces and soups.
- 10 Nuts**

 Not to be mistaken with peanuts (which are actually a legume and grow underground), this ingredient refers to nuts which grow on trees, like cashew nuts, almonds and hazelnuts. You can find nuts in breads, biscuits, crackers, desserts, nut powders (often used in Asian curries), stir-fried dishes, ice cream, marzipan (almond paste), nut oils and sauces.
- 11 Peanuts**

 Peanuts are actually a legume and grow underground, which is why it's sometimes called a groundnut. Peanuts are often used as an ingredient in biscuits, cakes, curries, desserts, sauces (such as satay sauce), as well as in groundnut oil and peanut flour.
- 12 Sesame seeds**

 These seeds can often be found in bread (sprinkled on hamburger buns for example), breads, biscuits, hummus, sesame oil and tahini. They are sometimes toasted and used in salads.
- 13 Soya**

 Often found in bean curd, edamame beans, miso paste, textured soya protein, soya flour or tofu, soya is a staple ingredient in oriental food. It can also be found in desserts, ice cream, meat products, sauces and vegetarian products.
- 14 Sulphur dioxide (sometimes known as sulphites)**

 This is an ingredient often used in dried fruit such as raisins, dried apricots and prunes. You might also find it in meat products, soft drinks, vegetables as well as in wine and beer. If you have asthma, you have a higher risk of developing a reaction to sulphur dioxide.

For more information, visit food.gov.uk/allergy or nhs.uk/conditions/allergies

Sign up to our allergy alerts on food.gov.uk/allergy-alerts, or follow #AllergyAlert on Twitter and

Facebook. Let's keep connected at food.gov.uk/facebook

Join our conversation @fo odgov

Watch us on food.gov.uk/youtube