

MEDICAL NEEDS NEWSLETTER

October 2017 – Issue No. 3

Medical Needs Coordinator blog

Hello and welcome along to a new edition of the medical needs newsletter. With the summer break now a distant memory and temperatures starting to drop, it's a time of year that tends to be difficult for those with a number of medical conditions. Whilst for most of us the decision whether to finally turn on the heating or put on a third jumper is as challenging as it gets, the change in seasons does have a profound effect on the health of a number of children and young people with long-term medical conditions. It's a good time to take stock and consider whether the needs of this cohort have been appropriately catered for and that plans, records and procedures remain relevant and up to date.

Does every child in your school with an identified medical need have an Individual Healthcare Plan (IHP)? If so, has this been reviewed in the past year?

How recently has your school's medical needs policy been reviewed? Do you know who within your school is the named contact for medical needs?

If the answer to any of these questions is a 'no' or 'I'm not sure' then I would urge further investigation of this. If you are unfamiliar of what your school's responsibilities around students with medical needs are, then I would advise you to read the statutory DfE guidance [*Supporting pupils with medical conditions at school*](#). If this raises any further queries, or you

want to ensure that your school is compliant, please contact me to discuss further.

Sam Bartram, Medical Needs Coordinator

Using emergency adrenaline auto-injectors in schools

As a result of a change in legislation that was introduced on 1st October 2017, schools in England are now allowed to purchase adrenaline auto-injector (AAI) devices (such as Epipens, Jext pens) without a prescription, for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working.

The Department of Health has produced a guidance document around this change in legislation that can be found by following the below link:

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>



Whilst this guidance is non-statutory, it is intended to inform good practice within schools. Schools are not required to purchase AAI devices under this legislation, however I would advise all schools to consider this additional measure as a back-up in the eventuality of a medical emergency.

In the UK, 17% of fatal allergic reactions in school-aged children happen while at school, which serves to highlight the importance of schools in both prevention and emergency treatment.

For further information and links to additional support, Allergy UK have a useful schools section, at the below link:

<https://www.allergyuk.org/information-and-advice/for-schools>



Joint Protocol between Health Services and Schools in respect of the management of pupil absence from school when medical reasons are cited

This protocol was introduced in September 2017, initially on a three month trial basis. The aim of this protocol is to provide advice in respect of the management of pupil absence from school. The protocol aims to clarify information sharing arrangements between GPs and schools in Norfolk to promote health and well-being of school children in relation to the management of sickness absence and to reduce unnecessary attendances at GP surgeries and inappropriate requests for medical information. The protocol has been produced following consultation with representatives from the Local Medical Committee (LMC), Named GPs for Safeguarding Children, School Nursing Service, CAMHS, Norfolk Secondary Education Leaders and Norfolk County Council Education Inclusion Service.

It is important that school leadership and pastoral teams are aware of this protocol and consistently using this as a reference point when children and young people are absent from school due to medical reasons/ill health.

This document can be found by using the following link:

<https://csapps.norfolk.gov.uk/csshared/ecourier2/getfile.asp?id=17354>



Tackling childhood obesity: An integrated approach to physical activity

It has been over a year since the government initially introduced their guidance *Childhood obesity: a plan for action* which set out the government's essentially two-fold plan to reduce England's rate of childhood obesity within the next 10 years, the two main themes being encouraging industry to cut the amount of sugar in food and drinks and by encouraging primary school children to eat more healthily and stay active.

January 2017 saw the launch of the Health Active Schools Systems (HASS), with the intention being to be able to track children's physical activity more effectively. Alongside schools being encouraged to provide children with 30 minutes of daily exercise, the long-term aim is to dramatically reduce the current levels of childhood obesity in England, with recent statistics indicating that nearly a third of children aged 2 to 15 are overweight or obese.

But are we doing enough in school? Conversely, are schools having to shoulder the burden of the consequences of a sedentary lifestyles amongst their cohort? A study by the University of Bristol has indicated that physical activity outside of school is vital for child health and suggests that current efforts to increase exercise during the school day won't be enough for children to meet the recommended one hour of physical activity a day, set by the Chief Medical Officer. The findings of the research identify a direct correlation between participation in sport/exercise clubs outside of school and in meeting the Chief Medical Officers recommendation of an hour of physical activity per day.

Professor Russ Jago, Professor of Paediatric Physical Activity and Public Health at the University of Bristol, who led the study, said:

"This research highlights the importance of physical activity outside of school hours. It is already clear that reaching the recommended physical activity



levels solely during school hours is a near-impossible goal. Parents should encourage their children to attend after-school clubs, attend community groups and play in their neighbourhood. All four types of activity contribute equally so parents should find the best balance for their children."

It is an established and generally accepted viewpoint that schools have a huge role to play in ensuring children stay active and increase their levels of physical activity. However, this clearly needs to exceed what can be achieved during the school day, particularly as there are already so many conflicting demands on schools to manage.

With this in mind, what more can schools do?

- After-school clubs:

Does your school have a range of after-school clubs based around physical activity? If so, are these actively promoted/advertised? How accessible are these clubs, in terms of timings/cost/location/inclusion? Is the quality of provision regularly monitored? Do these clubs reach out to children who are not ordinarily keen to participate in physical activity?

- Signposting to local activities:

As a parent myself, I often wonder how families find out about what activities are available for their children in the local community. Schools are ideally placed to disseminate this information – so it makes sense to forge these links. There are so many sports clubs in Norfolk to choose from, with a variety of reasonably priced and free activities happening weekly.

Taking the example of running (my particular passion), there are junior parkrun events that are entirely free of charge and open to 5 to 14 year olds of all abilities. These are over the relatively short distance of 2 kilometres and take

place at 9am every Sunday at Eaton Park in Norwich and also on the Lower Esplanade in Gorleston. Why not promote your local parkrun to your school as a great introduction to athletics?

The issue of childhood obesity and promotion of physical activity is a significant challenge, not just to schools, but to all of us – parents, professionals, not to mention health services. We all have a role to play – so what are you waiting for, get active!

Article links:

<http://www.bristol.ac.uk/news/2017/september/physical-activity.html>

<https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action/childhood-obesity-a-plan-for-action>

<https://www.activenorfolk.org/>

Feedback

I hope you have found this newsletter a useful resource. If you have any questions or queries relating to the content of this newsletter, or wish to bring to my attention any content that you would like included in a future edition then please contact me at:

sam.bartram@norfolk.gov.uk.

