St. Mary's Catholic Primary School

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY AND PROCEDURES

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Date:	January 2025
Review date[2]**:**	January 2026

KAHSC – September 2023 (v15)

[1] The Governing Body are free to delegate approval of this document to a Committee of the Governing Body, an individual Governor or the Head teacher

[2] Governing Bodies, Proprietors and Management Committees free to determine – DfE recommend annually

REVIEW SHEET

Each entry in the table below summarises the changes to this Policy and procedures made since the last review (if any).

Version Number	KAHSC Version Description	Date of Revision/Review
1	Original	August 2014
2	Amended to take into account new legislation which will allow schools to hold emergency Salbutamol inhalers for pupils diagnosed with asthma	September 2014
3	Very minor tweaks to include topical medicines where oral is mentioned and clarify the acceptance procedure for non-prescription medicines.	June 2015
4	New introductory section 'How to use this document' with formatting tips, reference to SEND Jan 2015 (updated from Jul 2014). Section 4.6 important clarification on when non-prescription medicines might be administered. Appendix A - clarification when/how decisions not to instigate IHCPs are made and that it is not just parents and healthcare professionals that can trigger an IHCP review.	November 2015
5	Updated reference DfE document '*Supporting Pupils at School with Medical Conditions, Dec 15'* resulting in only 1 change in **Section 3.1** a new bullet point about LAs, CCGs and service providers (3rd one down). **Revised Appendix B**: IHCP with space for other people involved in the development to sign if they want to or there is a need. **New Appendix C2**: a landscape version of parental consent to administer with space for a medical practitioner to sign if there is a need.	March 2016
6	Links to DfE document '*Supporting Pupils at School with Medical Conditions, Dec 15'* updated.	September 2016
7	Updated to include specific information in relation to Food Allergies and to remove some references to the school nursing service.	May 2017
8	Revised to include the use of adrenaline auto-injectors (AAIs). For ease of use and visual comfort, updated text is highlighted in green. Significant text in Section 4.10 has been updated and Section 4.11 is new. Appendices updated: B, C1, & C2. New Appendix E3.	November 2018
9	Revised to take into account the forthcoming changes to Cumbria Safeguarding Children Partnership (CSCP) which replaces Cumbria Local Safeguarding Children Board (LSCB) from 29 September 2019. Updated links to *'Guidance on the use of emergency Salbutamol inhalers in schools'* March 2015.	September 2019
10	Updated to take account of LA statutory guidance 'Ensuring a good education for children who cannot attend school because of health needs. The addition of the updates will assist in meeting the requirements for schools to have a statutory Policy (incorporated within this Policy) for Children with health needs who cannot attend school.	November 2019
11	No legal or significant policy changes. Minor updates: S2 clearer statement of understanding about LA duties; S3.2 new example statement to choose; S4.2 new example wording on re-integration if you struggled to write something simple; S4.5 made guidance text simpler and turned it into example text with a new statement choice.	September 2020
12	No legal or significant policy changes. Major updates throughout to significantly cut content but more clearly express procedures & current good practice expected from staff. Updates to template forms to identify when a medicine is a controlled drug and requires a witness. New text in section 4.8 covering records retention. References to new Asthma and Anaphylaxis Procedures.	November 2021

13	Reviewed as still current requiring no legal or significant policy changes. Minor content updates to reflect the separation of appendices from the main document for ease of use. Significantly updated and removed appendices include the 999 Flowchart/poster (now more useful as a poster including w3w or other options, Forms A-C3 (gender category now sex and option to add pronouns included), Forms D1 & D2 with clearer expectations, Emergency Salbutamol use letter (now 3 slips to one sheet and includes an option to notify parents of a child's self-administration of their own inhaler as recommended by Asthma UK), and the Parent Invite to IHCP meeting (now includes the suggestion that parents add things to an enclosed blank IHCP to bring to the meeting).	September 2022
14	Reviewed. No legal or significant policy changes required. Links updated including to the new KAHub www.kymallanhub.co.uk and added 3 advisories where, if using our **V3 model Administration of Medicines Procedures**, cuts can be made to this policy and the others referred to instead (managing medicines, Salbutamol, and AAIs) new since this policy was last reviewed by KAHSC.	September 2023
15	Minor amendments to take account of the new KAHSC Anaphylaxis, asthma, diabetes and epilepsy (AADE) management procedures which replace the KAHSC model Managing Asthma procedures and model Managing Anaphylaxis procedures (now withdrawn).	September 2024

Contents

1 Definitions 1
2 Statement of Intent 1
3 Organisation 1
3.1 The governing body 1
3.2 The Head teacher ..... **Error! Bookmark not defined.**
3.3 School staff 2
3.4 Pupils 2
3.5 Parents and carers 2
3.6 School nurses 3
3.7 Integrated Care Boards (ICBs) 3
3.8 Other healthcare professionals 3
3.9 Providers of health services 3
3.10 Local authorities 3
3.11 Ofsted 3
4 Arrangements and Procedures 4
4.1 Notification that a pupil has a medical condition 4
4.2 School attendance and re-integration 4
4.3 Individual Healthcare Plans (IHCP) 4
4.4 Pupils managing their own medical conditions 5
4.5 Training 6
4.6 Supply staff 6
4.7 Managing medicines 7
4.8 Record keeping and retention 8
4.9 Emergency procedures 8
4.10 Salbutamol inhalers 9
4.11 Allergens 9
4.11.1 School meal and wrap around care providers 9
4.11.2 Other food handlers 10
4.11.3 Steps to reduce anaphylaxis risks 10
4.12 Adrenaline Auto Injectors (AAI) 11
4.13 Day trips, residential visits, and sporting activities 11
4.14 Other arrangements 11
4.14.1 Home to school transport ..... **Error! Bookmark not defined.**
4.14.2 Defibrillators 11
4.15 Unacceptable practice 12
4.16 Insurance 12
4.17 Complaints 12

Flowchart: Developing an Individual Healthcare Plan (IHCP)

Notice: Summoning Emergency Services

Form A: Individual Healthcare Plan (IHCP)

Form B: Staff Training Record – Supporting Pupils with Medical Conditions

Form C1: Parental Consent to Administer a Medicine (without a medical practitioner's signature)

Form C2: Parental Consent to Administer a Medicine (with a medical practitioner's signature)

Form CD: Combined Parental Consent to Administer Medicine & Record Administration

Form D1: Record of Medicine Administered to an Individual

Form D2: Record of Controlled Drug Administered to an Individual

Form E1: Record of Medicines Administered: All children

Form E2: Record Card: All Children: Emergency Salbutamol Inhaler Administration

Form E3: Record Card: All Children: Emergency Adrenaline Administration

Letter: Parental invitation to contribute to development of their child's individual healthcare plan

Letter: Notification to parents of inhaler use

1. Definitions

For the purposes of this document a child, young person, pupil, or student is referred to as a 'child' or a 'pupil' and they are normally under 18 years of age.

Wherever the term 'parent' is used this includes any person with parental authority over the child concerned e.g., carers, legal guardians etc.

Wherever the term 'Head teacher' is used this also refers to any Manager with the equivalent responsibility for children.

Wherever the term 'school' is used this also refers to academies and Pupil Referral Units (PRU) and references to Governing Bodies include Proprietors in academies and the Management Committees of PRUs and will usually include wraparound care provided by a setting such as breakfast club and after school clubs.

2. Statement of Intent

The governing body of St. Mary's Catholic Primary School has a statutory duty (under section 100 of the Children and Families Act 2014), to ensure arrangements are in place to support pupils with medical conditions.

The aim of this Policy and procedures is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education including physical education, school sports, and physical activity (PESSPA), and achieve their academic potential. It is based on the Department for Education (DfE) document Supporting pupils at school with medical conditions, will be reviewed regularly, and made accessible to pupils, parents, staff, and other adults as appropriate.

This school is committed to ensuring parents feel confident that effective support for their child's medical condition will be provided and that their child will feel safe at school.

We recognise that there are also social and emotional implications associated with medical conditions and that pupils can develop emotional disorders, such as self-consciousness, anxiety, and depression, and be subject to bullying. This Policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This Policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. This school has a duty to comply with the Act in all such cases.

Some pupils with medical conditions may also have Special Educational Needs and/or Disabilities (SEND) with an Education, Health, and Care (EHC) plan in place bringing together provision to manage all of them. For these pupils, this Policy should be read in conjunction with our SEND Policy and the DfE statutory guidance document '*Special Educational Needs and Disability: Code of Practice 0-25 Years*'.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils, and their parents.

3. Organisation

3.1 The governing body

The whole governing body and not any one person is legally responsible and accountable for fulfilling the statutory duty to make arrangements to support pupils with medical conditions in school.

Governors will ensure that:

- pupils with medical conditions can access and enjoy the same opportunities as any other pupil;

- no pupil with a medical condition is denied admission because arrangements to manage their medical condition have not been made;
- no pupil's health is put at unnecessary risk and will reserve the right not to accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so e.g., when the pupil has an infectious disease;
- work with the LA, health professionals, commissioners, and support services is effective to ensure that all pupils with a medical condition receive a full education;
- pupils are reintegrated effectively following long-term or frequent absence;
- the focus is on the individual needs of each pupil and what support is required to support them;
- parents/carers and pupils can be confident in the school's ability to provide effective support;
- all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed;
- Policies, plans, procedures, and systems are properly and effectively implemented.
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The Head teacher has overall responsibility for Policy implementation and to ensure this Policy is developed and implemented effectively with partners. They have overall responsibility for the development of IHCPs and will implement arrangements to ensure that:

- this Policy is effectively communicated and implemented with all stakeholders;
- all staff are aware of this Policy and procedures and understand their role;
- enough staff are trained and available to implement this Policy, carry out the procedures, and deliver against all individual healthcare plans (IHCPs), including in emergency situations;
- staff are appropriately insured and aware of the insurance arrangements;
- recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported are considered;
- there is a named person (usually the SENDCo) who will liaise with the LA, parents, and other professionals in relation to children with health needs;
- professional medical support is sought where a pupil with a medical condition requires support that has not yet been identified.

3.2 School staff

Every member of school staff:

- may be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so;
- should consider the needs of pupils with medical conditions in their lessons or other work when managing risks or when deciding whether or not to volunteer to administer medicines;
- will receive enough training to achieve the required level of competency before taking specific responsibility for supporting pupils with medical conditions;
- will know the signs when a pupil with a medical condition needs help and what to do in response.

3.3 Pupils

Pupils with medical conditions are often best placed to provide information about how they affect them. All pupils should:

- be fully involved in discussions about their medical support needs if they have any;
- contribute to the development of their IHCP, if they need one, and follow it;
- be sensitive to the needs of all pupils with medical conditions.

3.4 Parents and carers

Parents and carers are key partners in the success of this Policy and should:

- notify the school if their child has a medical condition;
- provide enough up-to-date information about their child's medical needs;
- be involved in the development and review of their child's IHCP;

- carry out any agreed actions in the IHCP;
- ensure that they, or another nominated adult, are contactable at all times.

3.5 School nurses

The school nursing service should:

- notify school at the earliest opportunity, when a pupil has been identified as having a medical condition requiring support in school;
- support staff to implement IHCPs and provide advice and training;
- liaise with lead clinicians locally on appropriate support for pupils with medical conditions.

3.6 Integrated Care Boards (ICBs)

The role of ICBs is to:

- ensure commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions;
- make joint commissioning arrangements for education, health, and care provision for pupils with SEND;
- are responsive to LAs and schools looking to improve links between health services and schools;
- provide clinical support for pupils who have long-term conditions and disabilities;
- ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

3.7 Other healthcare professionals

Other healthcare professionals, including GPs and paediatricians should:

- notify the school nurse when a child has been identified as having a medical condition that will require support at school;
- provide advice on developing IHCPs;
- provide or signpost the provision of relevant specific support in the school for children with particular conditions, e.g., anaphylaxis, asthma, diabetes, and epilepsy.

3.8 Providers of health services

Providers of health services will need to cooperate with school, including ensuring good communication, liaising with the school nurse and other healthcare professionals, and participating in outreach training.

3.9 Local authorities

Our Local Authority (LA):

- commission's school nurses for local schools;
- promotes co-operation between relevant partners;
- makes joint commissioning arrangements for education, health, and care provision for pupils with SEND;
- provides support, advice and guidance, and suitable training for school staff, ensuring that IHCPs can be effectively delivered;
- works with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

3.10 Ofsted

Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.

Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social, and cultural development.

4. Arrangements and procedures

4.1 Notification that a pupil has a medical condition

When the school is notified that a pupil has a medical condition that requires support in school, Head teacher, SENDCo and ELSA will be informed and will initiate the procedure described in the Flowchart: Developing an IHCP.

For a pupil starting at this school in the ordinary September intake, arrangements will be in place before they arrive and will be informed by their previous educational and/or care setting (if any).

For a pupil who joins this school mid-term or is an existing pupil with a new diagnosis, we will work to ensure arrangements are put in place within two weeks.

For pupils leaving this school to attend another educational setting, we will appropriately inform the setting they are moving to of the pupil's needs during the transition process or as soon as possible following notification by the parents or carers of the proposed move.

School does not have to wait for a formal diagnosis before providing support to a pupil because in some cases their medical condition may be unclear or there may be a difference of opinion. The Head teacher will make judgements based on all available evidence (including medical evidence and consultation with parents or carers).

4.2 School attendance and re-integration

After a period of absence though ill health, hospital education or other alternative provision there will be period of re-integration which will vary for each child, but in principle we will:

- have an early warning system to inform the LA when a child becomes at risk of missing education for 15 days in any one school year due to their health needs e.g., our regular attendance reviews informed by our knowledge of pupils' potential vulnerabilities;
- take steps to facilitate a child successfully staying in touch with school while they are absent e.g., email, newsletters, invitations to school events, approved and supervised phone, video chat or other direct contact by classmates or staff;
- plan for consistent provision during and after a period of education outside school and who/what services we have available to support us to do this - for example in what ways can we ensure the absent child can access the curriculum and materials that he or she would have used in school;
- work with the LA to set up an individually tailored reintegration plan for each child that needs one, actively seeking extra support to help fill any gaps arising from the child's absence;
- make any *reasonable* adjustments to provide suitable access for the child as required under equalities legislation.

We will also consider the emotional needs of children who require re-integration and that such re-integration may not always be as a result of an absence but could be as the result of a serious or embarrassing incident at school.

4.3 Individual Healthcare Plans (IHCP)

The school, healthcare professionals and parents or carers will agree, based on evidence, whether an IHCP is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Head teacher makes the final decision.

The IHCP is a working document that will help school effectively support a pupil with a medical condition. It will provide clarity about what needs to be done, when and by whom and aims to capture the steps which school should take to help the child manage their condition and overcome any potential barriers to get the most from their education. It will focus on the child's best interests and help ensure that this school can assesses and manage identified risks to their education, health and social wellbeing and minimise disruption.

An IHCP will cover:

- the medical condition, its triggers, signs, symptoms, and treatments;
- the pupil's needs, including medicine (dose, side-effects, and storage) and other treatments, time, facilities (privacy, shower, sleep), equipment (glucose testing, AAIs etc.), access to food and drink (when used to manage a condition), dietary requirements, and environmental issues (dust, pollen. crowds, distance between lessons etc.);
- specific support for the pupil's educational, social, and emotional needs e.g., how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions etc.;
- the level of support needed, including in emergencies;
- whether a child can self-manage their medicine and how this can be supported;
- who will provide necessary support, their training needs, expectations of their role, and confirmation of their proficiency to carry it out effectively;
- cover arrangements for when named supporting staff 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 and the Head teacher for medicines to be administered by a member of staff, or self-administered by the pupil during school hours or activities;
- arrangements for written or verbal permission from parents and the Head teacher for the school supply of emergency salbutamol, adrenaline, paracetamol, or antihistamine to be administered by a member of staff, or self-administered by the pupil in an emergency during school hours or activities;
- separate arrangements or procedures required for school trips and activities e.g., risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and,
- what to do in an emergency, including who to contact, and contingency arrangements.

If a child has an emergency health care plan prepared by their lead Clinician, it will be used to inform development of their IHCP.

IHCPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

IHCPs are reviewed at least annually, when a child's medical circumstances change, or following an incident, whichever is sooner. When an IHCP update is made, the SENDCo should trigger a review of associated information e.g., school insurance arrangements if it is a new medical procedure, or the asthma register recording parental consent to administer the school's emergency inhaler if consent is newly given or withdrawn.

Where a pupil has an EHCP, the IHCP is linked to it or becomes part of it.

Where a child has SEND but does not have an EHCP, their SEND should be mentioned in their IHCP.

Where a child is returning from a period of hospital education, alternative provision, or home tuition, we work with the LA and education provider to ensure that their IHCP identifies the support the child needs to reintegrate (see section 4).

4.4 Pupils managing their own medical conditions

After discussion with parents, pupils who are competent to manage their own health needs are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHCP.

Where possible pupils will be allowed to carry their own medicines and relevant devices. If not, they will be able to access them quickly and easily.

If a pupil refuses to take a medicine or carry out a necessary procedure, staff will not force them to do so, but will follow the procedure agreed in the IHCP as well as inform parents. This may trigger a review of the IHCP.

If a pupil with a controlled drug passes it to another person for use, this is a criminal offence and appropriate disciplinary action will also be taken (see the School Behaviour Policy).

4.5 Training

Any member of school staff providing support to a pupil with medical needs will receive suitable training to fulfil their role. A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions except for aspects included through specific 'bolt on' training that the provider is competent to deliver e.g., use of adrenaline auto-injectors (AAI).

Staff will not undertake healthcare procedures or administer medicines without appropriate training.

Staff training needs will be assessed through the development and review of IHCPs, on a termly basis for all school staff, and when staff leave, or a new staff member arrives.

Through training, staff will have the competency and confidence to support pupils with medical conditions and fulfil the requirements of IHCPs. It will help them understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

- an awareness of school procedures around Fabricated or Induced Illness (FII);
- whether different procedures apply in different locations and where to find the written checklist displayed in each one;
- hygiene requirements e.g., washing hands before handling medicines, using a clean measuring device for oral medicine liquids, ensuring containers are clean before they are stored again, washing hands between each pupil if administering to more than one;
- pre-administration checks e.g., having the correct record sheet and checking the medicine has not already been administered, the child's identity, child's medicine (including that the dosage, frequency etc. on any IHCP matches the prescription label), expiry date of medicine, that storage instructions have been adhered to (i.e., if it should be refrigerated that it was in the fridge) etc.;
- procedures for administration e.g., whether the child self-administers, the minimum assistance or supervision required (as described in the IHCP), what should be done with used administration devices (spoons, oral syringes, sharps etc.), what to do if something goes wrong or a child refuses a medicine etc.;
- recording procedures.

Designated staff will undergo 'specific awareness' training on induction to relevant tasks and regularly to manage a specified condition, administer complex medicines, or carry out medical procedures to be delivered by an appropriately competent healthcare professional.

We will look to ensure it covers:

- responding appropriately to a request for help from another member of our staff;
- administering the medicines or procedures;
- recognising when emergency action is necessary;
- making appropriate records; and,
- ensuring parents are informed (see links to letters and the IHCP on the contents page).

If no other record of training is made, we will make one using Form B (see contents page for link).

The family of a child will often be key in providing relevant information about how a child's needs can be met. If families provide specific advice, they will never be relied on as the sole source of advice.

4.6 Supply staff

Supply staff will be:

- provided with access to this Policy and procedures;
- informed of all relevant medical conditions of pupils they will have a responsibility for;

- covered under the school's insurance arrangements.

4.7 Managing medicines

Medicines are only to be administered at school when we have been instructed to by a relevant medical professional or a parent or carer **and** it would be detrimental to the pupil's health or school attendance not to do so. Such medicines can be prescription, non-prescription, (travel sickness medication, creams for severe skin allergies, such as eczema or sun lotions see Health & Safety Policy) but not herbal.

Other policy decisions on the administration of medicines which staff must follow include that:

- Pupils under 16 must not be given prescription or non-prescription medicines without their parent's written consent, except when it has been prescribed without parents' knowledge. School will encourage the pupil to involve their parents while respecting their right to confidentiality.
- Pupils under 16 must not be given a medicine containing aspirin unless prescribed by a doctor.
- the NHS recommends that all children avoid all herbal medicines due to the dangers that the unregulated market poses to buyers, so they will not be administered by school staff without the agreement of a medical professional.
- Pain relief should not be administered without first checking maximum dosages and when the previous dose was taken. Every effort will be made to contact parents prior to administration, where necessary, to check this and to inform them that pain relief will be given.
- The repercussions of staff administering an underdose or overdose of a pupil's medicines to them should be identified from the patient information sheets that come with them and be specifically drawn to the attention of staff to include what they should do next if they are worried a mistake has been made.
- School can only accept medicines that are in-date, labelled, in the original container as dispensed by a pharmacist or sold over the counter and which contain instructions for administration, dosage and storage. Pre-loaded medicines like salbutamol cannisters and adrenaline or insulin auto-injectors must still be in date but can be accepted in the dispenser rather than the packaging.
- Parents must be informed any time medicines are administered that is not as agreed in an IHCP.
- All medicines must be stored safely, in their original containers and in accordance with their storage instructions. Medicines can be kept in a locked refrigerator, cabinets or cupboards located throughout the school.
- Pupils should know where their medicines are at all times and are able to access them immediately, whether in school or off-site. Where relevant, pupils are informed of who holds the key to the relevant storage facility.
- When medicines are no longer required, they are returned to parents for safe disposal or taken to pharmacy and paperwork is signed by member of the pharmacy. Sharps boxes are always used for the disposal of needles and other sharps.
- The school asthma inhalers for emergency use are stored Office, Year 2 classroom and foundation Stage and their use is recorded. Inhalers are always used in line with medical guidance.
- The school adrenaline auto-injector, paracetamol and antihistamine for emergency use are stored in the locked medicine cupboard and their use is recorded. AAIs are always used in line with medical guidance and specific training.
- Records must be kept of all medicines administered to individual pupils.

Controlled drugs

The supply, possession, and administration of some medicines e.g., methylphenidate (Ritalin) are strictly controlled by the Misuse of Drugs Act 1971 and its associated regulations and are referred to as 'controlled drugs'. They will be managed as follows:

- Delivered by a parent or carer to a named member of staff unless this is unreasonable or managed by agreement through a home-to-school transport provider.
- Stored in a lockable container in the locked medicine cupboard which only named staff members have access; however, these drugs will be easily accessible in an emergency.

- Staff can administer a controlled drug to a pupil for whom it has been prescribed and they should do so in accordance with the prescription instructions and in front of a suitable adult witness.
- A record must be kept of the administration of controlled drugs in the same way as other medicines but with the legible signature/initials of the staff administering them and the witness.

For more detailed information about administering and managing medicines, please refer to our Administration of Medicines Procedures found medical cabinet office.

4.8 Record keeping and retention

School will keep a record of all medicines administered to pupils, stating what, how and how much was administered, when and by whom, with a note of any side effects experienced or refusal.

When a pupil has a course of or on-going medicine(s) they will have an individual record sheet for each medicine completed and signed by a parent when they deliver it (Form D1).

When a pupil's medicine is a controlled drug, their individual record sheets will allow for the signature of a second witness to the administration. Details of receipts and returns of the controlled drug will be accurately recorded on the administration record (Form D2).

When a pupil is given a medicine as a one-off e.g., pain relief, it will be recorded on a general record sheet along with such medicines administered to other children (Form E1).

To ensure that only eligible and appropriately identified pupils are given the school's emergency salbutamol asthma reliever inhaler and/or AAI, a register of such pupils will be kept in each emergency kit.

When a pupil is given the school emergency inhaler or school emergency AAI, it will be recorded on the relevant general record card (see contents page for links to Forms E2 and E3). Parents should be informed about use of an asthma reliever inhaler using the model letter (Emergency Salbutamol Inhaler Use).

When a pupil has needed to use the school emergency AAI, parents will be informed immediately by telephone or another agreed instant communication method, and a record made.

Records relating to the administration of medicines by school staff are classed as school records as opposed to pupil records. Consent forms should be held in a separate file to the pupil file and can be held together. These consent forms should not be transferred to the next school or setting and is why they should be kept separate from the pupil personal file.

It is generally recommended that records for the administration of medicines signed by school staff should be held for 2 years from the date of the last entry on the sheet.

Individual child records of medicines administered by school staff, e.g. Forms CD, D1, and D2, can be securely destroyed once the child has left the school and should be held in a file separate to the pupil's personal file. Again, these administration records should not be transferred to the next or subsequent school or other educational setting.

4.9 Emergency procedures

Medical emergencies will be handled under the school's emergency procedures.

Where an IHCP is in place, it should detail:

- what constitutes an emergency; and
- what to do in an emergency.

Pupils will be involved in age and developmentally appropriate ways in our emergency procedures e.g., fetching help or equipment, and to increase community awareness, build peer-to-peer resilience, promote leadership skills, and reduce stigma or bullying.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents or carers arrive. This may mean that they will need to go to hospital in the ambulance and may need support with arrangements for their own transport back to school or home.

4.10 Salbutamol inhalers

Asthma is a long-term condition that affects the airways (the tubes that carry air into and out of the lungs) and usually causes symptoms such as coughing, wheezing, and breathlessness. As many as 1 in every eleven children has asthma. If someone with asthma comes into contact with one of their asthma triggers, it can make their symptoms worse and even bring on an asthma attack making it difficult to breathe.

Now that the Human Medicines (Amendment) (No.2) Regulations 2014 allow (but do not require) schools to keep a salbutamol asthma reliever inhaler for use in an asthma emergency, governors have decided that keeping a supply will currently benefit pupils significantly.

This school is committed to supporting pupils who have been diagnosed with asthma and has developed separate Anaphylaxis, asthma, diabetes and epilepsy (AADE) Management procedures (Found on Staff share) to be followed.

In summary:

- The administration of reliever inhalers will be carried out in accordance with staff training.
- An asthma register of all pupils prescribed a reliever inhaler will be kept locked medicine cupboard and will be checked as part of initiating the emergency response.
- Where a pupil has been prescribed a reliever inhaler, this will be recorded on their IHCP with an indication of whether they can responsibly carry the device and self-administer it correctly.
- Whether use of a child's own asthma reliever inhaler should be recorded and reported to parents will be made clear in the IHCP/asthma plan.
- Consideration will be given to preventing and managing an asthma attack when planning all school activities on and off-site.
- School has 3 emergency salbutamol inhaler kits in Office, Yr 1 Classroom and Foundation Stage and procedures in place to administer, maintain, and dispose of them safely.
- **Our decision to hold an emergency asthma kit does not in any way release a parent from their absolute duty to ensure that their child attends school with a fully functional inhaler containing sufficient medicine for their needs.**
- A copy of the asthma register to administer the school emergency salbutamol will be held with each school asthma emergency kit, consent is held on the IHCP.
- All staff will be trained in how to administer the school emergency inhaler and other staff will be trained in how to seek their help in an asthma emergency.
- Parents will be informed whenever their child has used the school emergency inhaler.

4.11 Allergens

Exposure to an allergen can cause an allergic reaction resulting in life threatening anaphylaxis where the resultant swelling can stop someone from breathing. Allergens can be found in foods like shellfish, eggs, dairy etc., objects like dye in clothing, latex etc., insect stings and bites, or in the air like pollen, dust, mould, animal dander etc.

This school is committed to supporting pupils who have been diagnosed with an allergy and has developed separate Anaphylaxis, asthma, diabetes and epilepsy (AADE) Management procedures to be followed.

School meal and wrap around care providers

Our meals contractor provider assures us that they adhere to all allergen requirements and their staff are suitably trained and made aware of all potential allergens in the foods they provide. They have undertaken to:

- liaise directly with us and take the pupil IHCPs that we share into account when planning menus and allergen management.

- record the ingredients used in each dish to display in the food preparation area, or be readily available to all relevant staff, label foods they prepack, and keep a copy of the ingredient information on labels of pre-packed foods e.g., sauces, desserts etc.
- keep ingredients in their original containers, or a copy of the labelling information in a central place, with each product suitably enclosed to prevent cross-contamination in storage.
- ensure allergen information is kept up to date e.g., if foods purchased are changed or products substituted.

Their recipes are analysed, and details of allergen contents is available from our kitchen/ wraparound care team with each menu cycle. This information is posted to the school website and is also available from the contractor's website Caterlink.

Information is passed to, and we meet regularly with the kitchen care team to make sure all dietary requirements and food intolerances are met and catered for. Children with food allergies have an IHCP which is shared as necessary to inform menus and practices.

Other food handlers

Other potential food handlers (food technology, classroom baking, cookery club, nursery and other staff serving snacks and treats etc.), will be made aware of information about the 14 Food Allergens | Anaphylaxis UK, so they can take it into account when planning any food-related activities for children with known allergies. Staff are also trained to be alert to signs that a child may have a previously unknown allergy or has developed a new one.

Staff or volunteers working with food in play, the curriculum, or other school activities will receive sufficient instruction on and follow the good practice outlined above in managing exposure to allergens.

Steps to reduce anaphylaxis risks

We seek the cooperation of the whole school community in implementing the following to reduce the risk of exposure to allergens.

- Bottles, other drinks, and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen, parents should check the appropriateness of foods by speaking directly to the catering manager. The child should also be taught to check allergen information with catering staff, before purchasing.
- Where we provide the food, our staff will be educated on how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Food will not be given to food-allergic children without parental engagement and permission e.g., birthday parties, food treats.
- Trading and sharing of food, food utensils or food containers will be actively discouraged and monitored.
- Training will include that unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary allergen labelling suggesting a risk of contamination.
- Careful planning for the use of food in crafts, cooking classes, science experiments and special events (e.g., fetes, assemblies, cultural events) with adequate substitutions, restrictions or protective measures put in place (e.g., wheat-free flour for play dough or cooking), non-food containers for egg cartons.
- Careful planning for out-of-school activities such as sporting events, excursions (e.g., restaurants and food processing plants), outings or camps, thinking early about the catering requirements and emergency planning (including access to emergency medication and medical care).
- Careful planning for on-site and off-site activities involving potential exposure to other allergens like animal dander, latex, pollen etc.

4.12 Adrenaline Auto Injectors (AAI)

Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergy. It usually develops suddenly, gets worse very quickly, and can be very serious if not treated quickly with adrenaline because the resultant swelling can stop someone from breathing.

Now that the Human Medicines (Amendment) Regulations 2017 allow (but do not require) schools to keep an adrenaline auto-injector (AAI) for use in an anaphylaxis emergency, governors have decided that keeping a supply will currently benefit pupils significantly (see Anaphylaxis, asthma, diabetes and epilepsy (AADE) Management procedures to be followed

In summary:

- The administration of AAIs will be carried out in accordance with professional medical guidance and staff training. Designated staff will be trained in how to administer a child's own AAI and other staff will be trained in how to seek the help of designated staff in an anaphylaxis emergency, and also what to do if they believe help will not come fast enough.
- The emergency services will be called when a reaction is severe even if the AAI has been administered or if a pupil is not diagnosed but seems symptomatic.
- Safe disposal arrangements are in place with sharps containers locked medical cupboard.
- An AAI register of all pupils prescribed an AAI will be kept with the adrenalin pen in the locked cupboard and will be checked as part of initiating the emergency response.
- Where a pupil has been prescribed an AAI, this will be recorded on their IHCP with an indication of whether they can responsibly carry the device and self-administer it correctly.
- Every use of a child's own AAI will be recorded and reported to parents including:
  - Where and when the reaction took place
  - How much medicine was given and by whom.
- Consideration will be given to preventing and managing an allergic reaction when planning all school activities on and off-site.
- School has 1 emergency AAI kits in locked medicine cupboard and procedures in place to administer, maintain, and dispose of them safely.
- **Our decision to hold an emergency AAI kit does not in any way release a parent from their absolute duty to ensure that their child attends school with a fully functional AAI containing sufficient medicine for their needs.**
- A copy of the AAI register including consent to administer the school emergency AAI will be held with each school AAI emergency kit.
- All staff will be trained in how to administer the school emergency AAI and other staff will be trained in how to seek their help in an anaphylaxis emergency, as well as what to do if they believe help will not come fast enough.
- Parents will be informed whenever their child has used the school emergency AAI.

4.13 Day trips, residential visits, and sporting activities

Through development and communication of the IHCP staff will be made aware of how a pupil's medical condition might impact on their participation in educational visits, sporting, or other activities.

Before an activity takes place, a risk assessment will be conducted to identify what reasonable adjustments should be made to enable pupils with medical conditions to have equality of access. Advice is also sought from pupils, parents/carers, and relevant medical professionals.

A pupil will only be excluded from an activity if the Head teacher considers, based on the evidence, that no reasonable adjustment can make it safe for them or evidence from a clinician such as a GP states that an activity is not possible for that child.

4.14 Other arrangements

Defibrillators

Sudden cardiac arrest is when the heart stops beating, and it can happen to people at any age and without warning. When it does happen, quick action (in the form of early Cardio-Pulmonary

Resuscitation - CPR - and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's normal heart rhythm when they are in cardiac arrest. Modern defibrillators are easy to use and safe and the DfE has supported a campaign to install them in schools. 2 are located in the office and yr1 classroom.

4.15 Unacceptable practice

While it is essential that all staff act in accordance with their training, in any given situation they should be confident in using their discretion and judging each case on its merits with reference to a child's IHCP. It is not however, generally acceptable practice at this school to:

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

4.16 Insurance

School staff who agree to support pupils at school with their medical conditions and administer medicines are appropriately insured by the governing body to do so when they are acting in accordance with our policies and their training given the circumstances they faced at the time. The Insurance Policy wording is available on request from the Head Teacher.

The Insurance Policy provides liability cover relating to the administration of medicines and any required healthcare procedures as identified through the IHCP process.

Every IHCP review must consider whether current insurance arrangements remain compatible with any identified changes required. A significant change, for example an entirely new medical procedure required, will be checked as compatible with current insurance arrangements direct with the school's insurers. If current insurance is inadequate for the new procedure additional insurance will be arranged.

4.17 Complaints

If parents, carers, or pupils are unhappy with the support provided, they should discuss their concerns directly with Mrs Starkie, Head Teacher.

If this does not resolve the issue, they can make a formal complaint through the normal school complaints procedure.

If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.