



Minerva
Learning Trust

**Supporting Student/pupil/pupils with
Medical Conditions Policy
2021-22**

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Version Control

Version 2

- Added in supporting legislation
- Added in supporting Trust policies
- Added in 14.4 – Emergency Inhalers
- Added section 15 - Auto Adrenaline Auto-injectors
- Added section 16 – Automated Defibrillator Devices

1. Introduction

Minerva Learning Trust is committed to reducing the barriers to sharing in school life and learning for all its student/pupil/pupils. This policy sets out the steps which the school will take to ensure full access to learning for all its children who have medical needs and are able to attend school.

What is the Policy for?

The over-arching purpose of this policy is to make sure children and young people have successful and fulfilling lives. This policy sets out specific guidance on the principles that should apply to the management of medical conditions, including the administration of medications. The outcome should be that they can play a full and active role in all aspects of school life including trips, educational visits and residential and extended school activities, such that they remain healthy and achieve their academic potential.

Who is the Policy for?

The policy applies to all staff employed by the educational establishments which form part of Minerva Learning Trust, as well as members of the Local Governing Bodies of those establishments, central staff, Members, Trustees and any consultants undertaking work on behalf of the Trust.

Related Policies

This policy should be read in conjunction with the following Trust policies:

- Health and Safety Policy;
- Concerns and complaints policy;
- Trips & Visits Policy.

Related Legislation and Regulation

This policy is issued in line with statutory and non-statutory guidance relating to:

- Section 100 of the Children and Families Act 2014, which places a duty on proprietors of academies to make arrangements for supporting pupils at their school with medical conditions.
- Supporting pupils at school with medical conditions – DfE statutory guidance
- Statutory Framework for the Early Years Foundation Stage
- Education (Independent School Standards) Regulations 2014
- Education and Skills Act 2008; 2.3.4. Children Act 1989;
- Childcare Act 2006;
- Equality Act 2010;
- Human Medicines Regulations 2012;
- Data Protection Act 2018 and General Data Protection Regulation (GDPR).
- Automated external defibrillators (AEDs): a guide for schools (DfE, February 2018);
- Guidance on the use of emergency salbutamol inhalers in schools (Department of Health, March 2015);
- Guidance on the use of adrenaline auto-injectors in schools (NHS Choices);
- Guidance on first aid for schools (DfE, February 2014).

2. Roles and responsibilities

The Headteacher is responsible for:

- Ensuring all staff are aware of this policy on supporting student/pupil/pupils with medical conditions, understand their role in its implementation and follow the correct procedures.
- Designating a named individual/s who is responsible for effective implementation of this policy.
- Ensuring this policy clearly identifies how the roles and responsibilities of staff who are involved in the arrangements to support student/pupil/pupils at school with medical conditions are made clear to both staff, parents/carers and the child.
- Ensuring all relevant staff are aware of an individual child's medical condition and needs.
- Ensuring that sufficient numbers of staff receive appropriate training to fulfil the roles and responsibilities of supporting children with medical conditions i.e. the school is able to deliver against all Individual Healthcare Plans (IHCPs) and implement policy, including for example in contingency or emergency situations and management of staff absence.
- Ensuring that a system is in place which identifies procedures to be followed on receipt of notification of a student/pupil/pupil's medical needs; procedures should cover any transitional arrangements or when student/pupil/pupil needs change (see Appendix 1).
- Ensuring that cover arrangements are always available in the event of staff absence or staffing changes, including briefing for volunteers, supply teachers and appropriate induction for new members of staff.
- Ensuring that IHCPs are in place, where appropriate, and developed in consultation with parents/carers, healthcare professionals, relevant staff and (if appropriate) the child or young person.
- Ensuring IHCPs are monitored and are subject to review, at least annually, or sooner if needs change.
- Ensuring risk assessments relating to the school environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations.
- Ensuring risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations.
- Ensuring a complaints procedure is in place and is accessible.
- Ensuring the notification procedure is followed when information about a child's medical needs are received (Appendix 1).
- Ensuring parents/carers provide full and up to date information about their child's medical needs by completion of 'Parent/Carer Information about a Child's Medical Condition' form (Template A).
- Deciding, on receipt of a 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' form (Template B), on a case by case basis, whether any medication or medical intervention will be administered, following consultation with staff.
- Deciding, on receipt of a 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention (Template C), on a case by case basis, whether any medication will be carried by the child, will be self-administered by the child or any medical intervention will be self-administered by the child, following consultation with staff, if appropriate.

All staff are responsible for:

- Any member of staff may be asked to provide support for a child with a medical condition, including the administration of medicine(s) and medical intervention(s), although they cannot be required to do so; this is a voluntary role.
- School staff will receive sufficient and suitable training and achieve competency before they take on responsibility for supporting children with medical conditions.

- Where children have an IHCP, the roles and responsibilities of staff will be clearly recorded and agreed.

3. Managing prescription medicines which need to be taken during the school day

- 3.1 Parents/carers should provide full written information about their child's medical needs.
- 3.2 Short-term prescription requirements should only be brought to school if it is detrimental to the child's health not to have the medicine during the school day. If the period of administering medicine is 8 days or more, there must be an Individual Health Care Plan put in place.
- 3.3 The school will not accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosages.
- 3.4 The school will not administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, unless it is done as part of an Individual Health Care Plan.
- 3.5 Medicines should always be provided in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. In all cases this should include:
 - Name of child
 - Name of medicine
 - Dose
 - Method of administration
 - Time/frequency of administration
 - Any side effects
 - Expiry date
- 3.6 Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff are authorised to administer a controlled drug, in accordance with the prescriber's instructions. A child may legally have a prescribed controlled drug in their possession. The school will keep controlled drugs in a locked non-portable container, to which only named staff will have access.

A record of access to the container will be kept. Misuse of a controlled drug is an offence, and will be dealt with under the school's behaviour policy.
- 3.7 The school will refer to the DfE guidance document when dealing with any other particular issues relating to managing medicines.

4. Procedures for managing prescription medicines on trips and outings and during sporting activities

- 4.1 The school will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. This may extend to reviewing and revising the visits policy and procedures so that planning arrangements incorporate the necessary steps to include children with medical needs. It might also incorporate risk assessments for such children.
- 4.2 If staff are concerned about how they can best provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP in line with the DfES guidance on planning educational visits.
- 4.3 The school will support children wherever possible in participating in physical activities and extra-curricular sport. Any restriction on a child's ability to participate in PE should be recorded on their Health Care Plan.
- 4.4 Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions, and will consider the need for a risk assessment to be made.
- 4.5 The school must cooperate with the Local Authority in fulfilling its responsibilities regarding home to school transport. This may include giving advice regarding a child's medical needs.

5. The roles and responsibilities of staff managing administration of medicines and for administering or supervising the administration of medicines

- 5.1 Close co-operation between schools, parents/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.
- 5.2 It is important that responsibility for child safety is clearly defined and that each person responsible for a child with medical needs is aware of what is expected of them.
- 5.3 The school will always take full account of temporary, supply and peripatetic staff when informing staff of arrangements for the administration of medicines.
- 5.4 The school will always designate a minimum of two people to be responsible for the administering of medicine to a child
- 5.5 Staff should **never** give a non-prescribed medicine to a child unless this is part of an individual Health Care Plan, **involving specific written permission from the parents/carers**. Where the school agrees to administer a non-prescribed medicine, it **must** be in accordance with this policy. Where a non-prescribed medicine is administered to a child it should be recorded and the parents/carers informed. If a child suffers from frequent or acute pain the parents/carers should be encouraged to refer the matter to the child's GP.
- 5.6 National Guidance states: 'A child under 16 should **never** be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.'
- 5.7 Any controlled drugs which have been prescribed for a child must be kept in safe custody.

- 5.8 If a child refuses to take medicine, staff will not force them to do so. Staff should record the incident and follow agreed procedures (which should be set out in the policy or the child's Health Care Plan). Parents/carers will be informed of the refusal on the same day. If refusal results in an emergency, the school's normal emergency procedures will be followed.
- 5.9 **If in doubt about a procedure, staff should not administer the medicine, but check with the parents or a health professional before taking further action.**

6. Parental responsibilities in respect of their child's medical needs

- 6.1 It is the parents/carers' responsibility to provide the school with sufficient *written* information about their child's medical needs if treatment or special care is needed.
- 6.2 Parents are expected to work with the headteacher, or designated person, to reach an agreement on the school's role in supporting their child's medical needs, in accordance with the school's policy.
- 6.3 The headteacher, or designated person, should have *written* parental agreement before passing on information about their child's health to other staff including transport staff. Sharing information is important if staff and parents/carers are to ensure the best care for a child.
- 6.4 If parents/carers have difficulty understanding or supporting their child's medical condition themselves, they should be encouraged to contact either the school nurse or the health visitor, as appropriate.
- 6.5 It is the parents/carers' responsibility to keep their children at home when they are acutely unwell.
- 6.6 It requires only one parent/carer to agree to or request that medicines are administered to a child. It is likely that this will be the parent with whom the school has day-to-day contact.
- 6.7 Prior written agreement should be obtained from parents/carers for any medicines to be given to a child.

7. Assisting children with long-term or complex medical needs

- 7.1 Where there are long-term medical needs for a child, including administration of medicine for a period of 8 days or more, a Health Care Plan should be completed, using **Form 2**, involving both parents/carers and relevant health professionals.
- 7.2 A Health Care Plan clarifies for staff, parents/carers and the child the help that can be provided. It is important for staff to be guided by the school nurse or the child's GP or paediatrician.
- 7.3 The school will agree with parents/carers how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.
- 7.4 The school will judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. Plans will also consider a student/pupil/pupil's age and need to take personal responsibility.
- 7.5 Developing a Health Care Plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual child.

- 7.6 In addition to input from the school health service, the child's GP or other health care professionals depending on the level of support the child needs, those who may need to contribute to a health care pro forma include the:
- Headteacher or designated adult
 - Parent or carer
 - Child (if appropriate)
 - Care assistant or support staff
 - Staff who are trained to administer medicines
 - Staff who are trained in emergency procedures
- 7.7 The school will consult the DfE publication '*Managing Medicines in Schools and Early Years Settings*' when dealing with the needs of children with the following common conditions:
- Asthma
 - Epilepsy
 - Diabetes
 - Anaphylaxis

8. Off-site education or work experience for secondary school student/pupil/pupils

- 8.1 The school has responsibility for an overall risk assessment of any off-site activity, including issues such as travel to and from the placement and supervision during non-teaching time or breaks and lunch hours. This does not conflict with the responsibility of the college or employer to undertake a risk assessment to identify significant risks and necessary control measures when student/pupil/pupils below the minimum school leaving age are on site.
- 8.2 The school will refer to the DfE guidance Work Related Learning and the Law DfES/0475/2004, the Health and Safety Executive and the Learning and Skills Council for programmes that they are funding e.g. Increased Flexibility Programme.
- 8.3 The school is also responsible for student/pupil/pupils with medical needs who, as part of Key Stage 4 provision, are educated off-site through another provider such as the voluntary sector, E2E training provider or further education college. The school will comply with LEA policy on the conduct of risk assessments before a young person is educated off-site or has work experience.
- 8.4 The school is responsible for ensuring that a work place provider has a health and safety policy which covers each individual student/pupil/pupil's needs.
- 8.5 Parents/carers and student/pupil/pupils must give their permission before relevant medical information is shared on a confidential basis with employers.

9. Policy on children carrying and taking their prescribed medicines themselves

- 9.1 It is good practice to support and encourage student/pupil/pupils, who are able, to take responsibility to manage their own medicines. If such medicines are taken under supervision, this should be recorded. An example of this would be a child with asthma using an inhaler.
- 9.2 There is no set age when a child or young person can take responsibility for their own medication. This needs to be a joint decision between school, parents/carers and the student/pupil/pupil. Please refer to **Form 7**.
- 9.3 Where student/pupil/pupils have been prescribed controlled drugs, these must be kept in safe custody. Student/pupil/pupils could access them for self-medication if it was agreed that this was appropriate.

10. Staff support and training in dealing with medical needs

- 10.1 The school will ensure that there are sufficient members of support staff who manage medicines. This will involve participation in appropriate training.
- 10.2 Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child **does so voluntarily** and will have appropriate training and guidance. They will also be made aware of possible side effects of the medicines, and what to do if they occur. The type of training necessary will depend on the individual case.
- 10.3 **Teachers' conditions of employment do not include giving or supervising a student/pupil/pupil taking medicines. Agreement to do so must be voluntary.**
- 10.4 The school will ensure that staff receive proper support and training where necessary, in line with the contractual duty on headteachers to ensure that their staff receive the training. The headteacher or designated adult will agree when and how such training takes place, in their capacity as a line manager. The head of the school will make sure that all staff and parents/carers are aware of the policy and procedures for dealing with medical needs.
- 10.5 Staff who have a child with medical needs in their class or group will be informed about the nature of the condition, and when and where the child may need extra attention.
- 10.6 The child's parents/carers and health professionals should provide the information specified above.
- 10.7 All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.
- 10.8 Back up cover should be arranged for when the member of staff responsible is absent or unavailable.
- 10.9 At different times of the day other staff, such as lunchtime supervisors, may be responsible for children. They will also be provided with training and advice.

11. Record keeping

- 11.1 Parents/carers should tell the school or setting about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.
- 11.2 The school will use **Form 3/5** to record short-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.
- 11.3 The school will use **Form 3/5** to record long-term administration of medication. **Consent forms should be delivered personally by the consenting parent/carer.** Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.
- 11.4 It is the parent/carer's responsibility to monitor when further supplies of medication are needed in the school. It is not the school's responsibility.
- 11.5 **Form 3/5** should be used to confirm, with the parents/carers, that a member of staff will administer medicine to their child.

12. Safe storage of medicines

- 12.1 The school will only store supervise and administer medicine that has been prescribed for an individual child.
- 12.2 Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.
- 12.3 Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, any side effects and the expiry date.
- 12.4 Where a child needs two or more prescribed medicines, each will be in a separate container.
- 12.5 Non-healthcare staff will never transfer medicines from their original containers.
- 12.6 Children will be informed where their own medicines are stored and who holds the key.
- 12.7 All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children and will not be locked away.
- 12.8 Schools may allow children to carry their own inhalers.
- 12.9 Other non-emergency medicines will be kept in a secure place not accessible to children.

- 12.10 A few medicines need to be refrigerated. They *can* be kept in a refrigerator containing food but *must* be in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines. It is acceptable for a staff room fridge to be used for storage, as long as medical items are clearly labelled.
- 12.11 Access to Medicines - Children need to have immediate access to their Medicines when required. The school will make special access arrangements for emergency medicines that it keeps.
- 12.12 However, it is also important to make sure that medicines are kept securely and only accessible to those for whom they are prescribed. This will be considered as part of the policy about children carrying their own medicines.

13. Disposal of medicines

- 13.1 Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. **Return of such medicines to parents should be documented.**
- 13.2 Parents/carers should also collect medicines held at the end of each term. If parents/carers do not collect all medicines, they will be taken to a local pharmacy for safe disposal. **This process should be documented.**
- 13.3 Sharps boxes will always be used for the disposal of needles. Collection and disposal of the boxes will be arranged with the Local Authority.

14. Procedure for supporting student/pupil/pupils with asthma and cancer

14.1 Minerva Learning Trust will support student/pupil/pupils with asthma:

- Welcome all young people with Asthma
- Encourage and help young people with asthma to participate fully in all aspects of school life.
- Recognise that asthma is an important condition affecting many young people of school age.
- Recognise that immediate access to inhalers is vital.
- Strive to make sure that the school environment is favourable to young people with asthma.
- Help other young people understand, so that they can support their friends.
- Have a clear understanding of what to do in the event of a child having an asthma attack.
- Work in partnership with parents, school governors, health professionals, school staff and young people ensuring successful implementation of school asthma policy

14.2 Management of Inhalers

- Many asthmatics may not need to take their reliever inhaler whilst they are in school, as they are well controlled, but it should be readily available to them in the event of an attack.
- Relievers' inhalers are normally blue and most acute attacks respond very well to prescribed inhalers when given immediately.
- (Preventor inhalers are coloured brown orange or burgundy and are not normally needed in the school day and are prescribed in the morning and evening)
- Parents with an asthmatic son/daughter in school should inform the school in writing of their treatment whilst at school and this recorded in school, available to those who responsible for the young person.

- Young people should be encouraged to be independent and allowed to keep their reliever inhaler with them at all times in their bags and administer their own asthma medicines when they need to.
- Any inhalers kept by the school should be clearly labelled with the young persons name in easy assessable place available at all times.
- Do not cause delay by locking the inhaler away.
- It is parents' responsibility to ensure inhalers remain within the expiry date and provide new inhalers as they empty.
- Make sure inhalers are always taken on school outings and residential trips where also additional preventors' inhalers may need to be taken

14.3 Emergency Inhalers

- The other requirements of this policy apply to emergency inhalers, including but not limited to appropriate training, use, supply, storage, care, disposal and record keeping. 9.2.
- The designated school medical needs lead and the Headteacher⁵ are responsible for ensuring that Guidance on the use of emergency salbutamol inhalers in schools (Inhalers Guidance) is properly implemented and followed.
- The school medical needs lead will hold and be responsible for restocking at least two emergency inhalers (which may be bought without prescription).
- An emergency inhaler may be used if a pupil's prescribed inhaler is not available (for example, because it is broken, or empty) or in the event of an asthma attack.
- Only pupils who have been diagnosed with asthma and /or who have been prescribed a reliever inhaler may use an emergency inhaler.
- The school medical needs lead will maintain an up to date register of pupils who have been diagnosed with asthma and /or who have been prescribed a reliever inhaler and in respect of whom parental consent to the use of the emergency inhaler has been obtained. The register should be reviewed regularly at least annually to take into account pupils' changing asthma care needs. A copy of the register is to be stored with the emergency inhalers.
- Parents / carers are to notify the school as soon as practicable that a particular pupil has been diagnosed with asthma and / or has been prescribed a reliever inhaler. Notification should be accompanied by a completed consent form signed by the parents / carers in the form set out at Annex B of the Inhalers Guidance.
- Completed consent forms should be stored on the pupil's file and, where appropriate, the ICHP updated accordingly.
- If an emergency inhaler is used by a pupil the school medical needs lead will notify the relevant parents / carers as soon as practicable.
- Emergency inhalers are also to be stored, cared and disposed of in accordance with Part 3 of the Inhalers Guidance.

14.4 How to involve children who have asthma in sport and exercise

Most young people with asthma are able to take part in all sporting activities without any problems. Young people who have had serious attacks of asthma in the past should enjoy sporting activities when they are well and are just as able as their non- asthmatic friends on the sports field.

- Make sure everyone in physical education is aware of the needs of children with asthma.
- Ensure that young people who have exercise induced asthma use their inhaler before they start exercise.
- It may also be necessary that have to take the inhaler during or after exercise.
- Make sure the young person always takes their inhaler to the gym, sports field or swimming baths.
- Young people who have symptoms of coughing wheezing or breathlessness should take their inhaler and wait at least five minutes or until they feel better before resuming exercise.

14.5 What to do in the event of asthma attack

A young person having an asthma attack will normally respond quickly to their reliever treatment. However severe attacks of asthma need urgent medical attention.

In rare cases, asthma can prove fatal and so must never be underestimated.

All school staff needs to know how to help in an attack and what to do in an emergency.

- Keep calm- this encourages the young person to keep calm
- Encourage the young person to sit up and slightly forward- do not lie them down
- Ensure 2 puffs of the reliever is promptly taken, this will open up the air ways.
- Loosen the clothing & reassure
- A member of staff should stay with the young person throughout the attack

If no improvement:

- One puff of the inhaler should be given every minute for five minutes or until symptoms improve (you cannot overdose on the inhaler)
- If the young person is too breathless or exhausted to talk
- If the lips are blue
- Call 999 if symptoms do not improve within 5-10 minutes or if you are in any doubt
- Unconscious –if person is unconscious and not breathing, mouth to mouth resuscitation will be required.

14.6 Liaison with Parents/ guardians

Parents/guardians and the school nurse should be notified if the following occurs:

- Excessive use of the reliever inhaler
- No reliever kept in school
- Excessive symptoms of breathlessness, wheeziest or coughing
- Excessive low attendance due to asthma

14.7 Cancer support

Dealing with the diagnosis and treatment of cancer is a stressful and emotional situation for children and their families. It is important that all student/pupil/pupils and families are supported by:

- Frequent liaison and communication with parents/carers
- Providing a key worker for the individual child
- Regular with the hospital/health care provider/doctor/nurse to ensure the right care and support is put in place
- Ensuring swift and accurate implementation of any health care advice or reasonable adjustments, as advised from the health care provider
- Completing an IHP which outlines the care plan for the child and ensuring effective communication and implementation of to and by key staff

15. Adrenaline Auto-injectors

- 15.1 Delays in administering AAI's have been associated with fatal outcomes. AAI's MUST be administered without delay to pupils if there are ANY signs of anaphylaxis present to those pupils who are known to be at risk of anaphylaxis, for whom both medical authorisation and consent for the use of AAI's have been provided.
- 15.2 School staff must always call 999 and request an ambulance if an AAI is used and keep a detailed record including, where the reaction took place and how much medication was given. Relevant parents / carers should be informed as soon as practicable.
- 15.3 The school medical needs lead and the Headteacher are responsible for ensuring that the Guidance on the use of adrenaline auto-injectors in schools (the AAI Guidance) is properly implemented and followed.
- 15.4 Where school are asked by parents/carers to store an AAI for a child this must be stored, cared and disposed of in accordance with Part 3 of the AAI Guidance and the other requirements of this policy apply to AAI's, including but not limited to appropriate training, use and record keeping.
- 15.5 The school medical needs lead must maintain an up to date register of pupils at risk of anaphylaxis this includes pupils who have been prescribed a AAI and those who have been provided with a medical plan confirming this, but who have not been prescribed AAI and in respect of whom parental consent to the use of the spare AAI has been obtained. The register should be reviewed regularly at least annually) 12 to take into account pupils' changing needs.
- 15.6 Parents / carers are to notify the school as soon as practicable that a particular pupil is at risk of anaphylaxis and in that case provide their consent to use the spare AAI's. The student/pupil's IHCP should be updated accordingly.

16. Automated External Defibrilators (AED)

- 16.1 Every School in the Trust must have an AED on site which is available at all times and must be situated in an easily and swiftly accessible location.
- 16.2 The AED should only be used where a person is in cardiac arrest. It should not be used where a person is conscious, breathing and/or his or her heart is still beating.
- 16.3 If a person is suffering from a cardiac arrest, the first person on the scene should immediately call the emergency services and commence CPR. If possible, a first aider who is trained in the use of AEDs should be called for. However, AEDs are designed to be used by any person by following the step-by-step instructions on the AED.
- 16.4 The person administering the AED should ensure that the area around the casualty is clear before administering the AED. He or she should then stay with the casualty until the emergency services arrive.

17. Training

- 17.1 Staff must not give prescription medicines unless they are trained in the administration of medicines nor should they undertake healthcare procedures without appropriate training. A First Aid Certificate does NOT constitute appropriate training in supporting children with medical conditions.
- 17.2 All staff will be made aware of the School's Policy for supporting student/pupil/pupils with medical conditions and their role in implementing that policy through for example whole school awareness training, involvement in development of IHCPs, staff briefing sessions etc.
- 17.3 Specialist training and advice will be provided by appropriate healthcare professionals, e.g. specialist epilepsy nurse, asthma training by school nurse etc, for staff involved in supporting student/pupil/pupils with medical conditions including the administration of relevant medicines/medical interventions.
- 17.4 Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.
- 17.5 Supporting a child with a medical condition during school hours is not the sole responsibility of one person.
- 17.6 Training will ensure that sufficient numbers of staff are competent and have confidence in their ability to support student/pupil/pupils with medical conditions, and to fulfil the requirements as set out in IHCPs. Induction training will raise awareness of the school's Policy and practice on supporting student/pupil/pupils with medical condition(s).
- 17.7 Training will be sufficient to ensure staff are competent and have confidence in their ability. The school will make every effort to ensure that specialist training will be completed as quickly as possible to ensure that the child is able to attend school safely.
- 17.8 A record of staff training carried out will be kept, identifying the date review or refresher training will be required where appropriate.

18. Individual Health Care Plans (IHCPs)

- 18.1 Where appropriate, an IHCP will be drawn up in consultation with the school, parents/carers, health professionals and any other relevant professionals.
- 18.2 The content of an individual child's IHCP will be dependent on the complexity of their needs and may include the following:
- An overview (Pen Portrait / One Page Profile) of the child's needs and provision in place in school to manage those needs.
 - A description of the medical condition, its presentation (signs, symptoms, triggers etc) and impact on access to the school environment and learning opportunities.
 - Arrangements around administration of medication(s) / medical intervention(s).
 - Arrangements around management of medical emergency situations. Arrangements around management and support for personal care needs, including intimate and invasive care e.g. catheterisation, toileting support, gastro-tube feeding etc.
 - Risk assessment for access to the school environment and curriculum.
 - Arrangements for evacuation in the event of an emergency.
 - The level of support required in school, who will provide this support, their training needs and cover arrangements for when they are unavailable.
 - How, if agreed, the child is taking responsibility for their own health needs.
 - A reference to staff confidentiality.
- 18.4 Individual Health Care Plans will be reviewed annually or sooner if needs change.

19. Intimate and Invasive Care

- 19.1 Cases where intimate or invasive care is required will be agreed on an individual basis. Decisions made about procedure and practice will be recorded within the student/pupil/pupils IHCP and take account of safeguarding issues for both staff and student/pupil/pupils.

20. Managing emergencies and emergency procedures

- 20.1 The Headteacher will ensure that all staff are aware of the school's general risk management processes and planned emergency procedures.
- 20.2 Where a child has an IHCP this will clearly define what constitutes an emergency and describes what to do. This may include:
- An Emergency Medical Protocol that details the actions to be taken by staff and supported by specialist training where relevant e.g. seizure management and administration of rescue medication.
 - A Personal Emergency Evacuation Plan (PEEP) that details the actions to be taken by staff to support the child's evacuation from the building, supported by specialist training where relevant e.g. use of an Evac chair; the PEEP should also detail the actions to be taken by staff to support how staff will manage the child's medical needs during the evacuation e.g. ensuring appropriate medication is taken outside and is available whilst at the assembly point.
- 20.3 School has a procedure for contacting emergencies services which is displayed in the appropriate places e.g. office, staff room etc.

21. Covid-19 addendum

21.1 Introduction

This addendum sets out the expectations of delivering first aid and supporting student/pupil/pupils with medical needs in light of the COVID-19 pandemic. It describes the additional measures put in place to minimise risk to student/pupil/pupils and staff and specific details on handling a suspected case of COVID-19. This addendum follows the advice and guidelines provided by the DfE.

Overarching this Addendum and the policy and procedures on supporting student/pupil/pupils with medical conditions is the request to parents to keep their child/children at home if they are feeling unwell (whatever the reason) or they have a medical condition which deteriorates.

If a student/pupil/pupil who has attended, or is attending the school or anyone else in the household is experiencing symptoms of COVID-19 (fever (temperature of 37.8°C or higher), new continuous cough, loss of or change in normal sense of taste or smell), they should remain at home and the parent must inform the school as soon as possible.

21.2 Administering first aid

Wherever possible, and depending on the age and understanding of the child, children are expected to wipe any wounds themselves with a disposable towel or cloth wipe. Should they need a plaster, many children will be able to put them on themselves and should be encouraged to do so. Staff must ensure that they are aware of any child in their class who is known to be allergic to plasters or other first aid item.

When delivering first aid, PPE will be available and staff are asked to wear what is appropriate to deal with the situation. PPE is disposable and includes aprons, masks, visor and gloves. If there is a significant amount of blood, staff should use a fluid resistant mask or visor. All equipment used must be disposed of in the correct manner and in line with our risk assessment control measures. Visors are available for members of staff to use and are personal to them. These can be cleaned after each use, but should only be used if there is a significant risk of bodily fluids entering the eyes, nose or mouth.

If you need any replenishment of first aid supplies please speak to reception.

In the event of an emergency situation with a child or a member of staff (i.e. serious risk of injury or ill-health), immediate help will be sought from the emergency services by dialling 999 and following normal school procedures.

21.3 Children with auto-injector pens or inhalers

Staff must ensure that children who have been issued with an auto-injector pen and/or an inhaler have them and that they are easily accessible to those who need them. As staff may have unfamiliar children with them, they must access SIMS to ensure that they have any additional information that they may need in order to support the children correctly and in an emergency situation. Anyone who requires additional training in the administration of auto-injector pens/inhalers must inform a senior member of staff immediately so that arrangements may be made to assist with this training need.

21.4 Administration of medication to children

The school will only accept prescribed medicines that are:

- In-date;
- labelled with the child's name;
- provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.

Careful consideration must be given by parents to a situation where the child or young person is prescribed antibiotics or steroids, as their resilience will be lowered due to infection or medication. Parents are advised to discuss such cases with the Head teacher/senior leader.

Where staff have to administer medication in the form of liquid (those with SEND), they must wear disposable gloves which can be disposed of immediately after use in line with PHE guidance. Any spoon used must then be appropriately cleaned in warm soapy water, or disposed of.

21.5 Children with Individual Healthcare Plans (IHP)

The SENDCo is responsible for ensuring the development of IHPs. As a child returns to school the school will check if they have an IHP and whether any adjustments need to be made, or whether a Single Risk Assessment needs to be carried out.

21.6 Children with underlying health conditions

Children and young people who have been identified as clinically extremely vulnerable due to pre-existing medical conditions, and following completion of a Single Risk assessment it is deemed that they cannot return to school, will continue to shield. Student/pupil/pupils deemed clinically should also have a Single Risk Assessment completed for them.

As part of our overall risk assessment, children who are defined as clinically vulnerable or have an underlying health condition, such as an immunity deficiency or a respiratory condition, must have an individual risk assessment carried out prior to them returning to school. As part of this risk assessment the child's parent(s) may be required to obtain medical proof that it is appropriate and safe for the child to be in school during the pandemic. This could be in writing or via a phone call from a medical professional to the Headteacher or other senior leader.

21.7 Supporting children who present with COVID-19 symptoms

If a child becomes unwell with symptoms of COVID-19 whilst at school they will be moved to the identified isolation room. The school must contact the parents and ask them to collect their child as soon as possible. If the child needs the toilet they must use the designated toilet. The isolation room and the toilet must be cleaned after use.

If the child needs direct personal care until they can return home and a distance between the child and supervising adult of 2 metres cannot be maintained, a disposable fluid-resistant surgical face mask, apron and gloves must be worn by the member of staff. All items will be disposed of following the procedures in the school risk assessment.

When a child or staff member develops symptoms compatible with COVID-19, they will be sent home and advised to self-isolate for 7 days and arrange to have a test to see if they have COVID-19.

They can do this by visiting NHS.UK to arrange or contact NHS 119 via telephone if they do not have internet access. Their fellow household members should self-isolate for 14 days. All staff and student/pupil/pupils who are attending an education or childcare setting and display symptoms of coronavirus (COVID-19), are encouraged to get tested in this scenario. The Headteacher or other senior leaders must follow the Public Health guidance on how to manage this situation.

Where the child or staff member tests negative, they can return to their setting and the fellow household members can end their self-isolation.

Where the child or staff member tests positive, the rest of their bubble within the school may have to be sent home including the teacher and supporting staff and advised to self-isolate for 14 days. The other household members of that wider class or group do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms. The school will work with the local PHE team and Test and Trace in order to manage this and to inform any decisions taken.

As part of the national test and trace programme, if other cases are detected within the cohort or school, Public Health England's local health protection teams will conduct a rapid investigation and will advise the school on the most appropriate action to take. In some cases, a larger number of other children may be asked to self-isolate at home as a precautionary measure – perhaps the whole class, site or year group.

Once a child or adult with COVID-19 symptoms has left the premises arrangements will be made to take the isolation room/area out of use until appropriate cleaning can be carried out.

22. Confidentiality and sharing information

- 22.1 Each school is should be aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the child and family at all time, which will be underpinned by the following principles:
- Schools will disseminate information to key members of staff involved in the child's care on a needs-to-know basis, as agreed with parents/carers.
 - Where the child has an IHCP this will be shared with key staff with regular, scheduled re-briefings.
 - The school will ensure that arrangements are in place to inform new members of staff of the child's medical needs.
 - The school will ensure that arrangements are in place to transfer information on a child's medical needs to staff during any transition.

23. Liability and indemnity

- 23.1 The Trust and school insurance policies provide liability cover relating to the administration of medicines.
- 23.2 In the case of medical interventions, individual cover may be arranged for any specific healthcare procedures, including information about appropriate staff training and other defined requirements of the insurance policy.
- 23.3 The expectation is that only appropriately trained and insured staff will be involved in supporting medical interventions.

24. Complaints procedure

- 24.1 In the first instance parents/carers dissatisfied with the support provided should discuss their concerns directly with the Headteacher/SENCo. If, for whatever reason, this does not resolve the issue then a formal complaint can be made by following the Trust's Complaints Policy.

FORM 1 – Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number
2. Give your location as follows
[insert school setting address]
3. State that the postcode is
4. Give exact location in the school/setting
[insert brief description]
5. Give your name
6. Give name of child and a brief description of child's symptoms
7. Give details of any medicines given or prescribed
8. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

Speak clearly and slowly and be ready to repeat information if asked

FORM 2 – Individual Health Care Plan (IHCP)

This plan should be regularly reviewed

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

/ /
/ /
/ /

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Describe medical needs and give details of child's symptoms

Daily care requirements (*e.g. before sport/at lunchtime*)

Describe what constitutes an emergency for the child, and the action to take if this occurs

Follow up care

Who is responsible in an emergency (*state if different for off-site activities*)

Form copied to

FORM 3A – Parental agreement for school/setting to administer medicine (short term)

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school/setting.

Name of school/setting	
Name of child	
Date of birth	/ /
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Date dispensed	/ /
Expiry date	/ /
Agreed review date to be initiated by	[name of member of staff]
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school/setting needs to know about?	
Self administration	Yes/No
Procedures to take in an emergency	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to

[agreed member of staff]

I accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only.

Date

Signature(s)

FORM 3B – Parental agreement for school/setting to administer medicine (long term)

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school/setting.

Name of school/setting

Date

Child's name

Group/class/form

Name and strength of medicine

Expiry date

How much to give (*i.e. dose to be given*)

When to be given

Any other instructions

Number of tablets/quantity to be given to school/setting

/ /
/ /

Note: Medicines must be in the original container as dispensed by the pharmacy

Daytime phone no. of parent/carer or adult contact

Name and phone no. of GP

Agreed review date to be initiated by

[name of member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting and other authorised staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only

Parent/carer's signature _____

Print name _____

Date _____

FORM 4 – Headteacher agreement to administer medicine

If more than one medicine is to be given a separate form should be completed for each

Name of school/setting

It is agreed that [name of child] will receive [quantity and name of medicine] every day at [time medicine to be administered e.g. lunchtime or afternoon break].

[Name of child] will be given/supervised whilst he/she takes their medication by [name of member of staff].

This arrangement will continue until [either end date of course of medicine or until instructed by parent/carers].

Date _____

Signed _____

(The Head teacher/Head of setting/named member of staff)

FORM 5 – Record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent/carer	/ /
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	/ /
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent/carer _____

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Record of medicine administered to an individual child (Continued)

Date

/	/	/	/

Time given

Dose given

Name of member of staff

Staff initials

Date

/	/	/	/

Time given

Dose given

Name of member of staff

Staff initials

FORM 6 – Record of medicines administered to all children

Name of school/setting

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Print name of staff	Signature
/ /							
/ /							
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FORM 7 – Request for child to carry his/her own medicine

This form must be completed by parent/carers/guardian

If staff have any concerns discuss this request with healthcare professionals

Name of school/setting

--

Child's name

--

Group/class/form

--

Address

--

Name of medicine

--

Procedures to be taken in an
Emergency

--

Contact Information

Name

--

Daytime phone no.

--

Relationship to child

--

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed _____

Date _____

If more than one medicine is to be given a separate form should be completed for each one.

FORM 8 – Staff training record for administration of medicines

Name of school/setting

--

Name

--

Type of training received

--

Date of training completed

/ /

Training provided by

--

Profession and title

--

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [please state how often].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

FORM 10 – Authorisation for the administration of Buccal Midazolam

Name of school/setting

Child's name

Date of birth

Home address

G.P.

Hospital consultant

/ /

should be given buccal midazolam mg.

If he has a *prolonged epileptic seizure lasting over minutes

OR

*serial seizures lasting over minutes.

An Ambulance should be called for *

OR

If the seizure has not resolved *after minutes.

(*please enter as appropriate)

Doctor's signature _____

Parent/carer's signature _____

Date _____

The following staff have been trained:

Trainers name and post

NB: Authorisation for the administration of buccal midazolam

As the indications of when to administer the midazolam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state:

- when the midazolam is to be given e.g. after 5 minutes; and
- how much medicine should be given.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

Records of administration should be maintained using Form 5