



Cleeve
Meadow
School

Medical Needs Policy

June 2020

To be reviewed June 2022

Contents

Introduction	3
Scope	3
Roles and responsibilities	
Governing body	4
Principle Designate	4
School staff	5
School nurse	5
Other healthcare professionals	5
Students	6
Parents	6
Local authorities	6
Providers of health services	6
Clinical commissioning groups	7
Ofsted	7
Procedure when notification is received that a student has a medical condition	7
Individual healthcare plans	7
Staff training and support	9
The child's role in managing their own medical needs	9
Managing medicines on school premises	
Prescription medicines	9
Controlled drugs	11
Non-prescription medicines	11
Emergency salbutamol (asthma reliever) inhalers	11
Emergency Adrenaline Auto-Injectors	13
Emergency procedures	15

Day trips, residential visits and sporting activities	15
Home to school transport	16
Automated external defibrillators	16
Unacceptable practice	16
Liability and indemnity	17
Complaints	17

Appendix A: Model process for developing individual healthcare plans

Appendix B: Parental Agreement for Cleeve Meadow School to Administer Medicine

Appendix C: Record of Medicine Administered to an Individual Child

Appendix D: Recognising and responding to an asthma attack

Appendix E: Consent form: use of emergency salbutamol inhaler

Appendix F: Record of emergency asthma inhaler administered to an individual child

Appendix G: Parental notification of emergency asthma inhaler use

Appendix H: Emergency asthma inhaler kit monthly contents check

Appendix I: Recognition and management of an allergic reaction / anaphylaxis

Appendix J: Weekly and post-use automated external defibrillator check

Appendix K: Automated external defibrillator monthly check

Introduction

Section 100 of the Children and Families Act 2014 places a duty on schools to make arrangements for supporting students at their school with medical conditions.

This policy should be read in conjunction with The Kemnal Academies Trust Health and Safety Policy. Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan. For children with SEN this policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice.

Scope

This policy is designed to ensure that:

- Students at school with medical conditions are properly supported so that they have full access to education, including school trips and physical education.
- The governing body is supported in its duty to ensure that arrangements are in place in school to support students at school with medical conditions; and
- The governing body is supported in its duty to ensure that school leaders consult health and social care professionals, students and parents to ensure that the needs of children with medical conditions are effectively supported.

Roles and responsibilities

The named persons who have overall responsibility for policy implementation are **Mrs Sandra Short** and **Mrs Juliet Morris**.

These persons are responsible for:

- Ensuring that the policy, plans, procedures and systems are properly and effectively implemented;
- Ensuring that sufficient staff are suitably trained to support a student with medical needs;
- Ensuring that all relevant staff will be made aware of a student's medical condition;
- Ensuring that there are cover arrangements in case of staff absence or staff turnover to ensure someone is always available;
- Briefing for supply teachers;
- Assisting with risk assessments for school visits, holidays, and other school activities outside of the normal timetable; and
- Developing, monitoring and reviewing individual healthcare plans in conjunction with healthcare professionals.

Governing body

It is the responsibility of the governing body to ensure that arrangements are in place to support students with medical conditions. In doing so it should ensure that such children can access and enjoy the same opportunities at school as any other child. In order to do so it should ensure that:

- It takes into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening;
- The focus is on the needs of each individual child and how their medical condition impacts on their school life;

- Its arrangements give parents and students confidence in the school's ability to provide effective support for medical conditions in school;
- The arrangements show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care;
- Sufficient staff are properly trained and competent to provide the support that students need before it takes on responsibility to support children with medical conditions;
- Its arrangements are clear and unambiguous about the need to support actively students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so;
- The risks to the health of others re the storage of medicines are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 202 (COSHH).
- The appropriate level of insurance is in place and appropriately reflects the level of risk, in respect of, for example, the administration of medication and inhalers, use of the automated external defibrillator, and individual cover for any health care procedures; and
- Policies, plans, procedures and systems are properly and effectively implemented.

Executive Head Teacher

The Executive Head Teacher is responsible for developing and effectively implementing the policy with partners and has overall responsibility for the development of individual healthcare plans. In addition the Executive Head Teacher is responsible for:

- Ensuring that all staff are aware of the policy and understand their role in its implementation;
- Ensuring that all staff who need to know are aware of the child's condition;
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations;
- Making sure that school staff are appropriately insured and are aware that they are insured to support students in this way;
- Providing information about medical conditions to supply staff;
- Ensuring that suitable accommodation is provided in order to cater for the medical and therapy needs of students in accordance with the School Premises Regulations 2012;
- Contacting the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

School staff

Any member of school staff may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so.

Teachers and support staff are responsible for:

- The day to day management of the medical conditions of children they work with, in line with training received and as set out in individual healthcare plans;
- Administering medication, if they have agreed to undertake that responsibility;
- Familiarising themselves with procedures detailing how to respond when they become aware that a student with a medical condition needs help;
- Where necessary, making reasonable adjustments to include students with medical conditions into lessons and extracurricular activities; and
- Ensuring that risk assessments are carried out for school visits and other activities outside of the normal timetable.

School staff must not give prescription medicines or undertake health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

School nurse

Where there is a school nurse, the school nurse is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. The school nurse may also support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. The school nurse can also liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

Other healthcare professionals

Other healthcare professionals should notify the school nurse when a child has been identified as having a medical condition that will require support at school and may provide advice on developing individual healthcare plans.

Students

Students with medical conditions should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plans.

Parents

Parents should:

- Provide the school with sufficient and up-to-date information about their child's medical needs;

- Be involved in the development, drafting and review of their child's individual healthcare plan, where appropriate;
- Complete a parental consent form for the school to administer medicines before bringing medication into school;
- Carry out any action they have agreed to in line with the parental consent form, e.g. provide in-date medicines and equipment, and ensure they or another nominated adult are contactable at all times;
- Collect leftover medication or medication which is no longer required or out of date; and
- Carry out any action they have agreed to as part of the implementation of their child's individual healthcare plan.

Local authorities

Local authorities are responsible for:

- Commissioning school nurses;
- Promoting cooperation between relevant parties such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation;
- Providing support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.
- Working with schools to support students with medical conditions to attend full time; and
- Making other arrangements where students would not receive a suitable education in a mainstream school because of their health needs. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Providers of health services

Providers of health services should cooperate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training.

Clinical commissioning groups (CCGs)

CCGs commission other healthcare professional such as specialist nurses and have a reciprocal duty to cooperate under Section 10 of the Children Act 2004. They should ensure that:

- Commissioning is responsive to children's needs and that health services are able to cooperate with schools supporting children with medical conditions;
- They are responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this).

Ofsted

Ofsted inspectors must consider how well a school meets the needs of the full range of students, including those with medical conditions.

Procedure when notification is received that a student has a medical condition

The named persons will liaise with relevant individuals, including, as appropriate, parents, the individual student, healthcare professionals and other agencies, to cover transitional arrangements between schools, the process to be followed upon reintegration or when students' needs change, and arrangements for any staff training or support.

- For children starting at the school arrangements should be in place for the start of the relevant school term.
- In other cases, such as a new diagnosis or children moving to the school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.
- Where appropriate, an individual healthcare plan should be developed.

The school does not have to wait for a formal diagnosis before providing support to students and may provide support based on available medical evidence and consultation with parents. Where evidence conflicts some degree of challenge may be necessary to ensure that the right support can be put in place.

Individual healthcare plans (IHCPs)

IHCPs can help to ensure that schools effectively support students with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one.

The school, healthcare professional and parent should agree, based on evidence, when an IHCP would be inappropriate or disproportionate. IHCMS , (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child, however, responsibility for ensuring it is finalised and implemented rests with the school. A flow chart for identifying and agreeing the support a child needs, and developing an IHCP, is outlined at Appendix A.

IHCPS should:

- Be easily accessible to all who need to refer to them, while preserving confidentiality;
- Capture the key information and actions that are required to support the child effectively;
- Where a child has SEN but does not have a statement or Education, Health and Care (EHC) plan, their special educational needs should be mentioned in their IHCP;
- Be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Students should also be involved whenever appropriate.
- Be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

When deciding what information should be recorded on IHCPs , the governing body should consider the following:

- The medical condition, its trigger, signs, symptoms and treatments;
- The student's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues;
- Specific support for the student's educational, social and emotional needs;
- The level of support needed, including in emergencies.
- If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents and the Executive Head Teacher for medication to be administered by a member of staff, or self-administered by the student during school hours;
- Process for if a child refuses to take medicine or carry out a necessary procedure;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and

- What to do in an emergency, including whom to contact, and contingency arrangements.

Staff training and support

Whole-school awareness training should be provided annually so that all staff are aware of the school's policy for supporting students with medical conditions and their role in implementing that policy.

Any member of school staff providing support to a student with medical needs should have received suitable training as identified during the development or review of IHCMS . Training should be sufficient to ensure that staff are competent and have confidence in their ability to support students with medical conditions, and to fulfil the requirements as set out in IHCMS . Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school may choose to arrange training itself and should ensure this remains up-to-date.

Staff must not give prescription medicines or undertake health care procedures without appropriate training.

The child's role in managing their own medical needs

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision if required. This should be reflected within IHCMS . Wherever possible, children should be allowed to carry their own prescription inhalers, adrenaline pens and insulin, (along with other relevant medical devices such as blood glucose testing meters) or should be able to access their medicines for self-medication quickly and easily. Students who are deemed competent should be permitted to carry single doses of non-prescription medicine for their own personal use during the school day.

If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but should contact the child's parent so that alternative options can be considered.

Managing medicines on school premises

Prescription medicines

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

- Students who are deemed competent to manage their own health needs and medicines, after discussion with parents, will be allowed to carry their own inhalers, adrenaline pens and insulin and relevant devices or will be allowed to access their medicines for self-medication.
- The school should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or pump, rather than in its original container.
- All medicines and devices (such as asthma inhalers, blood glucose testing meters and adrenaline pens) should be stored safely in a lockable cabinet in the school office, or if indicated on the prescription label, in a labelled container in the medicine fridge in the school office. The key to the medical cabinet is kept in the key safe in the school office.
- Medicines and devices should always be readily available to children, and should not be locked away during school hours.
- No student under 16 should be given prescription medicines without the parent's written consent (see Appendix B) – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.
- The administration of prescription medication may be carried out by Mrs Sasha Wilson, Mrs Joanna Flockhart, Mrs Paula Smith or Ms Juliet Morris.
- Staff administering medicines should ensure that they are giving the medication to the correct child and that they are administering the medicine in accordance with the prescriber's instructions. Staff should also check that the medication is in date.
- Medication, e.g. for pain relief, should never be administered without first checking maximum dosages, and when the previous dose was taken, with the child's parent. Parents should be informed when pain relief has been administered.
- If students refuse to take prescription medication at the time set out in the parental consent form school staff should not force them to do so. The school should inform the child's parents as a matter of urgency and if necessary implement its emergency procedures.
- A record should be kept of all medicines administered to individual children (see Appendix C), stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted on the parental consent form.
- All records for the administration of prescription medication should be held for eight years after the student has left the school.
- When out-of-date or no longer required, medicines should be collected by the parent to arrange for safe disposal. Any medicines not collected by parents should be taken to a pharmacy at the end of each term for safe disposal.

- Sharps boxes should always be used for the disposal of needles and other sharps.

Controlled drugs

In addition to the protocol set out for prescription medicines, schedule 2 controlled drugs such as Ritalin and Concerta XL, used in the management of ADHD, are subject to further procedures in line with The Misuse of Drugs (Safe Custody) Regulations 1973.

- Controlled drugs should be stored securely in a separate non-portable, locked, drug cabinet within the main medicine cabinet in the school office, which is easily accessible in an emergency. The key to the controlled drug cabinet is kept in the key safe in the school office.
- Access to the controlled drugs cabinet should be limited to the following staff: **Mr Rob Doyle, Mrs Joanna Flockhart, Mrs Sasha Wilson**
- Controlled drugs should be delivered to Mrs Sasha Wilson or Mrs Joanna Flockhart in person.
- Controlled drugs should only be provided in restricted quantities, equating to the dosage required for a maximum of half a term.
- Controlled drugs supplied by parents should be entered in the school controlled drug register as soon as they are received. Medication must be counted in by the designated member of staff and the parent and recorded and signed for in the controlled drugs register.
- The named persons responsible for the administration of the controlled drugs register are Mrs Sasha Wilson and **Mrs Joanna Flockhart**.
- A record should be kept of all controlled medicines administered to individual children (see Appendix C), stating what, how and how much was administered, when and by whom. In addition, the controlled drugs register must be completed and witnessed each time controlled drugs have been administered to show the remaining balance.
- Stock numbers of controlled drugs which are not administered on a regular basis should be checked weekly against the controlled drugs register.
- Controlled drugs should not be held on school premises during school holiday periods. Controlled drugs should be collected by parents by the last day of each term and the controlled drug register signed by the parent and designated member of staff confirming the quantity collected.

Non-prescription medicines

Non-prescription medicines should not be administered by school staff. Where appropriate, parents may allow their child to carry a single dose of paracetamol for self-medication, should pain relief be required during the school day. Parents should, however, be aware that the school will not monitor the carrying or administration of this medicine.

Emergency salbutamol (asthma reliever) inhalers

From 1st October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 allows schools to buy salbutamol inhalers, if they wish, without a prescription, for use in emergencies. The inhaler can be used by students whose prescribed inhaler is not available and who are included on the school's asthma register.

The school keeps an emergency asthma inhaler kit in the school office, containing a salbutamol metered dose inhaler, single-use plastic spacers and a copy of the school's asthma register. A second identical kit is also kept in the office and is available to staff for off-site trips and extracurricular activities involving students on the school's asthma register. The emergency inhalers and spacers should be stored separately from any child's inhaler and the emergency inhalers should be clearly labelled to avoid confusion with a child's inhaler.

Students should carry their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. However, in the event that a student suffers an asthma attack, and does not have access to their own inhaler, the student should be kept calm while the office is contacted and asked to bring the emergency asthma inhaler kit. A qualified first-aider will also be asked to attend to help to administer the inhaler. Training for first-aiders in the use of the emergency inhalers should be provided.

General information on how to recognise and respond to an asthma attack, and what to do in an emergency situation, is provided at Appendix D and is in line with the Department of Health's *Guidance on the use of emergency salbutamol inhalers in schools* (March 2015).

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The emergency salbutamol inhaler may still be used by these children if their own inhaler is not accessible as long as the school holds the appropriate parental consent form and where the parent has confirmed that it is safe to administer salbutamol.

- When the emergency inhaler is to be used staff should ensure that the student is included on the school's asthma register. The asthma register should be available to all staff via a shortcut on the desktop, with an up-to-date paper copy kept in the school's emergency asthma inhaler kits.
- Students should only be included on the school's asthma register where a written consent form has been completed and returned to school by a parent (see Appendix E), providing consent to the use of the emergency inhaler and confirming that the child has been diagnosed with asthma and been prescribed an inhaler, or has been prescribed a reliever inhaler. Consent forms should be updated annually to take account of changes to a child's condition.
- The use of an emergency asthma inhaler should be specified in a student's IHCP where appropriate.
- Use of the emergency inhaler should be recorded, including when the attack took place, how much medication was given, and by whom, as at Appendix F.
- Following use, parents should be informed in writing as at Appendix G.

- All records for the administration of emergency inhalers should be held for eight years after the student has left the school.
- The emergency inhalers should be primed when first used (e.g. spray two puffs). As they can become blocked again when not used over a period of time, they should be regularly primed on a monthly basis by spraying two puffs.
- To avoid possible risk of cross-infection, the plastic spacers should not be reused by a different student - they can be labelled with the student's name and stored in the office or given to the child to take home for future personal use.
- The inhaler itself can usually be reused, provided it is cleaned after use, however, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.
- After use the inhaler canister should be removed and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.
- Spent inhalers should be returned to the pharmacy for disposal.

Staff with responsibility for maintaining the emergency asthma inhaler kits are Mrs Sasha Wilson and Mrs **Joanna Flockhart**. These persons are responsible for ensuring that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available, as per the checklist at Appendix H;
- That replacement inhalers are obtained when expiry dates approach;
- Replacement spacers are available following use; and
- The plastic inhaler housing has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

Emergency inhalers and spacers are supplied to the school by **Aspire Pharmacy, 23 Sidcup High Street, Sidcup, Kent DA14 6EQ.**

Emergency Adrenaline Auto-Injectors

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allows all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of severe allergic reaction (anaphylaxis) but whose own device is not available or not working and who are included on the school's allergy register. The school's policy is in line with the Department of Health's *Guidance on the use of adrenaline auto-injectors in schools* (15 September 2017)

AAIs held by the school are spare / back-up devices and are not a replacement for the student's own AAI. Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times.

The school keeps an emergency anaphylaxis kit in the school office comprising:

- AAls.
- Instructions on how to store and use the devices.
- Manufacturer's information.
- A checklist of injectors (identified by batch number and expiry date with monthly checks recorded).
- A note of the arrangements for replacing injectors.
- A copy of the allergy register.
- An administration record.

A second identical kit is also kept in the office and is available to staff for off-site trips and extracurricular activities involving students on the school's allergy register.

Staff with responsibility for maintaining the emergency anaphylaxis kits are **Mrs Joanna Flockhart**. These persons are responsible for ensuring that:

- On a monthly basis the AAls are present and in date;
- Replacement injectors are obtained when expiry dates approach.

Students will only be included on the school's allergy register if they are at risk of anaphylaxis and where both medical authorisation and written parental consent for the use of the spare AAI has been provided via a completed British Society for Allergy & Clinical Immunology (BSACI) Allergy Action Plan. In providing their consent, parents are consenting to the school administering the spare emergency AAI which may be a different brand to the personal AAI prescribed for the student. The allergy register should be available to all staff via a shortcut on the desktop, with an up-to-date paper copy kept in the school's emergency anaphylaxis kits.

Information on the recognition and management of an allergic reaction / anaphylaxis is provided at Appendix I. Mild-moderate allergic reactions are usually responsive to antihistamine and where prescribed antihistamines are held in the school office these should be administered. However, mild reactions can develop into anaphylaxis and students having a mild-moderate reaction should therefore be monitored for any progression in symptoms.

Anaphylaxis commonly occurs together with mild symptoms but can also occur on its own. In the presence of severe symptoms it is vital that an AAI is administered without delay. Students should carry their own AAI at school for use in the event of anaphylaxis or should have AAls held in the school office. In the event that a student suffers anaphylaxis, staff should follow the guidelines provided in Appendix I and contact the office and request the emergency anaphylaxis kit along with a first-aider and a check of the allergy register.

AAls administered by staff will be administered through clothes into the upper outer thigh in line with the instructions provided by the manufacturers. If a student appears to be having a severe allergic reaction staff will call 999 even if the student has already used their own AAI device, or the school's spare AAI. If the student's condition deteriorates and a second dose of adrenaline is administered after making the initial 999 call, a second 999 call should be

made to confirm that an ambulance has been dispatched. The times that the AAI's were given should be noted and this information should be passed to the ambulance paramedics on arrival. A record should be kept of any AAI's administered in school, stating whether this was the school's spare AAI or the student's own device, and parents should be informed. All current first aiders are designated to give the emergency AAI's, all staff have undergone AAI training and in an emergency situation would be able to give the emergency AAI if needed. In the event of a possible allergic reaction in a student who does not meet the above criteria, emergency services should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

Emergency AAI's are supplied to the school by Aspire Pharmacy, 23 Sidcup High Street, Sidcup, Kent DA14 6EQ and may not be the same brand of device currently prescribed to the student. Aspire Pharmacy will also dispose of the school's used and out-of-date emergency AAI's.

Emergency procedures

In the event of an emergency staff should request an ambulance using the nearest phone and separately contact the office and ask for a first-aider to attend. Staff should inform the office of the exact location of the patient within the school and ask the office to contact the premises staff to open the relevant gates for the ambulance. A member of staff should also be sent to the relevant school gate to direct the ambulance.

Office staff should contact parents to inform them of the situation.

Where a child has an IHCP, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

Other students in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

Arrangements for dealing with medical emergencies for all school activities wherever they take place, including on school trips within and outside the UK, should be put in place as part of the school's general risk management processes.

Day trips, residential visits and sporting activities

Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate fully and safely according to their own abilities and with any reasonable adjustments.

The school should make arrangements for the inclusion of students in such activities with any adjustments as required, unless evidence from a clinician such as a GP states that this is not possible.

It is best practice to carry out a risk assessment so that planning arrangements ensure that students with medical conditions are fully and safely included. This will require consultation with parents and students and advice from the relevant healthcare professional to ensure that students can participate safely. Medication and IHCMS should be taken on all off-site activities.

Staff should also refer to the Health and Safety Executive (HSE) guidance on school trips.

Home to school transport

Home to school transport is the responsibility of local authorities. Where it is considered necessary on health and safety grounds, Transport healthcare plans may be developed for students with life-threatening conditions where parents provide consent.

Automated external defibrillators (AED)

An AED is a machine used to give an electric shock when a person is in cardiac arrest (when the heart stops beating normally). In view of the vital role that AEDs can play in saving the lives of students, staff and other users of school premises who suffer a cardiac arrest, the school has purchased an AED as part of its first-aid equipment.

The school's AED is located on the wall in the main school corridor outside the school office in CPS until the new building is completed.

AEDs are designed to be used by someone without any specific training and by following step-by-step instructions on the AED at the time of use. Training in the use of the AED should nevertheless be rolled out to those school staff who request it. All school staff should also receive a copy of the manufacturer's instructions and attend a short general awareness briefing session.

The AED should be checked on a weekly basis to ensure that it is not displaying any warning lights or messages and these checks should be recorded as at Appendix J. Additional monthly checks should be undertaken to ensure that batteries and pads are replaced in line with the manufacturer's specifications as per Appendix K. Further monthly and / or annual checks should be performed in line with the user manual.

After the AED has been used the school should contact the local ambulance service and make arrangements for the data stored on the AED to be downloaded. The school should also ensure that the AED is ready for use again by replacing pads and other consumables as required, and ensure that it is not displaying any warning lights or messages.

The AED should be replaced once it reaches the end of its anticipated service life, as advised by the manufacturer.

Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's IHCP, it is not generally acceptable to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- Send children with medical conditions home frequently for reasons associated with their medical conditions or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCP;
- 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 students 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 medication or provide medical support for 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.

Liability and indemnity

The school's governing body should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk, including liability cover relating to the administration of medication, as well as emergency inhalers, emergency AAls and use of the AED. Individual cover may need to be arranged for any health care procedures. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with.

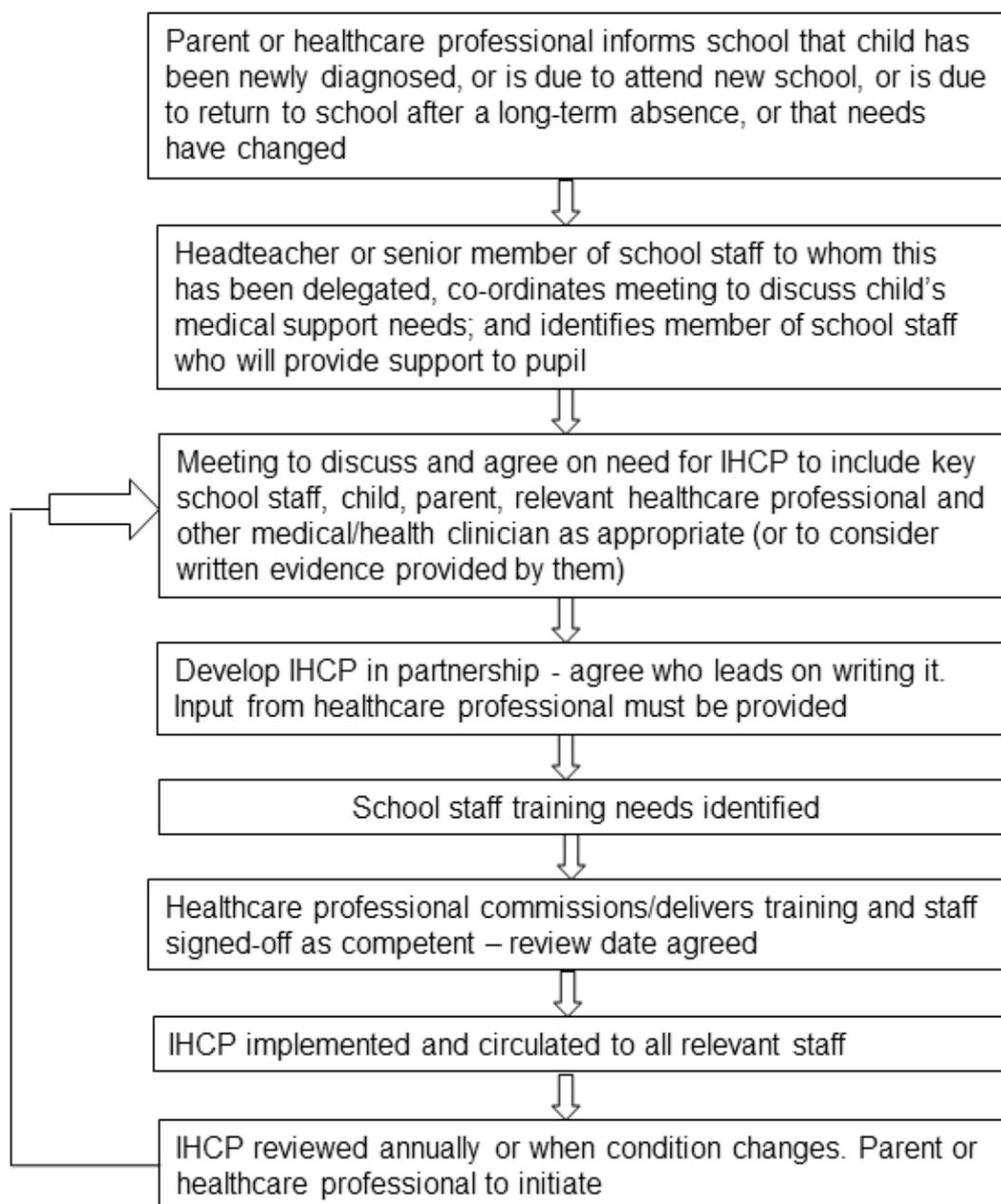
The school's insurance is provided by **Zurich Municipal, Zurich House, 2 Gladiator Way, Farnborough, Hampshire, GU14 6GB.**

A copy of the policy schedule is available to be viewed by members of staff who are providing support to students with medical conditions. Full written insurance policy documents may be requested by contacting **Mrs Sandra Short, Executive Business Manager.**

Complaints

Should parents or students be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint in accordance with the school's complaints policy.

APPENDIX A: PROCESS FOR DEVELOPING INDIVIDUAL HEALTHCARE PLAN



APPENDIX B

Parental Agreement for Cleeve Meadow School to Administer Medicine

Cleeve Meadow School will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school	Cleeve Meadow School
Name of child	
Date of birth	
Form	
Medical condition or illness	
Medicine	
Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – yes / no	
Procedures to take in an emergency	
NB: Prescribed medicines must be in-date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, dosage and storage. Insulin will be accepted inside an insulin pen or pump, rather than in its original container.	
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to (controlled drugs only)	Mrs Joanna Flockhart

The above information is, to the best of my knowledge, accurate at the time of writing.

I give consent to school staff administering medicine in accordance with the school policy.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I accept responsibility for ensuring that the school is provided with the required medicines and for ensuring that these are in-date.

I accept that it is my responsibility to arrange for the collection and disposal of surplus or out-of-date medicines, and that they cannot be given to my child to bring home. I

understand that the school reserves the right to dispose of any medicines which have not been collected.

I accept that in the case of medication for pain relief, I will be contacted by the school prior to the medication being administered to my child, to confirm that the maximum dose has not been exceeded and to check when the previous dose was taken.

Parent signature(s) _____ Date _____

Principle Designate's signature _____ Date _____

APPENDIX C: Record of Medicine Administered to an Individual Child

Name of school	Cleeve Meadow School								
Name of child									
Date medicine provided by parent									
Form									
Quantity received									
Name and strength of medicine									
Expiry date									
Quantity returned									
Dose and frequency of medicine									

Staff signature _____

Signature of parent _____

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

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

APPENDIX D: RECOGNISING AND RESPONDING TO AN ASTHMA ATTACK

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest “feels tight” (younger children may express this as tummy ache).
- Appearing exhausted.
- A blue / white tinge around the lips
- Going blue

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:

- Appears exhausted
- Has a blue / white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK:

- Keep calm and reassure the child;
- Encourage the child to sit up and slightly forward;
- Use the child’s own inhaler – if not available, use the emergency inhaler;
- Remain with the child while the inhaler and spacer are brought to them;
- Immediately help the child to take two separate puffs of salbutamol via the spacer;
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs;

- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better;
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE;
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way;
- The child's parents should be contacted after the ambulance has been called;
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent arrives.

This advice is in line with the Department of Health's *Guidance on the use of emergency salbutamol inhalers in schools* (March 2015)

APPENDIX E:

CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

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

The medicine contained in my child's current inhaler is.....[complete as appropriate].

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

In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive SALBUTAMOL from an emergency inhaler held by the school for such emergencies.

I can confirm that it is safe to administer salbutamol to my child and that my child has no known allergy to salbutamol. I can also confirm that the administration of salbutamol will not interact with any other medication taken by my child.

Signed: _____ Date:

Name (print).....

Child's name:

Class:

Parent's address and contact details:

.....
.....
.....

Telephone:

E-mail:

APPENDIX F:

Record of Emergency Asthma Inhaler Administered to an Individual Child

The emergency asthma inhaler may only be administered to pupils on the school's asthma register

Name of child	
Form	

Date			
Time given			
Location			
Dose given (no. of puffs)			
Parent notified			
Name of member of staff			
Staff initials			

Date			
Time given			
Location			
Dose given			
Parent notified			
Name of member of staff			
Staff initials			

APPENDIX G: PARENTAL NOTIFICATION OF EMERGENCY ASTHMA INHALER USE

Child's name:

Class:

Date:

Dear,

[Delete as appropriate]

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your child seen by you own doctor as soon as possible.

Yours sincerely,

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)   
2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline using another autoinjector device, if available.

In the event of a fault please refer to device manual

APPENDIX K

Automated External Defibrillator Monthly Check

Date	Battery expiry date	Pads expiry date	Training records up to date	Name and signature