

St Peter's CE Primary School



Supporting Pupils at School with Medical Conditions Policy

Date adopted by :

Date to be reviewed:



St.Helens Council

Approved by Full Governing Body on _____

To be reviewed on or before _____

Signed _____

Chair of Governors

Signed _____

Headteacher

1. Introduction

Pupils at school with medical conditions, including both physical and mental health conditions, should be properly supported so that they have full access to education, including school trips and physical education.

Some children with medical conditions may be disabled. Where this is the case, schools must comply with their duties under the Equality Act 2010. For children with SEND, this guidance should be read in conjunction with the SEND Code of Practice.

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

No child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. These arrangements must give parents and pupils confidence in the school's ability to provide effective support for medical conditions in schools.

Individual Health Care plans can help staff identify the necessary safety measures to support children and ensure that they and others are not put at risk.

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)

- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

Definition

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

Short-term, affecting their participation in school activities when they are on a course of medication

Long-term, potentially limiting their access to education and requiring extra care and support

2. Scope

It must be ensured that:

- Pupils at school with medical conditions are properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential;
- The Governing Body is supported in their duty to ensure that arrangements are in place to support pupils at school with medical conditions; and
- The Governing Body is supported in their duty to ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

3. Responsibilities

Governing Bodies

It is the responsibility of the Governing Body to ensure that arrangements are in place to support pupils with medical conditions. In doing so, they should ensure that such children can access and enjoy the same opportunities at school as any other child. In order to do so, the Governing Body will ensure that:

- 1) They make available adequate resources in the implementation of the Policy;
- 2) There are suitable arrangements at school to work in partnerships and to generally adopt acceptable practices in accordance with the Policy;
- 3) They take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening;

- 4) The focus is on the needs of each individual child and how their medical condition impacts on their school life;
- 5) In making their arrangements, they give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school;
- 6) The school demonstrates an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care;
- 7) That staff are properly trained to provide the support that pupils need; and
- 8) That written records are kept of all medicines administered to pupils.

Governing bodies include proprietors in academies and management committees of Pupil Referral Units.

Headteacher

Is responsible for implementing the policy and the developing of Individual Healthcare Plans and to ensure that relevant staff have sufficient resources, including training and personal protective equipment, to support pupils with medical conditions. In order to do so, they should identify a suitable named person who has overall responsibility for ensuring that:

- 1) sufficient staff are suitably trained;
- 2) all relevant staff will be made aware of the child's condition, including any requirement for the child to participate in outside the classroom activities where appropriate;
- 3) cover arrangements are in place at all times in case of staff absence or staff turnover to ensure someone is always available;
- 4) supply teachers are briefed;
- 5) risk assessments have been carried out for school visits, holidays, and other school activities outside of the normal timetable;
- 6) procedures are in place to cover any transitional arrangements between schools for any medical issues;
- 7) for children starting at the school, necessary arrangements are in place in time for the start of the relevant school term so that they start at the same time as their peers;
- 8) Individual Healthcare Plans (see Appendix 'A') are monitored including identifying pupils who are competent to take their own medication;
- 9) the accepting, storing and administering of medication is managed appropriately (see Appendix 'B'). Note: if the school chooses to hold an emergency Salbutamol Inhaler it should be cross referenced in the Asthma Policy;
- 10) appropriate protective equipment is made available to staff supporting pupils at school with medical conditions.
- 11) Monitoring arrangements are in place for the administering of medication.

Further to this, the Head teacher will need to ensure that there is effective co-ordination and communications with relevant partners, professionals, parents and the pupils.

In order to ensure that pupils' health is not put at unnecessary risk from infectious diseases, in line with safeguarding duties, Head teachers must inform parents that they should keep children at home when they are acutely unwell. **They should not accept a child in school at times where it would be detrimental to the health of that child or others to do so.** Also school staff should also not attend school if acutely unwell and must be clear of any vomiting and diarrhoea for 48 hours prior to returning to work.

In the event of an outbreak situation, the school must follow any guidance issued by Public Health England.

Teachers & Other Staff

Teachers & Other Staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Teachers & Other Staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.

Their responsibilities include:

- a) To be familiar with normal precautions for avoiding infection and follow basic hygiene procedures, as advised by health professionals. Staff should have access to and must use protective disposable aprons and non-powdered, non latex gloves (also face and eye protection if splashing is likely) and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment;
- b) To administer medication in accordance with parental agreement and as set out in the Individual Healthcare Plan, following receipt of a request from the parent for the school to administer medicine to their child, using form Appendix 'C', for prescribed medicines or Appendix D for over the counter medicines.
- c) The recording of long term conditions such as Epilepsy, Diabetes or Asthma in the pupil's file along with instructions issued by the Doctor as set out in the Individual Health Care Plan (see Appendix 'A'); Individual

Health Care plans will be developed by Mr Robinson.

- d) Ensuring that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case in writing; the school must not administer the first dose in case of a reaction to the medication.
- e) Ensuring that medicines are personally handed over to the school by a responsible adult and not by a child;
- f) Ensuring that medicines are in date and in the original container marked with a pharmacy label (for prescribed medicines) stating the child's name, the type of medicine, and the required dosage and storage instructions;

- g) Ensuring that medicines are kept within a secured area, out of the reach of children and visitors. This is except in situations, where children are competent to self-administer. For medicines and devices such as Asthma inhalers, blood glucose testing meters and adrenaline pens, these should not be locked away and should always be readily available to children;
- h) Logging any medicines administered to a child and entering a file note once the medicine is returned to the parents (see Appendix 'E');

The entry should include the pupil's name, drug administered, dosage, date and time.

- i) Ensuring that the directions on the Pharmacy label for prescribed medicines or over the counter medicines, the directions on the original packaging are strictly followed and that it corresponds with the parental agreement;
- k) Ensuring that another member of staff witnesses the administration of the medication, wherever possible;
- l) Ensuring that parents are informed of a refusal by their child to take medication on the same day. If a refusal to take medicines results in an emergency situation, the school or setting's emergency procedures should be followed; and
- m) Notifying the parents if the school becomes aware that their child has vomited or has had diarrhoea after taking the medication.

School Nurses

Every school has access to School Nursing Services (see Appendix M). They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but can be responsible for:

- a) 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;
- b) liaising with lead Clinicians locally on appropriate support for the child and associated staff training needs;
- c) supporting staff on implementing a child's individual Healthcare Plan; and
- d) advise and liaison on training to local school staff

Community Nursing Teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other Healthcare Professionals

This includes GPs, Specialist Healthcare Teams and Paediatricians and should:

- a) notify the School Nurse when a child has been identified as having a medical condition that will require support at school;
- b) provide advice on developing Healthcare Plans; and
- c) provide support in schools for children with particular conditions (eg, Asthma, Diabetes).

Parents

Parents should:

- a) provide the school with sufficient and up-to-date information about their child's medical needs;
- b) be involved in the development and review of their child's Individual Healthcare Plan, and in its drafting, where required; and
- c) carry out any action they have agreed to as part of the implementation of their child's Healthcare Plan, eg, provide medicines and equipment and ensure they or another nominated adult are contactable at all times. If they fail to provide sufficient medication, they should be contacted immediately and necessary arrangements made, eg, provision of medication, returning the child to the parent awaiting provision of the medication, etc.

Pupils

With medical conditions will often be best placed to provide information about how their condition affects them. They 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 Plan. Other pupils will often be sensitive to the needs of those with medical conditions.

After agreement with parents it is good practice to support and encourage pupils, who are able, to take responsibility for managing their own medicines from a relatively early age (see Appendix 'J'). Children develop at different rates and so the ability to take responsibility for their own medicines varies. If pupils can take their medicines themselves, staff may only need to supervise.

Inhalers for pupils with Asthma need to be readily available. They should always be available during physical education classes and outdoor learning experiences.

Local Authorities

Local Authorities are responsible for:

- a) commissioning School Nurses;
- b) promoting co-operation between relevant partners 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 (Section 10 of the Children Act 2004);
- c) 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;
- d) working with schools to support pupils with medical conditions to attend full time;
- e) making alternative arrangements where pupils would not receive a suitable education in a mainstream school because of their health needs. Statutory guidance determines this to be when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Providers of Health Services

Should co-operate 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.

Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical Commissioning Groups (CCGs)

Commission other healthcare professionals such as Specialist Nurses and have a reciprocal duty to co-operate under Section 10 of the Children Act 2004. They should ensure that:

- a) commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions; and
- b) 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).

4. Individual Healthcare Plans

It is not appropriate to send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless specified in their Individual Healthcare Plans (see Appendix 'A'). This will include requiring parents to provide up to date information about their child's medical needs, provide their child's medication to the school in the original container and also carry out any action they have agreed as part of their child's Healthcare Plan, where one is in place.

The aim of Individual Healthcare Plans should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

The school has responsibility for ensuring Individual Healthcare Plans are finalised and implemented. They should agree with partners who will take the lead in writing the Plan. They need to be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Individual Healthcare Plans (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. Pupils should be involved whenever appropriate.

In deciding what information should be recorded on Individual Healthcare Plans the following should be considered:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication 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 pupil's educational, social and emotional needs;
- the level of support needed including in emergencies;
- whether a pupil can self-manage their medication and the monitoring arrangements;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the Head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- 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, eg, risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Healthcare Plan prepared by their Lead Clinician that could be used to inform development of their individual Healthcare Plan; and

Schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgments will be needed about what support to provide based on the available evidence. If consensus cannot be reached, the Headteacher is best placed to take a final view.

5. Administration of Medication

The administration of medication at school will minimise the time that pupils will need to be absent.

Some children may need to take medicines at some time during their time in a school. The school will be flexible in their approach and examples of circumstances under which they may be requested to administer medicines are:

1. Cases of chronic conditions eg, Diabetes, Asthma or Epilepsy; or
2. Acute situations e.g. anaphylactic shock
3. Cases where pupils recovering from short term illnesses may be well enough to attend school but need to finish a course of antibiotics, cough medicine, etc.

However, medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the day. It should be noted that wherever feasible parents should administer medication outside of school hours.

Schools settings must never administer the first dose of any new medication

The management of accepting, storing and administering any medication can be completed by ensuring that;

- a) Consent is always obtained from parents (see Appendix 'C'), before the administration of any medication. Schools must not administer medication without written consent.
- b) As agreed with parents, any administration of medication is always recorded (see Appendix 'E/F'); and
- c) Medication is always stored securely and appropriately, with restricted access, but is always easily accessible to the child in case of an emergency.
- d) As part of the signed agreement with parents, action is taken to ensure that medication is administered;
- e) Parents and all staff are aware of the policy and procedures for dealing with medical needs;
- f) The appropriate systems for information sharing are followed;
- g) Staff managing the administration of medicines and those who administer medicines have received training and support from health professionals, to achieve the necessary level of competency before they take on responsibility to support children with medical conditions (see appendix 'G'). This training includes induction arrangements for new staff and must be refreshed at suitable intervals as advised and a minimum requirement is every 3 years;
- h) The school will not accept medicines that have been taken out of the original container, unless this has been done by a Pharmacist and the medication is in the packaging/container supplied and labelled by the Pharmacist. Another exception to this is Insulin which must still be in date, but will generally be available inside an Insulin pen or a pump, rather than in its original container;
- i) The school never makes changes to dosages on parental instructions;
- j) Circumstances requiring extra caution as per Individual Health Care Plans are taken into account:
 - Where the timing of administration is crucial;
 - Where serious consequences may occur through failure to administer;
 - Where technical or medical knowledge is needed;
 - Where intimate contact is necessary.

In these circumstances Head teachers should consider carefully what they are being asked to do. Even if it is within the interest of the child to receive the medication in school, staff cannot be instructed to administer, however, the school still has a duty to ensure that arrangements are in place to support such pupils. In these cases, it would be useful to speak to the School Health Nurse.

Non-Prescription Medication (Over the Counter Medicines)

Over the counter medicines do not need an appropriate practitioners prescription, signature or authorisation in order for a school to give them.

- a) Over the counter medicines, eg, Hayfever treatments, cough/cold remedies should only be accepted in exceptional circumstances and treated the same way as prescription medication. The parent/carer must clearly label the container with the child's name, dose and time of administration and complete a parental consent form (see Appendix 'D'). The

medication should be provided in the original container with the patient information leaflet (PIL).

- b) There is a potential risk of interaction between prescription and over the counter medicines, so where children are already taking prescription medicine(s), prior written approval from the child's GP should be sought.
- c) The use of over the counter medicines should normally be for a limited period only. Therefore, where these medicines are administered the recommendations contained within the patient information leaflet (PIL) should always be followed;
 - *E.g. for Paracetamol - 'if no better in three days seek the advice of a GP', therefore, schools should only administer for three days unless they have had assurance the child had been seen by the GP*

Where a child's symptoms persist, medical advice should be sought by the parent.

Other remedies, including herbal preparations, should not be accepted for administration in the school/setting.

- d) Only after parental advice will the school administer Paracetamol or other pain relief. For pupils under 16, parental consent must be obtained beforehand and a record of that consent and administration should be made.
- e) The school **may** keep its' own stock of pain relief, however it must only be used after verbal agreement from parents. in serious cases.
- f) A dose of paracetamol or pain relief should only be given after effort has been made to ease the pupil's pain through other methods, i.e, rest, fresh air, etc. Before each dose of the medication is given, the school should obtain parental consent. The school must ask the parent how many doses of the pain relief have been administered in the previous 24 hours, and only administer pain relief if in line with the recommended dose. A record of that consent and any medication administered should be made.
- g) Staff should check that the over the counter medicine has been administered without adverse effect to the child previously and that parents have certified this is the case – a note to this effect should be recorded in the written parental agreement for the school/setting to administer medicine.
- h) If a child suffers regularly from frequent or acute pain, the parents should be encouraged to refer the matter to the child's GP.

A child under 16 should never be given aspirin-containing medicine unless prescribed by a Doctor.

Prescription Medicines

- a) For Prescription Medicines, only medicines that are in date, labelled and have been prescribed by a Doctor, Dentist, Nurse Prescriber or Pharmacist Prescriber are accepted;
- b) Prescription Medicines should always provided in the original container as dispensed/supplied by a Pharmacist or in a container as dispensed and labelled again by a Pharmacist. It must include the prescriber's instructions for administration, child's name and dosage and storage requirements;

- c) The school will not accept medicines that have been taken out of the original container, unless this has been done by a Pharmacist and the medication is in the packaging/container supplied and labelled by the Pharmacist. Another exception to this is Insulin which must still be in date, but will generally be available inside an Insulin pen or a pump, rather than in its original container;

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated Regulations. Some may be prescribed as medicine for use by children, eg, Ritalin[®], Methylphenidate.

It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed and this is documented in the child's health care plan.

Any trained and competent member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering the medicine should do so in accordance with the prescriber's instructions.

Controlled drugs should be stored securely (a locked non-portable container), with limited access but should be easily accessible in an emergency, by named staff. A record should be kept for audit and safety purposes (see Appendix 'E');

A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local Pharmacy). If this is not possible, it should be returned to the dispensing Pharmacist (details should be on the label). A written record should be kept, signed by the pharmacist and the parents informed.

Misuse of a controlled drug, such as passing it to another child or another person for use, is a criminal offence.

6. Storing Medicines

Medication should be stored as follows:

1. Medicines should be kept in a secure place with restricted access, with limited exceptions. Medicines and devices such as Asthma inhalers, blood glucose testing meters (and strips) and adrenaline pens should be always readily available to children and not locked away, but always in the vicinity of the relevant pupils.
2. A few medicines need to be refrigerated. Subject to the Individual Healthcare Plan (see Appendix 'A'), these can be kept in a refrigerator on a separate shelf, but should be in an airtight container and clearly labelled. Where medicines are required to be kept refrigerated, daily temperature checks should be undertaken on a recorded basis (see Appendix N).
3. Large volumes of medicines should not be stored;
4. Children should know where their own medicines are stored, who holds the key and be able to access them;
5. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which it was dispensed;

6. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, storage instructions and the frequency of administration;
7. Where a child needs two or more prescribed medicines, each should be in a separate container;
8. Staff should never transfer medicines from their original containers;
9. The inhaler and spacers for Salbutamol inhalers (see below) must be kept in a safe and suitably central location in the school, such as the school office or staffroom, which is known to all staff, and to which all staff have access at all times, but in which the inhaler is out of the reach and sight of children. The inhaler and spacer should not be locked away.

7. Medicine by Injection

The school has a duty to support children with medical conditions at school and as a result trained and competent staff may be required to administer injections to pupils suffering from conditions including Diabetes, Epilepsy, Anaphylactic Shock, etc. where the child is unable, for whatever reason, to do so themselves. In the case of pupils with an individual Healthcare Plan, the Plan must set out what to do in the case of an emergency. This response should be drawn up in consultation with the School Health Nurse, other medical professionals as appropriate and the child's parents.

As per the Individual Healthcare Plan, consideration in these circumstances must be given to the reasonableness of the child being able to participate in out of school activities such as educational visits, residential trips, etc.

8. Self-Management

After agreement with parents (see Appendix J), it is good practice to support and encourage children, who are able and competent to do so, to take responsibility to manage their own medicines from a relatively early age and the school will encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility. This should be documented in the Individual Health Care Plan after discussion health care professionals and parents.

9. Return/Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired or unused medicines are returned to a Pharmacy for safe disposal. They should also collect medicines held at the end of each term.

Any returned medicines should be documented on the administration record held in the child's file and the associated Healthcare Plan amended accordingly.

If parents do not collect all medicines, they should be taken to a local Pharmacy for safe disposal. A written record should be kept and parents informed.

It is the parent/carer's responsibility to replace medication which has been used or expired, at the request of the school staff.

Sharps boxes should always be used for the disposal of needles. Collection and disposal of the boxes should be arranged with the Local Authority.

10. Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and aprons where appropriate and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

The school will ensure that any member of school staff providing support to a pupil with medical needs has received suitable training. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual Healthcare Plans.

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.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual Healthcare Plans).

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

11. Children Requiring Emergency Medication

The Individual Healthcare Plans should detail the pupils and circumstances when emergency medication is required. All emergency medication must be readily available and located in an accessible place in a school, which has been communicated to staff and relevant pupils.

12. Transportation of Medication

In circumstances where the Local Authority provides school transport for pupils, the vehicle must be equipped with a lockable box and the medication placed in the box in a sealed bag by the responsible person. Once pupils have been collected, the box should be locked by the driver and, on arrival at school, handed to the relevant member of staff. The same procedure should apply where medication needs to be returned home with the pupil.

If a child requires emergency medication, this will be placed in a separate box so that it is easily and immediately accessible and arrangements made by the school for the Passenger Assistant to be trained in administering the medication.

The Transport Section operate a signing in/out procedure for medication when transferring children from home to school and on return.

13. Keeping Emergency Salbutamol Inhalers in School

Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with Asthma in every classroom in the UK. Children should have their own reliever inhaler at school to treat symptoms and for use in the event of an Asthma attack. If they are able to manage their Asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them.

From 1st October 2014, the Human Medicines (Amendment) (No. 2) Regulations 2014 allowed schools to keep a Salbutamol inhaler for use in emergencies.

The emergency Salbutamol inhaler should only be used by children for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with Asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled Salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

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

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school. However, this is a discretionary power enabling schools to do this if they wish.

In order to use this, the school will:

- 1) Have a register of children in the school that have been diagnosed with Asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler;
- 2) Have written parental consent for use of the emergency inhaler included as part of a child's individual Healthcare Plan (see Appendix 'A');
- 3) Ensure that the emergency inhaler is only used by children with Asthma with written parental consent for its use (See Appendix 'K');
- 4) Ensure that appropriate support and training for staff in the use of the emergency inhaler is provided in line with the school's wider policy on supporting pupils with medical conditions;
- 5) Maintain records of use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler;
- 6) Have at least two volunteers responsible for ensuring the protocol is followed.

Schools can buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver Asthma medicine to the lungs) from a pharmaceutical supplier, provided the general advice relating to these transactions are observed. Schools can buy inhalers in small quantities, provided it is done on an occasional basis and is not for profit. The supplier will need a request signed by the Principal or Headteacher (ideally on appropriately headed paper) stating:

- 1) The name of the school for which the product is required;
- 2) The purpose for which that product is required, and
- 3) The total quantity required.

Schools may wish to discuss with their Community Pharmacist the different plastic spacers available and what is most appropriate for the age-group in the school. Community Pharmacists can also provide advice on use of the inhaler. Schools should be aware that Pharmacies cannot provide inhalers and spacers free of charge and will charge for them.

With regard to care of the inhaler, the two named volunteers amongst school staff should have responsibility for ensuring that:

- 1) On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- 2) That replacement inhalers are obtained when expiry dates approach;
- 3) During an incident, spacers should be available for use for an individual child and must be replaced following use;
- 4) The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use (providing it has been used with the spacer), or that replacements are available if necessary.

14. Defibrillators

The school has to automated external defibrillators (AED). The AED will be stored outside the head teachers room in an unlocked, alarmed cabinet.

All staff members and pupils will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed annually.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

Maintenance checks will be undertaken on AEDs on a weekly basis by the school nurse, who will also keep an up-to-date record of all checks and maintenance work.

Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

The school's Allergen and Anaphylaxis Policy is implemented consistently to ensure the safety of those with allergies.

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The external catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name

of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law. Further information relating to how the school operates in line with Natasha's Law can be found in the Whole-School Food Policy.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy. Where a pupil has been prescribed an AAI, this will be written into their IHP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

In the event of anaphylaxis, a staff member will be contacted via a [two-way radio](#). Where there is any delay in contacting staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

The school will keep a spare AAI for use in the event of an emergency, which will be checked on a [monthly](#) basis to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

Further information relating to the school's policies and procedures addressing allergens and anaphylaxis can be found in the Allergen and Anaphylaxis Policy.

15. Day Trips, Residential Visits and Sporting Activities

Arrangements must be clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities (including physical education lessons) and not prevent them from doing so, unless it is otherwise stated in their Individual Healthcare Plan.

Teachers and/or other designated school staff 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 according to their own abilities and with any reasonable adjustments.

Arrangements should be made for the inclusion of pupils in such activities with any reasonable adjustments as required; unless evidence from a clinician such as a GP states that this is not possible.

The school will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely in school trips and visits, or in sporting activities. The school must carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

When storing or transporting medicines for day trips, residential visits and sporting activities, the school should refer to the 'Transportation of Medication' and 'Storing Medicines' sections within this Policy.

16. Emergency Procedures

The Individual Healthcare Plan should clearly define what constitutes an emergency for that particular child and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

As part of general risk management processes all schools should also have arrangements in place for dealing with emergency situations. Schools should therefore take care not to solely focus on emergencies identified in the Individual Healthcare Plans and appreciate that other emergency situations may occur.

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back-up cover should be arranged for when the member of staff responsible is absent or unavailable, this includes out of class activities. At different times of the day other staff may be responsible for children, such as Midday Supervisors. It is important that they are also provided with training and advice. Other children should know what to do in the event of an emergency, such as, telling a member of staff.

17. Transport to Hospital

Where the Headteacher/person responsible for the child considers that hospital treatment is required, the school should contact the Emergency Services for advice and follow it. Parents must be contacted and informed of the situation.

If a child needs to be taken to hospital, staff must stay with the child until the parent arrives to accompany the child, or accompany a child taken to hospital by Ambulance and stay with the child until their parents/guardians arrive. Schools need to ensure they understand the local Emergency Services cover arrangements and that the correct information is provided for navigation systems.

If, despite being fully appraised of the situation, the Emergency Service does not consider it necessary for transport by Ambulance, but the school considers that further medical advice is required, the school should contact the pupil's next of kin. If the next of kin cannot be contacted and/or do not have access to own transport, the school can, **only in these exceptional circumstances** arrange to transport the injured person using their school staff transport. They must be accompanied by an additional responsible adult to support the injured person. Please note: All staff who are likely to use their own vehicles for business travel must have the appropriate business insurance and a valid MOT certificate (where required). It is the responsibility of the Headteacher (or nominated officer) to check these documents together with the individual's Driving Licence in accordance with the St Helens Council Driving Policy.

18. Insurance

Schools using St Helens Council's Insurance Scheme:

Where a member of school staff acting in the course of their employment supports pupils with medical conditions, they will be indemnified by the Council's Employer's Liability Insurance for any claim for negligence relating to injury or loss through their actions, providing that the following criteria have been met:

- They have received full appropriate training and are competent to carry out any medical interventions for that pupil.
- They have received refresher training at the required intervals.
- They have used the relevant protective equipment for that purpose.
- There is written parental instruction and consent.
- It is made clear to non-trained staff that they should not administer medication.

Schools using Other Insurers:

Schools choosing not to use St Helens Council's Insurance Scheme should check with their own Insurers that the same cover applies.

Staff should have regard to any local guidance issued by appropriate Health Service staff.

18. Complaints

Should parents or pupils be dissatisfied with the support provided, they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's Complaints Procedure.

19. Review and Evaluation

This policy will be reviewed on an annual basis, to ensure that it continues to be effective and applicable and is in accordance with relevant legislation.