STRAMONGATE SCHOOL

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY AND PROCEDURES

March 2019

Contents

1 DEFINITIONS

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

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

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

Wherever the term 'school' is used this also refers to academies and references to Governing Bodies include Proprietors in academies include wrap around care provided by a setting such as After School Clubs and Breakfast Clubs.

2 STATEMENT OF INTENT

This policy is based on the statutory Department for Education (DfE) guidance document *'Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England'*, April 2014 to coincide with the application of section 100 of the Children and Families Act 2014 which came into force on 1 September 2014. Section 100 places a statutory duty on governing bodies to make arrangements to support pupils at school with medical conditions. It will be reviewed regularly and made readily accessible to parents, staff and, where appropriate, other adults working or volunteering in school.

The governors of Stramongate School believe that all children with medical conditions, in terms of both physical and mental health, should be properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential including access to school trips and physical education (PE).

We understand that the parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school because they may not receive the on-going support, medicines, monitoring, care or emergency interventions that they need while at school to help them manage their condition and keep them well. This school is committed to ensuring parents feel confident that effective support for their child's medical condition will be provided and that their child will feel safe at school by putting in place suitable arrangements and procedures to manage their needs. We also understand that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences and our arrangements take this into account. We undertake to receive and fully consider advice from involved healthcare professionals and listen to and value the views of parents and pupils. Given that many medical conditions that require support at school affect a child's quality of life and may even be life-threatening, our focus will be on the needs of each individual child and how their medical condition impacts on their school life, be it on a long or short term basis.

In addition to the educational impacts, we realise that there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. We fully understand that reintegration back into school needs to be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term and frequent absences, including those for appointments connected with a pupil's medical condition, (which can often be lengthy) also need to be effectively managed and the support we have in place is aimed at limiting the impact on a child's educational attainment and emotional and general wellbeing.

This school also appreciates that some children with medical conditions may be disabled and their needs must be met under the Equality Act 2010. Some children may also have special educational needs or disabilities (SEND) and may have a Statement of Special Educational Needs, or an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with special educational needs or disabilities (SEND), this policy should be read in conjunction with our SEND Policy and the DfE statutory guidance document '*Special Educational Needs and Disability: Code of Practice 0-25 Years*', January 2015.

3 ORGANISATION

3.1 The Governing Body

The governing body is legally responsible and accountable for fulfilling the statutory duty to make arrangements to support pupils with medical conditions in school, including the development and implementation of this policy.

Supporting a child with a medical condition and ensuring their needs are met effectively, however, is not the sole responsibility of one person - it is the responsibility of the governing body as a whole to ensure that:

- no child with a medical condition is denied admission or prevented from taking up a place at this school because arrangements to manage their medical condition have not been made while at the same time, in line with safeguarding duties, ensure that **no** pupil's health is put at unnecessary risk, for example, from infectious diseases;
- there is effective cooperative working with others including healthcare professionals, social care professionals (as appropriate), local authorities, parents and pupils as outlined in this policy;
- there is clear understanding at this setting's strategic level and, where relevant, across all partnership workers that:
    - Local Authorities (LA) and Clinical Commissioning Groups (CCG) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (S26: Children and Families Act 2014);
    - LAs are responsible for commissioning public health services for statutory school-aged children including school nursing, but this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility. When children need care such as postural support or gastrostomy and tracheostomy care, CCG commissioned arrangements must be adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school; and
    - Providers of health services should co-operate with school including appropriate communication, liaison with healthcare professionals such as specialists and children's community nurses, as well as participating in locally developed outreach and training.
    - Ofsted will consider how well a setting meets the needs of the pupils with medical conditions, making key judgements informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development.
- sufficient staff have received suitable training and are competent before they take on duties to support children with medical conditions;
- staff who provide such support are able to access information and other teaching support materials as needed.

- funding arrangements support proper implementation of this policy e.g. for staff training, resources etc.

3.2 The Head Teacher

The Head teacher of this school Mr M L Poole has a responsibility to ensure that this policy is developed and implemented effectively with partners.

To achieve this, the head teacher will have overall responsibility for the development IHCPs and will make certain that school arrangements include ensuring that:

- all staff are aware of this policy and understand their role in its implementation;
- all staff and other adults who need to know are aware of a child's condition including supply staff, peripatetic teachers, coaches etc.;
- where a child needs one, an IHCP is developed with the proper consultation of all people involved, implemented and appropriately monitored and reviewed;
- sufficient trained numbers of staff are available to implement the policy and deliver against all IHCPs, including in contingency and emergency situations;
- staff are appropriately insured and are aware that they are insured to support pupils in this way;
- appropriate health professionals i.e. the school nursing service are made aware of any child who has a medical condition that may require support at school that has not already been brought to their attention;
- children at risk of reaching the threshold for missing education due to health needs are identified and effective collaborative working with partners such as the LA, alternative education providers e.g. hospital tuition, parents etc., aims to ensure a good education for them;
- risk assessments take account of the need to support pupils with medical conditions as appropriate e.g. educational visits, activities outside the normal timetable etc.

3.3 School Staff

Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. While administering medicines is not part of teachers' professional duties, they should still take into account the needs of pupils with medical conditions that they teach. Arrangements made in line with this policy should ensure that we attain our commitment to staff receiving sufficient and suitable training and achieving the necessary level of competency before they take on duties 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.

Mrs Emma Evans has specific responsibility for the development of IHCPs which are explained in Section 4.3. The Head teacher has the overall responsibility for the identification of staff training needs and the coordinator of such training. Mrs Evans monitors this.

3.4 Healthcare Professionals

This school has access to services when a child has been identified as having a medical condition which will require support. Wherever possible, they should do this before the child starts at school.

The school can also liaise with lead clinicians or a child's General Practitioner (GP) locally on appropriate support for the child and associated staff training needs. A list of services school accesses is available in Appendix I. The diabetic nursing service can be accessed as required.

3.5 Pupils

It is recognised that the pupil with the medical condition will often be best placed to provide information about how their condition affects them. This school will seek to involve them fully in discussions about their medical support needs at a level appropriate to their age and maturity and, where necessary, with a view to the development of their long term capability to manage their own condition well. They should contribute as much as possible to the development of, and comply with, their IHCP.

It is also recognised that the sensitive involvement of other pupils in the school may be required not only to support the pupil with the medical condition, but to break down societal myths and barriers and to develop inclusivity.

3.6 Parents

Parents are key partners in the success of this Policy. They may, in some cases, be the first to notify school that their child has a medical condition and where one is required, will be invited to be involved in the drafting, development and review of their child's IHCP.

Parents should provide school with sufficient and up-to-date information about their child's medical needs. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

4 ARRANGEMENTS/PROCEDURES

4.1 Procedure for the Notification that a Pupil has a Medical Condition

While it is understood that school does not have to wait for a formal diagnosis before providing support to a pupil because in some cases their medical condition may be unclear or there may be a difference of opinion, judgements will still need to be made about the support to provide and they will require basis in the available evidence. This should involve some form of medical evidence and consultation with parents. Where evidence is conflicting, it is for school to present some degree of challenge in the interests of the child concerned, in order to get the right support put in place.

When a parent informs the school of a Medical Condition this information is passed to Mrs Evans to record the notification and to gain the evidence in support of the information.

Mrs Evans and the Inclusion Manager will then discuss and decide if Health Professional support in needed to develop the Healthcare plan for the pupil and to provide training for staff.

Mrs Evans will invite the parents into a meeting to discuss the implementation of a Health Care plan. Section 4.3 is where the development of an IHCP is explained;

Health care plans are reviewed with parents annual. If a pupil moves into our school every effort will be made to ensure that arrangements are put in place within two weeks.

4.2 School Attendance and Re-integration

Every LA must have regard to the DfE statutory guidance, '*Ensuring a good education for children who cannot attend school because of health needs*', January 2013 and this school undertakes to liaise with the LA to ensure that everyone is working in the best interests of children who may be affected. Where a pupil would not receive a suitable education at this school because of their health needs, the LA has a duty to make other arrangements, in particular when it becomes clear

that a child will be away from school for 15 days or more (whether consecutive or cumulative across the school year).

The School will re integration pupils on an individual educational and emotional individual need basis. We commit to plan for consistent provision during and after a period of education outside school. We will work with the LA to set up an individually tailored reintegration plan for each child that needs one, actively seeking extra support to help fill any gaps arising from the child's absence and acknowledging the need under equalities legislation to make any *reasonable* adjustments to provide suitable access for the child.

4.3 Individual Healthcare Plans (IHCP)

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

An IHCP 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, relevant healthcare professional and parent will need to agree, based on evidence, when an IHCP would be inappropriate or disproportionate. If consensus cannot be reached, the Head teacher is considered best placed to and will take the final view. Our flow chart for identifying and agreeing the support a child needs and developing an IHCP is at Appendix A.

The level of detail within an IHCP will depend on the complexity of the child's condition and the degree of support they need, and this is important because different children with the same health condition may require very different support. Where a child has SEND but does not have an EHC Plan, their special educational needs will be mentioned in their IHCP. Where a child has SEN identified in an EHC Plan, the IHCP will be linked to or become part of that EHC Plan.

In general, an IHCP will cover:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medicine (dose, side-effects and storage), l and other treatments, time, facilities e.g. need for privacy, equipment, testing, access to food and drink (where this is used to manage their condition), dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons etc. and being added to the register of asthma sufferers who can receive salbutamol where applicable;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions etc.;
- the level of support needed, (some children will be able to take responsibility for their own health needs and this is encouraged), including in emergencies. If a child is self-managing their medicine, 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 their proficiency to provide support for the child's medical condition from a relevant healthcare professional (where necessary); and cover arrangements for when they are unavailable;
- school is aware of needs of the child's condition and the support required;

- arrangements for written permission from parents and the Head teacher for medicines to be administered by a member of staff, or self-administered by the pupil during school hours, including emergency salbutamol in the case of a child suffering an asthma attack without their own inhaler being in working condition
- any separate arrangements or procedures required for school trips or other 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. If a child has an emergency health care plan prepared by their lead Clinician, it will be used to inform development of their IHCP.

IHCPs, (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. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with this school.

See Appendix A for guidance on adequately personalised IHCPs.

An IHCP will be reviewed at least annually and earlier if there is any evidence that a child's needs have changed. This review should also trigger a re-check of any registers held e.g. asthma sufferers with permission to receive emergency salbutamol and may require a re-check of school insurance arrangements especially where a new medical procedure is required.

4.4 Pupils Managing their own Medical Conditions

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures and this will be reflected in their IHCP.

To facilitate this, wherever possible, children will be allowed to carry their own medicines and relevant devices or will be able to access them for self-medication quickly and easily. Children who can take their medicines or manage procedures themselves may require an appropriate level of supervision and this will be reflected in the IHCP too. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

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

4.5 Training

The Head teacher has overall responsibility for ensuring that there are sufficient trained numbers of staff available in school and off-site accompanying educational visits or sporting activities to implement the policy and deliver against all IHCPs, including in contingency and emergency situations. This includes ensuring that there is adequate cover for both planned and unplanned staff absences and there are adequate briefings in place for occasional, peripatetic or supply staff. Mrs Emma Evans monitors this.

Any member of school staff providing support to a pupil with medical needs will receive sufficient training to ensure that they are competent and have confidence in their ability to fulfil the requirements set out in IHCPs. They will need an understanding of the specific medical condition(s) they are being asked to deal with; any implications and preventative measures and staff training needs will be identified during the development or review of IHCPs. It is recognised that some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not always be required, but staff who provide support will

be included in meetings where training is discussed. The family of a child will often be key in providing relevant information about how their child's needs can be met, and parents will be asked for their views - they should provide specific advice but will not be the sole trainer.

A relevant healthcare professional will normally lead on identifying and agreeing with school, the type and level of training required, and how training can be obtained usually through the development of IHCPs. Healthcare professionals can also provide confirmation of the proficiency of staff in a medical procedure, or in providing medicine and school will keep records of training and proficiency checks.

Staff must not give prescription medicines or undertake health care procedures without appropriate training, which school undertakes to update to reflect any IHCPs. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions, but some training could be very simple and delivered by an appropriate person in school – for example basic training covering school procedures for administering a non-emergency prescribed oral medicine.

The school makes sure all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. The Induction procedure includes guidance on supporting children with medical conditions. If the school has pupils on roll with specific medical conditions such as asthma, diabetes, anaphylaxis or epilepsy, sources of basic information about the conditions staff may have to recognise and deal with, such as 'How to Recognise an Asthma Attack' and 'What to do in the Event of an Asthma Attack' from Department of Health '*Guidance on the use of emergency salbutamol inhalers in school'*, September 2014 (including using the emergency salbutamol inhaler where you have decided to hold one) or signposting to where information can be found.

General competence training to administer non-complex oral or topical medicines, is delivered in-house. Procedure is for

- Parents sign a consent form
- Admin staff check that the medication in date and label is a recognised pharmacist. Any issues around Fabricated or Induced Illness (FII) are passed to the Head teacher for further investigation.
- Medicine stored appropriately until time of administration
- At the time of administration member of staff washes their hands before handling medicines, using a clean measuring device for oral medicine liquids, ensuring containers are clean before they are stored again etc.;
- Pre-administration checks are done e.g. having the correct record sheet and checking the medicine has not already been administered, child's identity, child's medicine (including that the dosage, frequency etc. on any IHCP matches the prescription label), expiry date of medicine, that storage instructions have been adhered to (i.e. if it should be refrigerated that it was in the fridge) etc.;
- If the child self-administers, the minimum assistance or supervision required (or as described in the IHCP), what should be done with used administration devices (spoons, oral syringes, self-administered sharps etc.), what to do if a child refuses a medicine etc.;
- Administers the medicine and records the administration on recording form.

Specific competence to manage a specified condition and/or administer complex medicines and/or carry out medical procedures – is delivered by an appropriate healthcare professional eg diabetic nurse when relevant. We take appropriate advice from a relevant healthcare professional when the development of an IHCP determines a need.

4.6 Managing Medicines

This school is committed to the proper management of medicines and there are clear procedures that must be followed.

- Medicines are only to be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 is to be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child concerned to involve their parents while respecting the child's right to confidentiality.
- A child under 16 is never to be given medicine containing aspirin unless prescribed by a doctor. Medicine, e.g. for pain relief, is never to be administered without first checking maximum dosages and when the previous dose was taken. Every effort will be made to contact parents prior to administration, where necessary, to check this and to inform them that pain relief has been given.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- Only prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and which include instructions for administration, dosage and storage are to be accepted. The exception to this is insulin which must still be in date but will generally be made available to school inside an insulin pen or a pump, rather than in its original container. This may also be the case for certain emergency administration medicines such as a reliever inhaler for the treatment of an asthma attack or adrenalin for the treatment of anaphylaxis. This is to be made clear within a child's IHCP as appropriate.
- With written parental consent non-prescription medicines can be administered to children e.g. anti-histamines, paracetamol etc. The head teacher should make decisions on a case by case basis, and School staff may liaise with the child's GP to ensure School will be acting appropriately.
- The parent to bring medicines into school and personally deliver them to the office staff and Appendix C – Parental Consent to Administer Medicine, contains a parental declaration to that effect. In exceptional circumstances this may not reasonable (such as in cases where pupils are transported significant distances to school) and any different course of action should be agreed and form part of the IHCP.
- All medicines are to be stored safely, in their original containers and in accordance with their storage instructions. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. Access to a refrigerator holding medicines should be restricted. If large quantities of medicine are kept refrigerated school will consider purchasing a lockable fridge. Children should know where their medicines are at all times and be able to access them immediately that they might need them. Where relevant, they should also know who holds the key to any locked storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are to always be readily available to children and not locked away. Off-site this will be especially considered as part of the risk assessment process for educational visits.
- When no longer required, medicines will be returned to the parent for them to arrange safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps. The Sharps box is then returned to the parent for disposal of.

4.6.1 Controlled Drugs

The supply, possession and administration of some medicines e.g. methylphenidate (Ritalin) are strictly controlled by the Misuse of Drugs Act 1971 and its associated regulations and are referred to as 'controlled drugs'. Therefore, it is imperative that controlled drugs are strictly managed between school and parents.

Ideally controlled drugs should be brought into school on a daily basis by parents and the medicine details and quantity handed over be carefully recorded on the child's own Record of Medicine Administered to an Individual Child sheet (Appendix D). This sheet must be signed by the parent and the receiving member of staff. If a daily delivery is not a reasonable expectation of the parent, supplies should be limited to no more than one week unless there are exceptional circumstances. In some circumstances, the drugs may be delivered to school by a third party e.g. transport escort. In this case, the medicine should be received in a security sealed container/bag.

We recognise that a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary and will be agreed on in the IHCP, otherwise school will keep controlled drugs prescribed for a pupil securely stored in a non-portable container to which only named staff will have access. They will still be easily accessible in an emergency and clear records kept of doses administered and the amount of the controlled drug held in school.

School staff may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions and a record will be kept in the same way as for the administration of other medicines. It is considered best practice for the administration of controlled drugs to be witnessed by a second adult. The name of the member of staff administering the drug will be recorded and they will initial under 'Staff initials (1)'. The second member of staff witnessing the administration of controlled drugs will initial under 'Staff initials (2)'. These initial signatures should be legible enough to identify individuals.

4.7 Record Keeping

School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects the pupil experiences are also to be noted.

Where a pupil has a course of or on-going medicine(s) they will have an individual record sheet which a parent should sign when they deliver the medicine (Appendix D: Record of Medicine Administered to an Individual Child).

Where a pupil requires administration or self-administration of a controlled drug they will have an individual record sheet which allows for the signature of a second witness to the administration. Details of receipts and returns of the controlled drug will be accurately recorded on the administration record (see Appendix D).

Where a pupil is given a medicine as a one-off e.g. pain relief, it will be recorded on a general record sheet along with such medicines administered to other children (Appendix E1: Record of Medicine Administered to All Children).

To ensure that only eligible and appropriately identified pupils are given the emergency salbutamol inhaler, school will keep a register of such pupils in each emergency asthma kit.

Where a pupil is given the emergency salbutamol asthma inhaler as a one-off because their own inhaler is unavailable, it will be recorded on a general record card in the Asthma Emergency Kit (Appendix E2: Record Card: All Children: Emergency Salbutamol Inhaler Administration). The parents of any pupil who requires administration of the emergency salbutamol inhaler will be informed in writing that this has happened, and staff should use Appendix I: Template Note Informing Parents of Emergency Salbutamol Inhaler Use).

4.8 Emergency Procedures

The child's IHCP should be the primary reference point for action to take in an emergency. It will clearly state what constitutes an emergency for that child and include immediate and follow-up action.

To ensure the IHCP is effective, adequate briefing of all relevant staff regarding emergency signs, symptoms and procedures is required and will be included in the induction of new staff, re-visited regularly and updated as an IHCP changes. Similarly, appropriate briefings for other pupils are required as far as what to do in general terms i.e. inform a teacher immediately if they think help is needed.

In general, immediately an emergency occurs, the emergency services will be summoned in accordance with normal school emergency procedures and Appendix G

If a child needs to be taken to hospital, a member of school staff will remain with them until a parent arrives. This may mean that they will need to go to hospital in the ambulance.

4.9 Emergency Salbutamol Inhalers

Asthma is the most common chronic condition in the UK, affecting one in eleven children. There are on average, two children with asthma in every classroom[1] and over 25,000 emergency hospital admissions every year for asthma amongst children.[2] An Asthma UK survey found that 86% of children with asthma have at some time been without an inhaler at school having forgotten, lost or broken it, or the inhaler having run out. Before 1 October 2014, it was illegal for schools to hold emergency salbutamol inhalers for the use of pupils whose own inhaler was not available.

From 1 October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 allows (but does not require) schools to keep a salbutamol inhaler for use in an asthma emergency.

We feel that keeping an inhaler for emergency use will benefit children at this school and have decided to purchase and manage at least 2 so that one will be available for off and on-site use at the same time. 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. Having procedures that set out how and when the inhaler should be used will also protect our staff by ensuring they know what to do in the event of a child having an asthma attack. **This decision does not in any way release a parent from their absolute duty to ensure that their child attends school with a fully functional inhaler containing sufficient medicine for their needs.**

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.

Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need. Therefore, the emergency salbutamol inhaler will only be used by children:

- who have been diagnosed with asthma, and prescribed a reliever inhaler; **or**

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[1] Asthma UK, 'Asthma Facts and FAQs', http://www.asthma.org.uk/asthma-facts-and-statistics.

[2] The NHS Atlas of Variation in Healthcare for Children and Young People gives the numbers of emergency admissions of children and young people for asthma in each former PCT / local authority area http://www.sepho.org.uk/extras/maps/NHSatlasChildHealth/atlas.html

- who have been prescribed a reliever inhaler; **and**

- for whom written parental consent for use of the emergency inhaler has been given (see Appendix C: Parental Consent to Administer Medicine).

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medicine to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

4.9.1 Supplies of Salbutamol

This school will buy inhalers and suitable spacer equipment (as advised by a person no less qualified than a pharmacist) from a pharmaceutical supplier in writing confirming the following:

- the name of the school,
- the purpose for which the product is required and
- the total quantity required.

4.9.2 Emergency Asthma Kit Contents

Each emergency asthma kit will contain the following:

- a salbutamol metered dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer/ plastic chamber;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers;
- a list of children permitted to use the emergency inhaler as detailed in their IHCP (asthma register);
- a record of administration (i.e. when the inhaler has been used – See Appendix E2).

4.9.3 Storage and Care of Inhalers

It is the responsibility of Mrs Evans and Mrs R Wood to maintain the emergency inhaler kit 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;
- replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

Inhalers and spacers are kept in the office which is a safe and suitably central location in school, 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. They will not be locked away. Inhalers and spacers will be kept

separate from any child's own prescribed inhaler which is stored in a nearby location and the emergency inhaler will be clearly labelled to avoid confusion with a child's own inhaler.

Storage will always be in line with manufacturer's guidelines, usually below 30°C and protected from direct sunlight and extremes of temperature.

An inhaler should be primed when first used e.g. spray two puffs. As it can become blocked again when not used over a period of time, regular priming by spraying two puffs will be carried out monthly as part of the working order checks.

To avoid possible risk of cross-infection, the plastic spacer should not be reused and can be given to the child who used it to take home for future personal use. The inhaler itself however can usually be reused, provided it is cleaned 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, the cap replaced, and the inhaler returned to the designated storage place. If there is any risk of contamination with blood i.e. if the inhaler has been used without a spacer, it should not be re-used but disposed of.

4.9.4 Disposal

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled. To do this legally, a school should register because a spent/out-of-date inhaler counts as waste for disposal. Registration only takes a few minutes online at www.gov.uk/waste-carrier-or-broker-registration, it is free, and does not usually need to be renewed in future years.

Make a brief statement about your disposal arrangements based on the above information.

4.9.5 Staff Use and Training

The Department of Health publication '*Guidance on the use of emergency salbutamol inhalers in schools*', September 2014 says specifically regarding staffing and training (paraphrased for brevity):

Schools ensures that a named individual is responsible for overseeing the protocol for use of the emergency inhaler, monitoring its implementation and for maintaining the asthma register.

Staff are trained and support, relevant to their level of responsibility. *A***ll support staff** are :

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- administering salbutamol inhalers through a spacer;
- making appropriate records of asthma attacks; and
- ensuring parents are informed using Appendix I – Template Note Informing Parents of Emergency Salbutamol Inhaler Use.

4.10 Allergens

4.10.1 School Meal and Wrap Around Care Providers

All food handlers including school meal and wraparound care providers (Breakfast and After-School Clubs) must receive training in relation to handling all requests for allergen information, the situations in which foods can be cross-contaminated by an allergenic food and the need to cross reference the IHCP for children with food allergies. All food handlers are iven basic training on the signs and symptoms of an allergic reaction and what to do and who to report to should this occur. Basic allergen training is given to all staff on their first day of employment and before food handling duties commence with records of training kept.

School meal and Breakfast clubs/Afterschool clubs must liaise directly with school and be made aware of the contents of IHCPs for pupils with allergies.

School meal and Breakfast club/Afterschool clubs must record the ingredients which are used in each dish which should either displayed in the food preparation area, or be readily available to all relevant staff and keep a copy of the ingredient information on labels of pre-packed foods for example, sauces, desserts etc.

Ingredients must be kept in original containers, or a copy of the labelling information kept in a central place; allergen labelling information must be retained with each product and goods suitably enclosed to prevent cross-contamination with other foods when in storage.

School meal and wraparound care providers must ensure allergen information is kept up to date e.g. if foods purchased are changed or products substituted.

4.10.2 Other Food Handlers

Other potential food handlers (food technology, classroom baking, cookery clubs, nursery and other school staff serving snacks and treats etc.), must be aware of the Major Food Allergens and take this into account for pupils with known allergies.

Similarly, these staff will also need to be aware of the contents of IHCPs for pupils with allergies and take this into account during practical lessons/sessions.

4.10.3 Emergency Situations

All staff must be aware of how to deal with a serious allergic reaction to food – it is not always apparent that a pupil has an allergy until they encounter a particular product. Those who are known to have allergies may well have been issued with emergency medication such as adrenaline in the form of a 'pen'. All staff must be aware of where to find the emergency medication and who can be contacted to administer the medication effectively. In all schools, more than one person will need to be trained to administer the medication. Reference should also be made to the KAHSC Safety Series M02 – Managing Anaphylaxis and Allergies.

4.11 Day Trips, Residential Visits and Sporting Activities

Through development of the IHCP staff will be made aware of how a child's medical condition might impact on their participation in educational visits or sporting activities. Every effort will be made to ensure there is enough flexibility in arrangements so that all children can participate according to their abilities and with any reasonable adjustments. This may include reasonable adjustment of the activities offered to all children i.e. changing a less accessible venue for one that is more accessible but can still achieve the same educational aims and objectives. A pupil will only be excluded from an activity if the Head teacher considers, based on the evidence, that no reasonable adjustment can make it safe for them or evidence from a clinician such as a GP states that an activity is not possible for that child.

A risk assessment for an educational visit may need to especially consider planning arrangements and controls required in order to support a pupil with a medical condition. The IHCP will be used alongside usual school risk assessments to ensure arrangements are adequate. This may also require consultation with parents and pupils and advice from a relevant healthcare professional.

4.11.1 Home to School Transport

While it is the responsibility of the LA to ensure pupil safety on statutory home to school transport the LA may find it helpful to be aware of the contents of a pupil's IHCP that school has prepared.

The LA *must* know if a pupil travels on home to school transport and has a life-threatening condition and carries emergency medicine so that they can develop an appropriate transport healthcare plan. School undertakes to appropriately share IHCP information with the LA for this purpose and will make this clear to parents in the development meeting.

Where transport is organised by the school on a private arrangement with parents, the responsibility for ensuring that the transport operator is aware of a pupil with a life-threatening medical condition rests with the school in consultation with the parents. In some cases, it may be appropriate to share elements of the pupil's IHCP with the transport operator.

4.11.2 Defibrillators

Sudden cardiac arrest is when the heart stops beating and it can happen to people at any age and without warning. When it does happen, quick action (in the form of early Cardio-Pulmonary Resuscitation - CPR - and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's normal heart rhythm when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe and this School has one as part of our first aid equipment.

School staff are appropriately trained in its use and the local NHS and ambulance service have been notified of its location.

4.12 Unacceptable Practice

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

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

4.13 Insurance

Staff will be appropriately insured to carry out tasks associated with supporting pupils with medical conditions and the Insurance Policy wording is made available to such staff on request from the school office.

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

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

4.14 Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with Mrs Emma Evans. If for whatever reason this does not resolve the issue, they may make a formal complaint through the normal school complaints procedure.

Process for Developing an Individual Healthcare Plan (IHCP)

A parent or healthcare professional informs school that a child with a medical condition:

- has been newly diagnosed; or,
- has had a change in their health needs; or,
- is due to attend this school as a new pupil; or,
- is due to return to this school after a long term absence.

The Head teacher or senior member of school staff (Mrs Evans) to whom this task has been delegated, coordinates a meeting to discuss the child's medical support needs and identifies member(s) of school staff who will provide support to the pupil. With appropriate input from parents and in some cases a healthcare professional as well it may be agreed at this point that an IHCP is unnecessary because there will be no significant information to record on it and this along with any measures in place generally to support the child will be communicated to

A meeting takes place to discuss and agree on the need for an IHCP to include key school staff, the child, parents, relevant healthcare professionals and other medical/health clinicians as appropriate (or to consider written evidence provided by them).

After agreeing who leads on writing it, an IHCP is developed in partnership. Input from a healthcare professional must be provided at this stage.

School staff training needs are identified.

Healthcare professional(s) commission/deliver training and school staff are signed off by the trainer as competent – a review date is agreed.

The IHCP is implemented and circulated to relevant staff.

The IHCP is reviewed annually or when a condition changes – to be initiated by a parent or a healthcare professional or by school due to an incident or identified change in needs or school procedures.

4.15 Individual Healthcare/Treatment Plan

Pupil's name:		1.1.1 PHOTO
Date of birth:	Class/form:	
Pupil's home address:		
Description of medical diagnosis or condition:		
Date:	Review date:	
Signed (Parent/Guardian)		

Family contact information

Family contact (1)	**Family contact (2)**
Name:	Name:
Phone no. (work)	Phone no. (work):
Phone no. (home)	Phone no. (home):
Mobile no.	Mobile no.
Relationship to pupil:	Relationship to pupil:

Clinic/hospital contact	**G.P.**
Name:	Name:
Phone nu	Phone no.

Who is responsible for providing support in school?

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.:

Please note: Some or all of this information may be shared on a *confidential* and *strictly need to know basis,* with adults other than school staff who may be working with children and young people in a paid or voluntary capacity. **Such adults are bound by the school's code of conduct on confidentiality.**

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision:

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

Specific support for the pupil's educational, social and emotional needs:

Arrangements for school visits/trips etc.:

Other information:

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

Who is responsible in an emergency (state if different on off-site activities)?

Plan developed with:

Staff training needed/undertaken – who, what, when?

Form copied to (please list all who hold a copy of this agreed plan):

Parental Consent to Administer Medicine (without MP signature)

This school/setting will not give your child medicine unless it is in accordance with our Supporting Pupils with Medical Conditions Policy and Procedures **and** you complete and sign this form.

School/Setting:			
Name of Child:		**Gender:**	MALE / FEMALE
Date of Birth:		**Class/Form:**	
Date for review to be initiated by:			

Medical diagnosis, condition or illness

MEDICINE(S)			
Name/type of medicine(s) (as described on the container)			
Expiry date			
Dosage and method of administration			
Timing			
Special precautions or other instructions e.g. with food etc.			
Side effects that the school/ setting must know about			
Can the child self-administer?	YES / NO	**If YES is supervision required?**	YES / NO
Does any medicine need to be carried by the child on their person, what and where will they keep it?		YES / NO	
Procedures to take in an emergency			

PLEASE NOTE: medicines must be in the original containers as dispensed by the pharmacy.

CONTACT INFORMATION			
Name:			
Relationship to Child:			
Address:		**Work Tel. No:**	
		Home Tel. No:	
		Mobile Tel. No:	

I understand that I must deliver the medicine personally to: (name the agreed member(s) of staff)	
I understand that my child must have a working, in-date and sufficiently full inhaler, clearly labelled with their name, which they will bring with them every day.	YES NO N/A
I consent to my child receiving, in an asthma emergency, salbutamol which has not been prescribed to them.	YES NO N/A
The above information is, to the best of my knowledge, accurate at the time of writing and I consent to school/setting staff administering medicine in accordance with the policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medicine or if the medicine is stopped.	

Signed:		**Date:**	

Parental Consent to Administer Medicine (with MP signature)

This school will not give your child medicines or medical treatments unless it is in accordance with our Supporting Pupils with Medical Conditions Policy and Procedures **and** you complete and sign this form. Parents can complete this entire form, but in line with recommendations from child protection Serious Case Reviews, **a relevant medical professional must also sign their agreement** to the administration of medicines and treatments described below. **Please PRINT information clearly and use BLACK INK where possible.**

Name of Child:				**School/Setting:**			
Date of Birth:		**Gender:**	MALE / FEMALE	**Class/Form:**		**Date for review to be initiated by:**	

Medical diagnosis, condition or illness

MEDICINE(S)					
Name/type of medicine(s) (as described on container)	**Expiry date**	**Dosage and method of administration**	**Timing**	**Special precautions or other instructions** e.g. with food etc.	**Side effects that we need to know about**

PLEASE NOTE: medicines must be in the original containers as dispensed by the pharmacy.

Can the child self-administer?	YES / NO	**If YES is supervision required?**	YES / NO (if YES, please detail e.g. visual only, guiding hand, measure check only etc.)
Does any medicine need to be carried by the child on their person, what and where will they keep it?		YES / NO (if YES, please give details):	
Procedures to follow in an emergency:			

EMERGENCY CONTACT INFORMATION			
Name:		**Relationship to Child:**	
Address:		**Work Tel. No:**	
		Home Tel. No:	
		Mobile Tel. No:	

Parental Declarations	
I understand that I must deliver the medicine personally to: (name the agreed member(s) of staff)	
I understand that my child must have a working, in-date and sufficiently full inhaler, clearly labelled with their name, which they will bring with them every day.	YES NO N/A
I consent to my child receiving, in an asthma emergency, salbutamol which has not been prescribed to them.	YES NO N/A
The above information is, to the best of my knowledge, accurate at the time of writing and I consent to school/setting staff administering medicine in accordance with the policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.	

Signed:		**Print Name:**		**Date:**	

Medical Practitioner Declaration					
The above information is, to the best of my professional knowledge of this child, accurate. I agree that in order to adequately support this child at school with their medical condition(s), school staff need to administer or facilitate and/or supervise the self-administration of the medicines or treatments described above.					
Signed:		**Print Name:**		**Date:**	
Professional Relationship to Child:		**Recommended Date of Review/Review Trigger:**			

Record of Medicine Administered to an Individual Child

All medicines administered to individual children must be recorded on this sheet.

In addition, the supply, possession and administration of some medicines are strictly controlled by the Misuse of Drugs Act and its associated regulations and are referred to as 'controlled drugs'. Examples would include methylphenidate (Ritalin), Midazolam, Diazepam etc. In the case of controlled drugs, it is best practice for the administration of such substances to be witnessed by a second adult. Record the name of the member of staff administering the drug and they should initial under 'Staff initials (1)'. The second member of staff witnessing the administration of controlled drugs should initial under 'Staff initials (2)'. These initial signatures should be legible enough to identify individuals.

The quantity of controlled drugs received from and returned to parents must be carefully accounted for and recorded on this sheet. .

Name of school/setting:							
Name of child:				**Date of Birth:**		**Class/Form:**	
Name and strength of medicine:							
Dose and frequency of medicine:							
Date medicine received from parent:		**Expiry date of medicine:**		**Date medicine returned to parent:**			
Quantity of medicine received:				**Quantity returned to parent:**			
Staff Signature:		**Parent Signature:**					

PLEASE NOTE: parents must be informed of the non-administration of medicine that is due - record the reason for non-administration under 'Any reaction'

Date:								
Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								
Staff initials (1):								
Staff initials (2):								

Date:								
Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								
Staff initials (1):								
Staff initials (2):								

Date:								
Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								
Staff initials (1):								
Staff initials (2):								

Date:								
Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								
Staff initials (1):								
Staff initials (2):								

Record of Medicine Administered to All Children

Name of school/setting:	

Date	Name of Child	Time	Name of Medicine	Dose Given & How	Any Reactions	Signature of Staff	Print Name

Date	Name of Child	Time	Name of Medicine	Dose Given & How	Any Reactions	Signature of Staff	Print Name

Date	Name of Child	Time	Where & When	Dose(s) Given	Staff Signature	Print Name

Record Card: All Children: Emergency Salbutamol Inhaler Administration

Name of school/setting:	

Date	Name of Child	Time	Where & When	Dose(s) Given	Staff Signature	Print Name
01/09/14	*Anne Other*	*14:30*	*Field during PE rounders*	*2 x 2puffs in 4 mins*	*J Smith*	*John Smith*

Template Letter Inviting Parents to Contribute to the Development of Their Child's Individual Healthcare Plan

(Copy this template onto school headed paper and amend it to suit).

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an Individual Healthcare Plan to be prepared, setting out what support your child needs and how this will be provided. Individual Healthcare Plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although Individual Healthcare Plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's Plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve the following people:

(State the names and relevant positions of people who will attend)

Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other information you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Notification to Parents of Emergency Salbutamol Inhaler Use

Child's Name: .....

Child's Class: ..... Date: .....

Dear Parent,

This letter is to formally notify you that your child has had problems with their breathing today.

This happened when: .....

.....

[*Delete the statements below that do not apply to the action taken*]

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.

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

Yours sincerely

Notification to Parents of Emergency Salbutamol Inhaler Use

Child's Name: .....

Child's Class: ..... Date: .....

Dear Parent,

This letter is to formally notify you that your child has had problems with their breathing today.

This happened when: .....

.....

[*Delete the statements below that do not apply to the action taken*]

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.

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

Yours sincerely

Healthcare Professionals

- Diabetic Nursing Team
- Epileptic Nursing Team
- Community Paediatricians
- GP
- Public Health Nurse Practitioners

- Paediatric Therapy Services
    - Speech and Language Therapy
    - Occupational Therapy
    - Physiotherapy
    - Audiology
    - Paediatric Enuresis Team
    - Child and Adolescent Mental health team(CAMHS)
    - Ophthalmology
    - School Councillor
    - Educational Psychologist

- Specialist Advisory Support
    - For Physical and medical difficulties
    - Hearing Impaired
    - Vision Impaired
    - Autism
    - Family support workers
    - Children's Sure Start Centre support (Barnardo's)