

Supporting Pupils with Medical Conditions Policy



Knotty Ash Primary School
2022-2024

CONTENTS

References and Legislation	5
Headteacher’s Checklist	5
1. Information	5
1.1 Definition	5
2. Scope	6
3. Responsibilities	6
3.1 Governing Board	6
3.2 Headteacher	7
3.3 Administration of Medication	8
3.4 School Staff	10
3.5 School Nurses	11
3.6 Other Healthcare Professionals	11
3.7 Parents	11
3.8 Pupils	12
3.9 Local Authorities	12
3.10 Providers of Health Services	13
3.11 Clinical Commissioning Groups	13
4. Individual Health Care Plans	13
5. Administration of Medication	14
5.1 Non Prescribed Medication	14
5.2 Storing Medicines	15
5.3 Controlled Drugs	16
5.4 Regular Injection	16
5.5 Self-Management	16
5.6 Children Requiring Emergency Medication	17

5.7	Transport of Medication	17
5.8	Keeping Salbutamol Inhalers (Asthma Attack) for use in Emergencies	17
5.9	Disposal of Medicines	19
5.10	Hygiene and Infection Control	19
5.11	Day Trips, Residential Visits and Sporting Activities	20
6.	Emergency Procedures	20
6.1	Transport to Hospital	21
7.	List of Trained Staff at the School	21

Appendix A Medical Authorisation Form

Appendix B Authorisation - Headteacher

Appendix C Authorisation - child

Appendix D Record of meds administered

Appendix E Staff training record

Appendix F Use of emergency inhaler

Appendix G Administration of inhaler

Appendix H Parent emergency inhaler form

Appendix I School Asthma Card

Appendix J Medical Emergency

Appendix K Asthma attack information

Appendix L Further sources of information

Appendix M Medicine by parent

Appendix N Medicines in school

Appendix O Nursing referral form

Appendix P Individual Health Care plan

Appendix Q Medical Care Authorisation

Appendix R Ventolin Inhaler

Appendix S Ventolin inhaler – expired

REFERENCES AND LEGISLATION

- Health and Safety at Work Act 1972
- Management of Health and Safety at Work Regulations 1999
- Disability Discrimination Act 1995
- Special Educational Needs and Disability Act 2001
- Sec 100 Childrens & Families Act 2014
- Supporting Pupils at School with Medical Conditions
- Control of Substances Hazardous to Health Regulations 2002
- Misuse of Drugs Act 1971 and associated regulations
- Medicines Act 1968
- Education (School Premises) Regulations 2012
- Education Act 1996 & 2002
- Children Act 1989
- Equality Act 2010
- The Education (Independent Schools Standards)(England) Regulations 2003
- National Standards for under 8s day care and childminding – Premises
- Managing Medicines in Schools and Early Years Settings
- Guidance on the use of Emergency Salbutamol Inhalers in Schools
- 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014

HEADTEACHER'S CHECKLIST

- Nominate responsible person
- Detail the training required to carry out risk assessments
- Adhere to the policies and procedures outlined to undertake and complete risk assessments
- Agree on arrangements to monitor and review risk assessments on a regular basis
- The governing bodies of schools are directed to adopt the policy, as from time to time revised, and implement its procedures

1 INFORMATION

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.

1.1 Definition

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

- a. Short-term, affecting their participation in school activities which they are on a course of medication
- b. Long-term, potentially limiting their access to education and requiring extra care and support

2. SCOPE

This Policy is designed to ensure 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;
- To support Governing bodies in their duty to ensure that arrangements are in place in schools to support pupils at school with medical conditions; and
- To support Governing bodies 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

3.1 Governing Boards

It is the responsibility of Governing Bodies 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 they should ensure that,

- Make available adequate resources in the implementation of the Policy;
- There are suitable arrangements at school to work in partnerships and to generally adopt acceptable practices in accordance with the Policy;

- 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;
- The focus is on the needs of each individual child and how their medical condition impacts on their school life;
- In making their arrangements they give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school;
- 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;
- That staff are properly trained to provide the support that pupils need; and
- That written records are kept of all medicines administered to pupils

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

3.2 Head teacher

They are responsible for implementing this policy and the developing Individual Healthcare plans and are 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 named person who has overall responsibility for:

- ensuring that sufficient staff are suitably trained;
- that 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;
- cover arrangements are in place at all times in case of staff absence or staff turnover to ensure someone is always available;
- supply teachers are briefed;
- risk assessments have been carried out for school visits, holidays, and other school activities outside of the normal timetable;
- procedures are in place to cover any transitional arrangements between schools for any medical issues;
- 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;
- Individual Healthcare plans (see appendix 'I') are monitored including identifying pupils who are competent to take their own medication;
- The management of accepting, storing and administering any medication (see Appendix 'B'). Note: if the school chooses to hold an emergency Salbutamol Inhaler it should be cross referenced in the Asthma policy; and
- That appropriate protective equipment is made available to staff supporting pupils at school with medical conditions.

Further to this Head teachers will need to ensure that there is effective coordination 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. For further information on infection control, please see the Communicable Diseases guidance

3.3 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 during the school day at some time during their time in a school or setting. Schools will need to be flexible in their approach and examples of circumstances under which schools may be requested to administer medicines:

- Cases of chronic conditions e.g. diabetes, asthma, epilepsy or anaphylactic shock;
- 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.

In terms of the administration of medication, Head teachers are also responsible for:

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

Monitoring arrangements are in place for the administration of medication to ensure:

- Consent must be obtained from parents (see appendix 'A');
- As agreed with parents, any administration of medication must be recorded (see appendix 'D'); and
- Medication should always be stored appropriately, but must be easily accessible to the child in case of an emergency (see appendix 'D')
- The instructions below are followed:
- As part of the signed agreement with parents, taking action to ensure that medication is administered;

- Ensuring that all parents and all staff are aware of the policy and procedures for dealing with medical needs;
- Ensuring that the appropriate systems for information sharing are followed;
- Staff managing the administration of medicines and those who administer medicines should receive 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 'E'). 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;
- Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day';
- Schools should only accept medicines that are in date, labelled and have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber (see Non Prescribed Medication below);
- Medicines should always be provided in the original container as dispensed 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;
- Schools should never accept medicines that have been taken out of the original container unless this has been done by a pharmacist and the medication is in 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 to schools inside an insulin pen or a pump, rather than in its original container;
- Schools should never make changes to dosages on parental instructions;
- The school will not be responsible for administering medicines without having had written notification from the parents (see appendix 'A');
- Ensuring that medicines are stored securely and with restricted access, although all medication should be easily accessible in an emergency; and
- Taking account of circumstances requiring extra caution as per Individual Health Care Plans
 - 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.

3.4 School Staff

School 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.

However, school 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. 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:

- All staff should 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 gloves (not latex) and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment;
- The school shall have a request from the parent for the school to administer medicine to their child (see appendix 'A'). The administration of medication should only be conducted in accordance with parental agreement and as set out in the Individual Health Care Plan;
- Long term conditions such as epilepsy, diabetes or asthma should be recorded in the pupil's file along with instructions issued by the doctor as set out in the Individual Health Care Plan (see appendix 'I' & 'F');
- The school should check 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;
- Medicines should personally be handed over to the school by a responsible adult and not by a child;
- Medicines must be in date and in the original container marked with a pharmacy label stating the child's name, the type of medicine, in date and the required dosage and storage instructions;
- Medicines must be kept within a secured area, out of the reach of children and visitors. This is except in emergency 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 readily available to children;
- Receipt of medicines must be logged and an entry made when returned to parents (see appendix 'D');
- An entry should be made of the pupil's name, drug administered, dosage, date and time (see appendix 'D');
- The directions of the pharmacy label must be strictly followed;
- Where possible another member of staff should act as witness to the administration;

- Parents should be informed of a refusal to take medication on the same day. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed; and If the school becomes aware that a pupil has vomited or has had diarrhoea after taking the medication they should notify the parents.

3.5 School Nurses

Every school has access to school nursing services. 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:

- 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;
- liaising with lead clinicians locally on appropriate support for the child and associated staff training needs;
- supporting staff on implementing a child's individual healthcare plan; and ² 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.

3.6 Other Healthcare Professionals

This includes GPs, specialist healthcare teams and pediatricians and should:

- notify the school nurse when a child has been identified as having a medical condition that will require support at school;
- provide advice on developing healthcare plans; and
- provide support in schools for children with particular conditions (e.g. asthma, diabetes).

3.7 Parents

Parents should:

- provide the school with sufficient and up-to-date information about their child's medical needs;
- be involved in the development and review of their child's Individual Healthcare Plan, and may be involved in its drafting; and
- carry out any action they have agreed to as part of the implementation of their child's Healthcare Plan, e.g. 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, e.g. provision of medication, returning the child to the parent awaiting provision of the medication, etc.

3.8 Pupils

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 to manage their own medicines from a relatively early age (see appendix 'C'). 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. Pupils who are mature enough can look after their own inhalers. They should always be available during physical education classes and outdoor learning experiences.

3.9 Local Authorities

Local Authorities are responsible for;

- commissioning school nurses;
- promoting cooperation 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);
- providing support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively;
- working with schools to support pupils with medical conditions to attend full time;
- where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements; and
- statutory guidance sets out that they should be ready to make arrangements under this duty 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).

3.10 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.

3.11 Clinical Commissioning Groups (CCGs)

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

- commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions; and
- 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 HEALTH CARE 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 Health Care plans (see appendix 'I'). 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.

Schools have 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, 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;
- 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; 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 Head teacher is best placed to take a final view

5. ADMINISTRATION OF MEDICATION

5.1 Non Prescribed Medication

- Only after parental advice should schools 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.
- The school must not keep its' own stock of medication; the parent must provide the school with a supply of appropriate pain relief tablets for use solely by their child.
- A dose of paracetamol or pain relief should only be given after effort has been made to ease the pupil's pain. 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 administration of medication should be made.

- Staff should check that the medicine has been administered without adverse effect to the child in the past 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.
- 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.

5.2 Storing Medicines

The following must be followed in the storage of medication:

- Medicines should be kept in a secure place with restricted access (see 11 below);
- Controlled drugs should be stored securely with limited access, but should be easily accessible in an emergency. A record should be kept for audit and safety purposes (see appendix 'D');
- Some medication, subject to the Individual Healthcare plan (see appendix 'I'), can be kept in a refrigerator alongside food but should be in an airtight container and clearly labelled ;
- Large volumes of medicines should not be stored;
- Children should know where their own medicines are stored, who holds the key and be able to access them;
- Staff should only store, supervise and administer medicine that has been prescribed for an individual child;
- Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed;
- 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;
- Where a child needs two or more prescribed medicines, each should be in a separate container;
- Staff should never transfer medicines from their original containers; and
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away
- 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.

5.3 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, e.g. Ritalin, methylphenidate.

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

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.

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).

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

5.4 Regular 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, insulin etc. where the child is incompetent for whatever reason to do so themselves. In the case of pupils with an individual Health Care 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 Health Care 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.

5.5 Self-Management

After agreement with parents 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 schools should 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.

5.6 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.

5.7 Transport 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 accessible and arrangements made by the school for the passenger assistant to be trained in administering the medication.

Finally, pupils may retain their own medication if the school notifies the transport section that they are competent to do so and it is not required for emergency purposes. In this instance it is not the responsibility of the transport section to ensure that it is safely retained.

5.8 Keeping Salbutamol Inhalers (Asthma Attack) for use in Emergencies

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 will allow 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. For identifying an asthma attack and emergency procedures see appendix 'K'. 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 schools should,

- 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
- Have written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan (see appendix 'I')
- Ensure that the emergency inhaler is only used by children with asthma with written parental consent for its use (See appendix 'F')
- Ensure that appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions
- Maintain records of use of the emergency inhaler and informing parents or carers that their child has used the emergency
- 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 is 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 head teacher (ideally on appropriately headed paper) stating:

- The name of the school for which the product is required;
- The purpose for which that product is required, and
- 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:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- That replacement inhalers are obtained when expiry dates approach;
- During an incident, spacers should be available for use for an individual child and must be replaced 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.

5.9 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. 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.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority.

5.10 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 schools will ensure that any member of school staff providing support to a pupil with medical needs should have 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 (not students) may give prescription medicines, according to the instruction label (a list of staff who have had specific training is in the school office). Trained staff can carry out health care procedures with appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

5.11 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 health Care 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. Schools should make arrangements 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.

Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to 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, schools should refer to the 'Transport of Medication' and 'Storing Medicines' sections within this policy.

6. 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 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 lunchtime 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.

6.1 Transport to Hospital

Where the Head teacher Manager 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 should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. 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. If a child needs to be taken to hospital by ambulance a member of staff should accompany the child and stay with the injured child until their parents/guardians arrive. Please note: All staff who are likely to use their own vehicles for business travel must have the appropriate business insurance, a valid MOT certificate (if required). It is the responsibility of the Head Teacher/Manager to check these documents together with the individual's driving license making note of any endorsements on an annual basis and maintain appropriate records.

7. LIST OF TRAINED STAFF AT THE SCHOOL

Lead Person for managing medicines at school:

Ruth Carson

School First Aiders (full certificate) are:

Ruth Carson

Chris England

Kelly O'Hanlon

Most teaching, support and lunchtime staff have received Paediatric First Aid training

Named people for administering medicines:

Ruth Carson

Jo-Anne Kehoe

Lin Ashcroft