

Supporting Pupils with Medical Conditions and Administration of Medicines Policy

Policy Monitoring, Evaluation and Review

This policy is effective for all Schools within The Mead Educational Trust.

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Version	Date	Author	Summary of Changes:
1.0	October 2017	RMET	New policy.
2.0	November 2018	TMET	Updated section 7.2. - instructions for the administration of non-prescription medicines with specific reference to Calpol.
3.0	January 2020	TMET	Reviewed-amended WEXA to LEBC.
4.0	January 2021	TMET	Reviewed, formatting updated and contents page added.
5.0	June 2022	TMET	Reviewed, no updates
6.0	Nov 2023	TMET	Reviewed, no updates. Language changed from 'Academy' to 'School.'

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Administration of Medicines Policy**

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1 Aims

1.1 This policy aims to ensure that:

- Pupils, staff and parents understand how our School will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including trips and sporting activities

The named person with responsibility for implementing this policy is Kate Bentley (SENCO).

The Policy will be implemented by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

2 Legislation and statutory responsibilities

2.1 This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their School with medical conditions.

2.2 It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

2.3 This policy also complies with our funding agreement and articles of association.

3 Roles and Responsibilities

3.1 The Governing Board

The Governing Board has ultimate responsibility to make arrangements to support pupils with medical conditions. The Governing Board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Principal

The Principal will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all IHPs, including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that School staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at the School, but who has not yet been brought to the attention of the school nurse

- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Ensure that an appropriate medical healthcare professional is consulted and signs the relevant documentation, particularly with regard to AAls
- Ensure that all staff who need to know are aware of a child's condition.

3.3 Staff

Supporting pupils with medical conditions during School hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. The administration of medicines by staff remains a voluntary activity.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the School with sufficient up-to-date information about their child's medical needs, including changes to their medical needs and medication. Details should include side-effects of any medication.
- Be involved in the development and review of their child's IHP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment.

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs at an age appropriate level. They will also be supported to comply with their IHPs.

3.6 School nurses and other healthcare professionals

The LA school nursing service will support the School when a pupil has been identified as having a medical condition that will require support in the School. Wherever possible this will be before the pupil starts with the School.

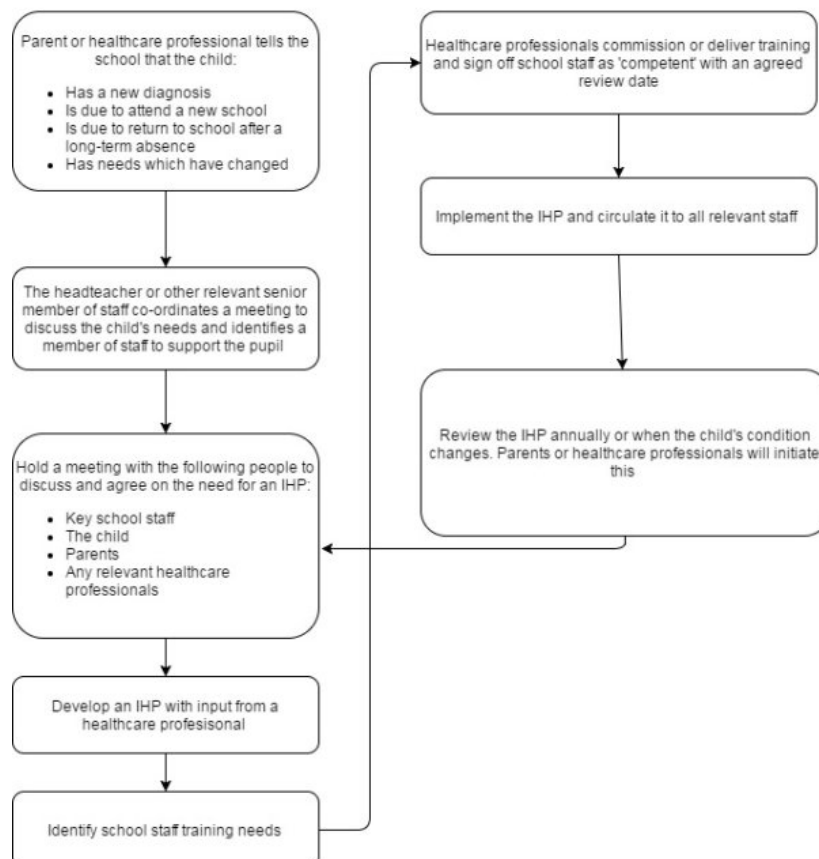
Healthcare professionals, such as GPs and paediatricians, will support the School's staff with the provision of care for pupils.

4 Equal opportunities

- 4.1 Our School is clear about the need to actively support pupils with medical conditions to participate in trips and visits, or in sporting activities, and not prevent them from doing so.
- 4.2 The School will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on trips, visits and sporting activities.
- 4.3 Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5 Being notified that a child has a medical condition

- 5.1 It is important to have sufficient information about the medical condition of any child with long term medical needs.
- 5.2 The School needs to know about any particular needs before a child is admitted, or when a child first develops a medical need. For pupils who attend hospital appointments on a regular basis, special arrangements may also be necessary, such as around resuscitation plans and 'ReSPECT' forms ('Recommended Summary Plan for Emergency Care and Treatment.'). An IHP should be in place for children with more severe and complex conditions.
- 5.3 School admissions forms should request information on pre-existing medical conditions. Parents can inform the School at any point in the School year if a condition develops or is diagnosed.
- 5.4 When the School is notified that a pupil has a medical condition, the process outlined on the diagram overleaf will be followed to decide whether the pupil requires an IHP. The process will only go beyond step three if an IHP is required. The School does not have to wait for a formal diagnosis before providing support to pupils, although some form of medical evidence should be relied upon.
- 5.5 The School will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to the School.



6 Individual Healthcare Plans (IHPs)

- 6.1 The main purpose of an IHP for a pupil with medical needs is to identify the level of support that is needed.
- 6.2 The principal has overall responsibility for the development of IHPs for pupils with medical conditions. At this School this has been delegated to Kate Bentley (SENCO).
- 6.3 Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.
- 6.4 Plans will be developed with the pupil's best interests in mind and will set out:
- What needs to be done
 - When
 - By whom
- 6.5 Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the principal will make the final decision.
- 6.6 Plans will be drawn up in partnership with the School, parents, first aid co-ordinator and a relevant healthcare professional, such as the School nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate. Where the parent/ carer expectations appear unreasonable, the principal should seek advice from the relevant healthcare professional before the plan is finalised.
- 6.7 IHPs will be linked to, where appropriate or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan as part of SEN provision. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.
- 6.8 The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The principal will consider the following when deciding what information to record on IHPs:
- The medical condition, its triggers, signs, symptoms and treatments
 - The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
 - 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
 - The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
 - Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
 - Who in the School needs to be aware of the pupil's condition and the support required
 - Arrangements for written permission from parents and the principal 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 trips or other School activities outside of the normal School timetable that will ensure the pupil can participate, e.g. risk assessments
 - Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition

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

7 Managing medicines

7.1 Prescription medicines

Prescription medicines will only be administered at the School:

- When it would be detrimental to the pupil's health or attendance not to do so **and**
- Where we have parents' written consent (completion of request for administration of medicines request form – [Appendix A](#)). No medicine will be administered unless clear written instructions to do so have been obtained from the parents/ carers and the School has indicated that it is able to do so. If for any reason the School is unable to administer the medication the parents/ carers will be contacted.
- Only medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber should be administered. Medicines from any other source, e.g. over the counter medicines, will not be administered by staff. It will be necessary for parents/carers to administer this prior to the child's attendance at the School.

The School will only accept prescribed medicines that are:

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

All medicines must be clearly labelled with the child's name, mode of administration i.e. oral, the dosage, frequency and name of medication being given – this should be on the printed label from the prescriber and also needs to be written on the administration of medicines request form - [Appendix A](#). The parents/ carers must take responsibility to update the School of any changes in the administration for routine or emergency medication and maintain an in-date supply of the medication.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The School will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be kept securely and in accordance with the product instructions i.e. not in direct sunlight, in the fridge. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto injectors (AAI) will always be readily available to pupils and not locked away. A record is kept of pupils receiving medicine.

Medicines will be administered by named members of the School staff with specific responsibility for the task in order to prevent any errors occurring. These staff members will normally be qualified first aiders.

7.2 Non-prescription medicines

It is rare that non-prescription medicines will be self-administered by pupils or staff and will be considered on a case by case basis. Non-prescription medicines (including Calpol) will only be administered at the School if:

- The parent/guardian has completed an Administration of Medicine Request Form (see [Appendix A](#))
- The parent/guardian provides the medicine in the original container and includes instructions for administration, dosage and storage.
- A record is kept of all pupils receiving the medicine

Before any non-prescription medicine is administered, the person administering the medicine must check maximum dosages and when the previous dosage was given. This information must be recorded.

Aspirin will be only administered where prescribed, in accordance with 7.1. above.

7.3 Controlled drugs

7.3.1 Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

7.3.2 A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the School office and only named staff have access.

7.3.3 Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.4 Injections

There are certain conditions e.g. diabetes, bleeding disorders or hormonal disorders which are controlled by regular injections. Pupils with these conditions are usually taught to give their own injections. Where this is not possible, they should be given by their parents.

7.5 Disposal of Medicines

Any unused or out of date medication or medication that is no longer required will be handed back to the parents/ carers of the pupil for disposal.

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

7.6 Pupils managing their own needs

- 7.6.1 Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.
- 7.6.2 Pupils will be allowed to carry their own medicines and relevant devices, when appropriate, and this will be reflected in their IHP. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents on the same day so that an alternative option can be considered, if necessary. A note will be made in the First Aid Book. If the refusal to take medicines results in an emergency, the School emergency procedures will be followed, this is likely to be calling an ambulance to get the child to hospital.
- 7.6.3 All emergency medicines such as asthma reliever inhalers/AAs should be readily available to pupils. A set of the medication should be carried by the pupil and a spare handed in to student support to store, along with instructions.
- 7.6.4 A child who has self-administered an AA must report to a member of staff, as they will need to be reviewed in hospital.

8 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal School activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the School office or medical room unaccompanied or with someone unsuitable
- Penalise pupils 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 the School to administer medication or provide medical support to the pupil, including with toileting issues. No parent should have to give up working because the School is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of School life, including trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in School toilets

9 Auto Adrenaline-Injectors (AAIs)

9.1 Supply

The School can purchase a spare AAI from a pharmaceutical supplier without prescription. Small quantities can be purchased on an occasional basis. The request must be signed by the Principal, be on headed paper and include the following details:

- the name of the School for which the AAI is required
- the purpose for which it is required
- the total quantity required

The School will hold an appropriate quantity of a single brand of AAI device in order to avoid confusion in administration and training. The brand stocked will be the most commonly prescribed to its pupils. **[Schools must include the action plan for their chosen brand of AAI in [Appendix B](#)]**

9.2 Emergency Kit

The School should hold spare AAIs and store them as part of an emergency anaphylaxis kit, which should include:

- One or more AAI(s)
- Instructions on how to use the devices (see [Appendix B](#))
- Instructions on storage of the devices
- Manufacturer's information
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded
- A note of the arrangements for replacing the injectors
- A list of pupils to whom the AAI can be administered
- An administration record

The School should also keep the above with an emergency asthma inhaler kit, see [10.2](#).

The spare AAI in the Emergency Kit must only be used on a pupil at risk of anaphylaxis whose own prescribed AAI cannot be administered correctly without delay, where both medical authorisation and written parental consent has been provided for the spare AAI to be used on them. **If consent is not given by the pupil's medical practitioner, then the spare AAI is not to be used.**

Use of the spare AAI in the Emergency Kit and consents should be recorded in the pupil's IHP, which should be signed by a healthcare professional and kept in the School's allergy register. Consents should be updated regularly, ideally annually. Where a pupil has no other healthcare needs other than a risk of anaphylaxis, the School should consider using the BSACI Allergy Action Plan (attached as [Appendix B](#)). All pupils with a diagnosis of an allergy and at risk of anaphylaxis should have a written Allergy Management Plan, as reflected at [Appendix B](#).

9.3 Responding to symptoms of an allergic reaction

If a pupil appears to be having a severe allergic reaction, 999 MUST be called without delay, even where their own AAI device, or spare AAI has been used. In the event of a possible severe allergic

reaction in a pupil who does not meet this criteria, emergency services should be called and advice sought as to whether administration of the spare emergency AAI is appropriate.

Signs of anaphylaxis include the following:

- Airway – persistent cough, hoarse voice, difficulty swallowing, swollen tongue
- Breathing – difficult or noisy breathing, wheeze or persistent cough
- Consciousness – persistent dizziness/ pale or floppy, suddenly sleepy, collapse, unconscious

In the presence of **any** of the severe symptoms above, it is vital that an AAI is administered without delay. The pupil's own AAI should be administered, if available, and if not the spare AAI should be used. The AAI can be administered through clothes and should be injected into the upper outer thigh in line with the instructions issued for each brand of injector. If in doubt, adrenaline should be given. Whilst suffering an allergic reaction and after administering adrenaline, the pupil should not be moved. Standing someone up with anaphylaxis could trigger a cardiac arrest. They should lie down, with their legs raised. If breathing is difficult, the pupil should be allowed to sit. An ambulance should always be requested where an AAI is used. If the pupil's condition does not improve 5 to 10 minutes after the initial injection, a second dose should be administered. If this is done, a second call should be made to emergency services to confirm that an ambulance should be dispatched.

Where an ambulance is called, someone should be sent outside to direct the ambulance paramedics when they arrive. The paramedics should be told on arrival:

- If the pupil is known to have an allergy
- What might have caused this reaction, e.g. recent food
- The time the AAI was given.

Pupils having a mild-moderate (non-anaphylactic) reaction should be monitored for any progression in symptoms.

9.4 Register/ arrangements

The School will make arrangements to include the following:

- supply, storage, care and disposal of spare AAI(s) in line with other injections stored
- register of pupils who have been prescribed AAI(s) (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis)
- written consent from the pupil's parent/legal guardian for use of the spare AAI(s), as part of a pupil's IHP
- any spare AAI is used only in pupils where both medical authorisation and written parental consent have been provided
- appropriate support and training for staff in the use of the AAI
- Keeping a record of use of any AAI(s) and informing parents or carers that an AAI has been administered and whether this was the school's spare AAI or the pupil's own device

It is also recommended that the School ensures that:

- A named individual is responsible for overseeing the protocol for use of the spare AAI and monitoring its implementation/ maintaining the allergy register
- At least two individuals are responsible for the supply, storage, care and disposal of the AAI

9.5 Storage

The School should ensure that all AAI's not carried by pupils and spare AAI(s) are kept in a safe and suitably central location, for example the school office or staff room, to which all staff have access at all times, but in which the AAI is out of reach and sight of pupils. They must not be locked away in a cupboard or an office where access is restricted. The School should ensure that the AAI's are accessible at all times and not located more than 5 minutes away from where they may be needed. In larger Schools it may be prudent to locate a kit near the central dining area and another near the playground; more than one kit may be needed.

Any spare AAI devices held in emergency kits should be kept separate from any pupils own prescribed AAI which might be stored nearby; the spare should be clearly labelled.

At least two named volunteers amongst school staff should have responsibility for ensuring that:

- On a monthly basis the AAI's are present and in date
- Replacement AAI's are obtained when expiry dates approach

AAI devices should be stored at room temperature, protected from direct sunlight and extremes of temperature.

9.6 Disposal

Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used AAI's can be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the Council.

10 Salbutamol Inhalers

10.1 Supply

The School can purchase inhalers and spacers from a pharmaceutical supplier without a prescription. Inhalers can be purchased in small quantities on an occasional basis. The request will need to be in writing and signed by the Principal, on headed paper and must include the following details:

- The name of the School for which the product is required
- The purpose for which the product is required
- The total quantity required

10.2 Emergency kit

The emergency asthma inhaler kit should include:

- A salbutamol metered dose inhaler
- At least two plastic spacers compatible with the inhaler
- Instructions on using the inhaler and spacer
- 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 arrangements for replacing the inhaler and spacers
- A list of pupils permitted to use the emergency inhaler as detailed in their IHPs

- A record of administration (when the inhaler was used)

A copy of the asthma register should also be kept with the emergency kit.

The School should consider keeping more than one emergency asthma kit to ensure that all pupils within school are close to a kit.

10.3 Responding to symptoms

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. Consents should be reflected in the pupil's IHP. The inhaler can be used if the pupil's prescribed inhaler is not available. A pupil may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these pupils if their inhaler is not accessible (as it will still help to relieve their asthma).

Common 'day to day' symptoms of asthma include:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use by a pupil's own inhaler and rest. It should not usually require the pupil to be sent home or require urgent medical attention.

Signs of an asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The pupil complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue-white tinge around the lips
- Going blue

An ambulance should be called immediately and the asthma attack procedure should be commenced without delay if the pupil:

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

When responding to signs of an asthma attack staff should:

- Keep calm and reassure the pupil
- Encourage the pupil to sit up and slightly forward
- Use the pupil's own inhaler and, if not available, use the emergency inhaler
- Remain with the pupil while the inhaler and spacer are brought out
- Immediately help the pupil to take two separate puffs of the salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs
- Stay calm and reassure the pupil. Stay with the pupil until they feel better and when they feel better they can return to school activities
- If the pupil does not feel better or you are worried at any time before you have reached ten puffs, call 999 for an ambulance
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The pupil's parents or carers should be contacted after the ambulance has been called
- A member of staff should always accompany a pupil taken to hospital by an ambulance and stay with them until a parent or carer arrives

When the emergency inhaler is to be used, a check should be made against the register that parental consent has been given for its use. The inhaler should be primed when first used (e.g. spray two puffs).

Parents or carers should be informed if their child has used the emergency inhaler.

10.4 Arrangements

10.4.1 Pupils should have their own reliever inhaler in 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.

10.4.2 At least two volunteers should be responsible for ensuring the protocol on the emergency inhaler is followed.

10.4.3 There should be a reasonable number of designated staff members to provide sufficient coverage. The School should have agreed arrangements in place for all members of staff to summon the assistance of a designated member of staff, to help administer an emergency inhaler, as well as for collecting the emergency inhaler and spacer. The School should have a procedure for allowing a quick check of the register as part of initiating the emergency response. This does not necessarily need to be undertaken by a designated member of staff, but there may be value in a copy of the register being held by at least each designated member of staff.

10.5 Storage

At least two named volunteers should have responsibility for ensuring that:

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

Inhalers and spacers should be kept in a safe and suitably central location, 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 reach and sight of children. The inhaler and spacer should not be locked away.

The inhaler should be stored at the appropriate temperature (in line with the manufacturer's guidelines) and protected from direct sunlight/ extremes of temperature. The inhaler and spacer should be kept separately from any pupils' inhalers and should be clearly labelled.

The inhaler can become blocked when not used over a period of time and should be regularly primed by spraying two puffs.

The plastic spacer should not be reused (so as to avoid cross-infection), but can be given to the pupil to take home for future personal use. The inhaler 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, then left to dry in air in a clean, safe place. The canister should be returned to the designated storage place. However, if there is any risk of contamination with blood (e.g. if the inhaler has been used without a spacer) it should also not be reused, but disposed of.

10.6 Disposal

Spent inhalers should be returned to the pharmacy to be recycled and to do so the School should register as a lower-tier waste carrier.

11 Trips

- 11.1 The School will encourage and make reasonable adjustments to allow pupils with medical needs to participate in safely managed visits. Where pupils with medical conditions are included on school trips a risk assessment should be carried out to inform planning arrangements to ensure such pupils can be safely included.
- 11.2 Staff supervising the excursions need to be aware of any medical conditions and the relevant emergency procedures. This information must be given to the School prior to participation in any School trip. Any medical condition must be highlighted by the parents/ carer on the consent form. Arrangements for taking any relevant medicines will also be taken into consideration.
- 11.3 Wherever possible, the pupil should carry their own reliever inhalers or emergency treatment medication, however a named person will be identified to supervise the storage and administration of medication, if required.
- 11.4 A copy of IHPs, where available, will be taken on trips in the event of the information being needed in an emergency.
- 11.5 For trips to non-English speaking countries, pupils with long-standing medical conditions e.g. diabetes or asthma should carry a note in the local language that details the pupil's medical needs and any medical emergency procedures.
- 11.6 For residential trips, details of storage and administration of medicines will be provided by parents before the trip.
- 11.7 The School will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a trip off School premises. Pupils at risk should have their AAI with them and staff should be trained to administer the AAI in an emergency. Where a pupil at risk of anaphylaxis is attending a trip the School will consider consulting an appropriate local healthcare professional as to whether it is appropriate to take spare AAI(s) on the trip.

12 Work Experience Placements/ Off Site Training [This section is only applicable to secondary Schools.]

- 12.1 The School is responsible for ensuring that work experience placements are suitable for pupils with a particular medical condition.
- 12.2 The School is responsible for pupils with medical needs who are educated off-site through another provider, such as the voluntary sector.
- 12.3 The School will ensure that a risk assessment is in place for any young person who is educated off-site or who has a work experience placing. Responsibilities for risk assessments remain with the School. It will also ensure that any special/medical needs are made known to and discussed with the providers. Where pupils have medical needs, the School will ensure that such risk assessments take into account those needs. If the risk assessment is carried out by an approved agency e.g. LEBC, then this information will be made known to them.
- 12.4 Parents and pupils must give permission before relevant medical information is shared, on a confidential basis, with employers.

13 Emergency procedures

- 13.1 Staff will follow the School's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do. All relevant staff should be aware of emergency symptoms and procedures.
- 13.2 If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

- 13.3 Staff should never take pupils to hospital in their own car. When emergency treatment is required, medical professionals or an ambulance should always be called immediately. On those occasions where an injury is not life threatening but staff consider that medical treatment is required, parents/ carers should always be informed.
- 13.4 Staff should record events when AAls have been administered using the Adrenaline Auto Injector Administration Report Form ([Appendix C](#)).
- 13.5 Staff can summon assistance from a designated member of staff, [Kate Bentley], to help:
- administer medication (e.g. AAI or emergency inhalers);
 - collect spare equipment from the emergency kit;
 - supporting and covering pupil's activities while they are helping.

14 Training

14.1 General training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. Staff must not give prescription medicines or undertake healthcare procedures without receiving appropriate training to reflect the requirements in IHPs.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type/ level of training required, as well as who will deliver the training and will agree this with the **Principal**. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support individual pupils with medical conditions
- Fulfil the requirements identified in pupils' IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

14.2 Anaphylaxis training

The School must arrange specialist anaphylaxis training for staff where a pupil has been diagnosed as being at risk of anaphylaxis. It is appropriate for as many staff to be trained in how to use an AAI as possible. The School should ensure that staff have appropriate training and support, appropriate to their level of responsibility. All staff will:

- Be trained to recognise the range of signs and symptoms of an allergic reaction

- Understand the rapidity with which anaphylaxis can progress to a life-threatening reaction and that anaphylaxis may occur with prior mild (e.g. skin) symptoms
- Appreciate the need to administer adrenaline without delay as soon as anaphylaxis occurs, before the pupil might reach a stage of collapse (after which it may be too late for the adrenaline to be effective)
- Be aware of the anaphylaxis policy
- Be aware of how to check if a pupil is on the register
- Be aware of how to access the AAI
- Be aware of who the designated members of staff are and policy on how to access their help

In addition to the above, designated members of staff will also receive training in the following:

- Recognising the range of signs and symptoms of severe allergic reactions
- Responding appropriately to a request for help from another member of staff
- Recognising when emergency action is necessary
- Administering AAIs according to the manufacturer's instructions
- Making appropriate records of allergic reactions

The School should have agreed arrangements in place for all members of staff to summon the assistance of a designated member of staff, to help administer an AAI, as well as for collecting the spare AAI in the emergency kit.

Each designated member of staff should have a copy of the register. The School should have a procedure for allowing a quick check of the register as part of initiating the emergency response. This does not need to be undertaken by a designated member of staff.

14.3 Asthma training

Staff should receive appropriate training and support, relevant to their training and responsibility. It would be reasonable for all staff to be:

- Trained to recognise the symptoms of an asthma attack and how to distinguish them from other conditions with similar symptoms
- Aware of the asthma policy
- Aware of how to check if a child is on the register
- Aware of how to access the inhaler
- Aware of who the designated members of staff are and the policy on how to access their help

In addition, designated members of staff should be trained in:

- Recognising asthma attacks (and distinguishing 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

14.4 Whole school awareness

With parental/carers permission, it is sometimes necessary to explain the use of medication to a number of pupils in the class in addition to the affected child so that the peer group can be given the necessary information.

15 Record keeping

15.1 Medicine records

The Principal will ensure that written records are kept of all medicine administered to pupils, including details of what, how and how much was administered, when and by whom. Parents will be informed if their child has been unwell at the School.

15.2 Storage of IHPs

IHPs are to be kept in a readily accessible place which all staff are aware of, although confidentiality should be preserved.

15.3 Medical conditions register/list

The School should keep a medical conditions list, which should be updated and reviewed regularly.

Each class teacher should have an overview of the medical conditions for the pupils in their care. Supply staff and support staff should have access to the list on a need to know basis.

15.4 Allergy register

The School should compile an allergy register, reflecting those pupils with additional health needs relating to an allergy. The register should be accessible and easy to read and should include:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAI(s) and, if so, what type and dose
- Whether parental consent has been given for use of the spare AAI which may be different to the personal AAI prescribed for the pupil
- A photograph of each pupil to allow a visual check to be made

15.5 AAI registers

The School will ensure there is a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis.

The School will keep a separate record of use of any AAIs. This will include details of where the reaction took place, how much medication was given and by whom.

15.6 Asthma registers

The School should keep a register of pupils that have been diagnosed with asthma or prescribed a reliever inhaler. The asthma register should be easy to access and designed to allow a quick check of whether or not a pupil is recorded as having asthma and consent has been given for an emergency inhaler to be administered. Consent should be updated regularly, ideally annually. The School may wish to consider including photographs of pupils, to allow a visual check to be made.

The School should also keep a separate record of use of the emergency inhaler, including where and when the attack took place, how much medication was given and by whom.

16 Arrangements on transfer

For pupils on the medical conditions list key stage transition point meetings should take place in advance of transferring to enable parents, the School and health professionals to prepare the pupil's IHP and train staff, if appropriate.

17 Liability and indemnity

- 17.1 Teachers and other School staff in charge of pupils have a common law duty to act as any reasonably prudent parent would to make sure that pupils are healthy and safe on School premises and this might, in exceptional circumstances, extend to administering medicine and/or taking action in an emergency.
- 17.2 This duty also extends to teachers leading activities taking place off the School site, such as educational visits, School outings or field trips. Section 3(5) of the Children's Act 1989 provides scope for teachers to do what is reasonable in all the circumstances for the purpose of safeguarding or promoting children's welfare. This can give protection to teachers acting reasonably in emergency situations such as on a trip.
- 17.3 Subject to the above, there is no contractual duty on School staff to administer medicine or supervise a pupil taking it. This is a voluntary role.
- 17.4 The Trust Board will ensure that the appropriate level of insurance is in place to cover staff in supporting pupils with medical conditions, including liability cover relating to the administration of medication and will ensure that the level of insurance appropriately reflects the School's level of risk. The insurance policy will be accessible to staff at the School.

18 Complaints

- 18.1 Parents with a complaint about their child's medical condition should discuss these directly with the School in the first instance. If the School cannot resolve the matter, they will direct parents to the Trust's complaints procedure.

19 Monitoring arrangements

This policy will be reviewed and approved by the Governing Board every year.

20 Other policies and supporting documents

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding and Child Protection
- Special educational needs information report and policy

Additional Supporting Documents:

- DFE guidance “supporting pupils at school with medical conditions” (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf).
- Schools should have regard to non-statutory guidance issued by the Department of Health, available via the below link:
- [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline auto injectors in schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)
- [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency inhalers in schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)

APPENDIX A Administration of Medicines Request Form

To: The Principal of the School

From: The parent/guardian of Click or tap here to enter text. *(insert full name of child)*

My child has been diagnosed as having Click or tap here to enter text. *(insert name of illness)*. They are considered fit to attend the School but require the following prescribed medicine to be administered during School hours Click or tap here to enter text. *(insert name of medication)*

I allow/do not allow for my child to carry out self-administration. *(delete as appropriate)*

I allow/do not allow for my child to carry the medication upon themselves *(delete as appropriate)*

Could you please therefore administer the medication as indicated below?

Click or tap here to enter text. *(insert dosage)* at Click or tap here to enter text. *(insert time)* with effect from Click or tap here to enter text. *(insert date)* to* Click or tap here to enter text. *(insert date)** (* delete if long term medication)

The medicine should be administered by mouth/ in the ear/nasally/other: Click or tap here to enter text. *(delete as appropriate)*

I understand that the School cannot administer a spare adrenaline auto injector without the consent of a medical practitioner and parent/carer.

I undertake to update the School with any changes in routine, use or dosage or emergency medication and to maintain an in date supply of the prescribed medication.

I understand that the School cannot undertake to monitor the use of self-administered medication of that carried by the child and that the School is not responsible for any loss of/or damage to any medication.

I understand that if I do not allow my child to carry the medication it will be stored by the School and administered by staff with the exception of emergency medication which will be near the child at all times.

I understand that staff may be acting voluntarily in administering medicines to children.

Signed: Click or tap here to enter text. Date: Click or tap here to enter text.

Name of Parent/Guardian: Click or tap here to enter text. *(please print)*

Contact Details: Home: Click or tap here to enter text. Mobile: Click or tap here to enter text.

Work: Click or tap here to enter text.

Allergy: Emergency Action Plan with **EpiPen®**

KNOWN ALLERGIES:

Name:

Preferred name:

Date of Birth:



Parent / Carer details:

1)



2)



How to give EpiPen®

Step 1

Step 1. Lie down with your leg slightly elevated or sit up if breathing is difficult

Step 2

Step 2. Grasp your EpiPen® in your dominant hand with the blue safety cap closest to your thumb and remove cap

Step 3



Step 3. Hold the EpiPen® about 10cm away from your leg, swing and jab the orange tip into the outer thigh. Hold in place for 10 seconds. Remove EpiPen®

Step 4



Step 4. Massage the injection area for 10 seconds. You must dial 999 immediately, ask for an ambulance and state anaphylaxis.

Keep your EpiPen® device at room temperature. For more information on EpiPen® and to register for the free expiry alert service, go to www.epipen.co.uk.

This document has been adapted, with permission from the Australasian Society of Clinical Immunology and Allergy (ASCIA) – www.allergy.org.au

Mild to Moderate Reaction:

- Swelling of lips, face, eyes
- Hives or itchy rash
- Itchy / tingling mouth / itchy throat
- Abdominal pain, vomiting

ACTION:

- Stay with the child
- Call for help if necessary
- Give antihistamine: CETIRIZINE
If vomited, can give a further dose (circle)
- Contact parent / carer
- Locate EpiPen®

<2yrs	2.5mg	2.5ml
2-6yrs	5mg	5ml
6+yrs	10mg	10ml or 1 table

Watch for signs of ANAPHYLAXIS (Severe allergic reaction):

- Difficult or noisy breathing
- Wheeze / persistent cough / hoarse voice
- Difficulty swallowing / tightness in throat
- Loss of consciousness or collapse
- Pale / floppy / suddenly sleepy
- If in doubt or rapidly deteriorating

If ANY ONE of these signs are present:

- **Lie child flat.** If breathing is difficult, allow to sit
- **Give EpiPen® (circle) EpiPen® Jr / EpiPen®**
- **Dial 999 for an ambulance* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")**
- **Stay with the child**
- **If no improvement after 5-10 minutes, give a further EpiPen® dose (if prescribed – CHECK OVERLEAF)**

Additional instructions:

If asthmatic and concerns about breathing give 10 puffs of Salbutamol inhaler

*Medical observation in hospital for at least 6 hours is recommended after anaphylaxis (NICE Guidelines).

Please complete Report Form (appendix B3), giving clear account of events and fax it to 0116 225 3850

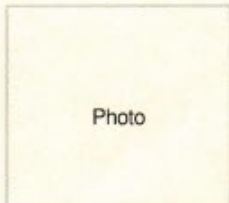
Allergy: Emergency Action Plan with **Jext®**

KNOWN ALLERGIES:

Name:

Preferred name:

Date of Birth:



Photo

Parent / Carer details:

- 1)
- 2)

Mild to Moderate Reaction:

- Swelling of lips, face, eyes
- Hives or itchy rash
- Itchy / tingling mouth / itchy throat
- Abdominal pain, vomiting

ACTION:

- Stay with the child
- Call for help if necessary
- Give antihistamine: CETIRIZINE
If vomited, can give a further dose (circle)
- Contact parent / carer
- Locate Jext®

<2yrs	2.5mg	2.5mg
2-6yrs	5mg	5mg
6+yrs	10mg	10ml or 1 tablet

Watch for signs of ANAPHYLAXIS (Severe allergic reaction):

- Difficult or noisy breathing
- Wheeze / persistent cough / hoarse voice
- Difficulty swallowing / tightness in throat
- Loss of consciousness or collapse
- Pale / floppy / suddenly sleepy
- If in doubt or rapidly deteriorating

If ANY ONE of these signs are present:

- **Lie child flat.** If breathing is difficult, allow to sit
- **Give Jext® (circle) 150 / 300 micrograms**
- **Dial 999 for an ambulance* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")**
- **Stay with the child**
- **If no improvement after 5-10 minutes, give a further Jext® dose (if prescribed – CHECK OVERLEAF)**

Additional instructions:

If asthmatic and concerns about breathing give 10 puffs of Salbutamol inhaler

*Medical observation in hospital for at least 6 hours is recommended after anaphylaxis (NICE Guidelines).

How to give Jext®



Step 1. Grasp the Jext® in your dominant hand as above. Pull off the yellow cap with the other hand.



Step 2. Place the black injector tip against outer thigh, holding the injector at a right angle to thigh.



Step 3. Push the black tip firmly into thigh until you hear a "click", then keep it pushed in. Hold firmly in place for 10 seconds then remove.



Step 4. Massage the injection area for 10 seconds. Seek immediate medical help by dialling 999 for an ambulance.

For more information on Jext® and to register for the free expiry alert service, go to www.jext.co.uk.

This document has been adapted, with permission from the Australasian Society of Clinical Immunology and Allergy (ASCI) – www.allergy.org.au

Appendix B2.3 (page 2 of 2)

Please complete Report Form (appendix B3), giving clear account of events and fax it to 0116 225 3850

APPENDIX C -ADRENALINE AUTO INJECTOR ADMINISTRATION REPORT FORM

NAME OF CHILD:	DOB:
DATE OF ALLERGIC REACTION:	
TIME REACTION STARTED:	
TRIGGER:	
DESCRIPTION OF SYMPTOMS OF REACTION:	
TIME ADRENALINE INJECTION GIVEN:	
DEVICE USED (please circle): EPIPEN / EPIPEN JUNIOR / ANAPEN / ANAPEN JUNIOR	
SITE OF INJECTION:	
GIVEN BY:	
ANY DIFFICULTIES IN ADMINISTRATION:	
TIME AMBULANCE CALLED:	
TIME AMBULANCE ARRIVED:	
ANY OTHER NOTES ABOUT INCIDENT (e.g. child eating anything, other injuries to child):-	
WITNESSES:	
FORM COMPLETED BY:	
NAME (print):	SIGNATURE:
JOB TITLE:	CONTACT TEL. NO:
DATE:	

Original to Child’s School Record

c.c. Hospital with child (where possible)

c.c. Parent