



*'It's awesome at Ayresome'*



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# Ayresome Primary School

## Supporting Pupils with Medical Conditions

### Policy

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<b>Document control table</b>			
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	28.6.19	Amy Goring	Personalise to Ayresome Primary School
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## 1. Statement of Intent

The Trustees of Ad Astra Academy Trust have a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

The Trust believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The Trust has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and each individual school's SEND Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers.

Signed by:

_____	Headteacher	Date: _____
	Chief Executive Officer	Date: _____
_____	Chair of Trustees	Date: _____

## **2. Legal and policy framework**

This policy has due regard to relevant legislation and also Department of Education and OfSTED guidance in the following areas;

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Department of Health (2015) 'Guidance on the use of emergency salbutamol inhalers in schools'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE (2017) 'Automated external defibrillators (AEDs) – A Guide for Schools'
- Ofsted (2015) 'The common inspection framework: education, skills and early years'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

## **3. The role of the Trustees**

The Trustees have overall statutory responsibility for ensuring that each school has appropriate arrangements in place to support pupils with medical conditions that meets legal requirements including equality and health and safety legislation. In order to fulfil this responsibility, the board confers specific functions to individual school Local Governing Bodies, Headteachers and staff (as appropriate) given that they are best placed to know the needs of individual children within their school.

The Trustees are ultimately responsible for ensuring that policies and procedures are kept up to date in line with changes in relevant legislation or guidance and that and changes are disseminated to schools accordingly. The Trustees confer this responsibility to the Chief Executive Officer to ensure this is undertaken.

## **4. The role of Local Governing Bodies**

The Local Governing Body is responsible for;

- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions are not discriminated against and can access and enjoy the same opportunities as any other pupil at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents/carers and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.

- Ensuring that pupils' health is not put at unnecessary risk. As a result, the Local Governing Body holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

## **5. The role of the Headteacher**

The Headteacher is responsible for;

- Ensuring that this policy is effectively communicated and implemented with stakeholders and actively monitors compliance with this policy, reporting any concerns or good practice to the Trust to inform further refinement of this policy.
- Ensuring that all stakeholders including staff are aware of this policy and understand their role in its implementation.
- Ensure that up to date written medical information (including allergies) is obtained from parents at least annually,
- Ensure that specific medical information is communicated to appropriate staff so that the condition can be appropriately and safely managed.
- Ensuring that a sufficient number of staff<sup>1</sup> are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations, taking into consideration staff absence and cover arrangements.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Ensure that educational visits and trips are appropriately risk assessed and necessary control measures are in place.
- Contacting the school nursing service and other relevant medical professionals for support or where a pupil with a medical condition requires support that has not yet been identified.

## **6. The role of parents/carers**

Parents/carers are responsible for;

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs including from GP's and/or specialist medical professionals.
- Provide the school with necessary medication where appropriate.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

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<sup>1</sup> For the purposes for this policy, school staff also includes authorised volunteers working in school

## **7. The role of pupils**

Pupils are expected to (where it is appropriate to their age and ability);

- Be fully involved in discussions about their medical support needs
- Contribute to the development of their IHP.
- Be sensitive to the needs of pupils with medical conditions.

## **8. The role of school staff**

All school staff;

- Must read and understand this policy and bring any concerns or clarification requirements to the attention of the Headteacher without delay.
- Act in accordance with this policy at all times.
- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.
- Take into account the needs of pupils with medical conditions in their lessons.
- Be familiar with and implement pupils IHP's as appropriate.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help or in an emergency situation.
- Assist the Headteacher in supporting all pupils with medical conditions so that all children can enjoy a full and rewarding educational experience.

## **9. The role of other stakeholders**

The Department of Education guidance clearly confers responsibilities on other external stakeholders in supporting pupils with medical conditions.

### **9.1 School nurses are expected to:**

- At the earliest opportunity, notify the school when a pupil has been identified as having a medical condition which requires support in school.
- Support staff to implement IHPs and provides advice and training regarding supporting pupils with medical conditions. If unable to provide training, then provide advice regarding how/where this can be procured.
- Liaise with lead clinicians locally on appropriate support for pupils with medical conditions.
- Support Headteachers in undertaking risk assessments regarding the administration of medicines both in school and in relation to external trips and activities.

### **9.2 Other healthcare professionals including GP's and paediatricians are expected to:**

- 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 IHPs.
- May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.

### 9.3 Clinical Commissioning Groups (CCGs) are expected to:

- Ensure that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Make joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Be responsive to LAs and schools looking to improve links between health services and schools.
- Provide clinical support for pupils who have long-term conditions and disabilities.
- Ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

### 9.4 Other providers of health services are expected to:

- Co-operate with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

### 9.5 The Local Authority is expected to:

- Commission school nurses for local schools.
- Promote co-operation between relevant partners.
- Make joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Provide support, advice and guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Work with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

### 9.6 The role of Ofsted

- Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.
- Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural development.

## **10. Admissions**

No child is denied admission to an Ad Astra school or prevented from taking up a school place because arrangements for their medical condition have not been made.

A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

## **11. Notification procedure**

When the school is notified that a pupil has a medical condition that requires support in school, the school nurse should inform the Headteacher. Following this, the school begins

to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP.

The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the headteacher based on all available evidence (including medical evidence and consultation with parents/carers).

For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their parents or previous school/setting.

Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place within two weeks.

## **12. Staff training and support**

Any staff member providing support to a pupil with medical conditions will receive suitable training. Training needs will be reviewed annually and refreshed where necessary. Where this is specific to an individual medical condition or administration of specific medication, this training will be carried out by the relevant specialist medical professional e.g. diabetes nurse, consultant or GP. More general training in supporting medical conditions or administration of medication will be provided by a suitably competent training provider. The procurement and commissioning of training services is the responsibility of the Headteacher and must include an assessment of competence to deliver such services. Headteachers should liaise with the appointed Health and Safety provider, Chief Executive Officer or Head of Operations for support and advice regarding this. Whole school awareness training will be undertaken regarding this policy so that all staff have a basic understanding of the information and responsibilities within it. **Staff do not undertake healthcare procedures or administer medication without appropriate training.**

It is recognised that parents and carers can be an important source of advice and guidance for school staff in supporting a child that has a medical condition especially if this a specific condition. While this can supplement staff training, this is not used as a substitute for specialist training.

Training needs are assessed by the school nurse through the development and review of IHPs, on a regular basis for all school staff, and when a new staff member arrives.

Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken. Suitable training opportunities ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

The school nurse or training provider confirms the proficiency of staff in performing medical procedures or providing medication.

A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.

Whole-school awareness training is carried out on a regular basis for all staff and included in the induction of new staff members.



### **13. Supply teachers**

Supply teachers are;

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

### **14. Individual healthcare plans (IHPs)**

The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. Chronic or long term conditions and disabilities will require an IHP. If no consensus can be reached, the headteacher makes the final decision.

The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHPs. Where appropriate, the pupil is also involved in the process.

IHPs include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The support needed for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.
- Arrangements for obtaining written permission from parents/carers and the headteacher for medicine to be administered by school staff or self-administered by the pupil.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHP.

IHPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

IHPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner. The appointed member of staff responsible for the review will be named in the document.

Where a pupil has an EHC plan, the IHP is linked to it or becomes part of it.

Where a child has SEND but does not have a statement or EHC plan, their SEND should be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their IHP identifies the support the child needs to reintegrate.

## **15. Managing and administering medicines**

In accordance with this policy, medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so. Staff members cannot be forced to administer medication. If a member of staff does refuse, then the Headteacher will delegate the responsibility to another member of staff.

Pupils under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent – except where the medicine has been prescribed to the pupil without the parent/carer's knowledge. School staff must only administer medication upon receipt of a completed and signed copy of the 'administration of medicines' form. See appendix 3.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

No pupil under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.

Medicines are never administered without first checking when the previous dose was taken, and the maximum dosage allowed. Parents/carers are informed any time medication is administered that is not agreed in an IHP.

Where appropriate, pupils will be encouraged to take their own medication under the supervision of a suitable and trained member of staff. Parents/carers will be consulted before a pupil is permitted to administer their own medication and agreement to this will be recorded on the 'administration of medicines' form or in their IHP.

If a pupil refuses to take their medication, then staff will not force them to do so, but will follow the agreed procedure in their IHP (if one is in place) or and in all instances parents/carers will be informed so that alternative options can be considered.

Where a pupil's medical condition is unclear, or where there is a difference of opinion, a judgment will be made in consultation with parents/carers and based on the available evidence.

In the event of a school trip or activity that involves leaving the school premises, the associated risk assessment will include administration of medicines to ensure medicines and devices are readily available to staff and pupils at all times. Headteachers and

Educational Visits leaders will need to consider issues such as the numbers of trained staff attending the trip and the specific arrangements for storage and administration of the medication needed.

The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. Medication that does not meet these criteria will not be administered. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines are stored safely and in appropriate environmental conditions. Pupils know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, pupils are informed of who holds the key to the relevant storage facility. If medication is required to be refrigerated then it will be kept in a fridge specifically identified for storage of medication. Medication will not be kept in a communal fridge that is also used to store foodstuffs. Pupils will never be prevented from accessing their medication.

When medicines are no longer required or at the end of the agreed course, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.

Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. Trained staff may administer a controlled drug to a pupil for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.

At Ayresome Primary School, medication is kept in the following locations;

1. Medical boxes in classrooms
2. Fridge in small kitchen opposite Amy Goring's office
3. Medical cupboard

A record is kept of the amount of controlled drugs held and any doses administered.

Records are kept of all medicines administered to individual pupils – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held. Please see appendices 4 and 5.

## **16. Asthma**

Ad Astra Academy Trust;

- Recognises that asthma is a serious but controllable condition and welcomes all pupils with asthma.
- Ensures that pupils with asthma can and do participate fully in all aspects of school life including physical exercise, visits, field trips and other out-of-school activities.
- Recognises that pupils with asthma need immediate access to reliever inhalers at all times.
- Keeps a record of all pupils with asthma and their medicinal requirements.
- Ensures that the school environment is conducive to the education of pupils with asthma.

- Ensures that all members of school staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in the event of an asthma attack.
- Understands that pupils with asthma may experience bullying and has procedures in place to prevent this occurring.
- Works in partnership with interested parties, such as the governing body, members of school staff, parents, pupils and outside agencies, to ensure the best educational outcomes possible for pupils with asthma.

This policy enables pupils with asthma to manage their condition effectively in school and provides clear procedures to help ensure their safety and wellbeing.

#### 16.1 Key roles and responsibilities in relation to the management of asthma in schools

The **Headteacher** has a responsibility to;

- Arrange for all members of staff to receive training on: how to recognise the symptoms of an asthma attack; how to distinguish asthma attacks from other conditions with similar symptoms; how to deal with an asthma attack; how to check if a child is on the Asthma Register; how to access the emergency inhalers; who the designated members of staff are and how to achieve their help.
- Delegate the responsibility to check the expiry date of spare reliever inhalers and maintain the school's Asthma Register to a designated member of staff.

**Members of school staff** have a responsibility to;

- Know which pupils they come into contact with have asthma.
- Know what to do in the event of an asthma attack (as outlined in sections 6 and 7).
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parents/carers if their child has had an asthma attack.
- Inform parents/carers if their child is using their reliever inhaler more than usual.
- Ensure pupils with asthma have their medication with them on school trips and during activities outside of the classroom.
- Ensure pupils who are unwell due to asthma are allowed the time and resources to catch up on missed school work.
- Be aware that pupils with asthma may experience tiredness during the school day due to their night-time symptoms.
- Be aware that pupils with asthma may experience bullying.
- Make contact with parents/carers, the school nurse and special educational needs coordinators (SENCOs) if a child is falling behind with their school work because of their asthma.

**Members of staff leading PE** lessons have a responsibility to;

- Understand asthma and its impact on pupils. Pupils with asthma should not be forced to take part in activities if they feel unwell.
- Ensure pupils are not excluded from activities that they wish to take part in, provided their asthma is well controlled.
- Ensure pupils have their reliever inhaler with them during physical activity and that they are allowed to use it when needed.
- Allow pupils to stop during activities if they experience symptoms of asthma.

- Allow pupils to return to activities when they feel well enough to do so and their symptoms have subsided.
- Remind pupils with asthma whose symptoms are triggered by physical activity to use their reliever inhaler before warming up.
- Ensure pupils with asthma always perform sufficient warm ups and warm downs.

**Pupils with asthma** have a responsibility to;

- Tell their teacher or parent/carer if they are feeling unwell.
- Treat asthma medicines with respect.
- Know how to gain access to their medication in an emergency.
- Know how to take their asthma medicine.

**All other pupils** have a responsibility to;

- Treat other pupils, with or without asthma, equally.
- Let any pupil having an asthma attack take their reliever inhaler (usually blue) and ensure a member of staff is called immediately.

**Parents/carers** have a responsibility to;

- Inform the school if their child has asthma.
- Ensure the school has complete and up-to-date asthma information for their child.
- Inform the school of the medication their child requires during school hours.
- Inform the school of any medication their child requires during school trips, team sports events and other out-of-school activities.
- Inform the school of any changes to their child's medicinal requirements.
- Inform the school of any changes to their child's asthmatic condition. For example, if their child is currently experiencing sleep problems due to their condition.
- Ensure their child's reliever inhaler (and spacer where relevant) is labelled with their child's name.
- Ensure that their child's reliever inhaler and spare inhaler are within their expiry dates.
- Ensure their child catches up on any school work they have missed due to problems with asthma.
- Ensure their child has regular asthma reviews with their doctors or asthma nurse (every six to twelve months).

## 16.2 Asthma medicines

Pupils with asthma are encouraged to carry their reliever inhaler as soon as their parent/carer and the school nurse agree they are mature enough.

Reliever inhalers kept in the school's charge are held in the pupil's classroom in a designated storage area.

Parents/carers must label their child's inhaler and ensure that the school is provided with a labelled spare reliever inhaler, in case their child's inhaler runs out, is lost or forgotten.

Staff members will let pupils take their own medicines when they need to.

This policy is predominantly for the use of reliever inhalers. Preventer inhalers are very rarely required at school. However, if they are needed, staff members may need to remind pupils to bring them in if they consistently forget.

### 16.3 Emergency inhaler

Ayresome Primary School keeps a supply of salbutamol inhalers for use in emergencies when a pupil's own inhaler is not available. These are kept in 'emergency asthma kits' in the medical cupboard

Emergency asthma kits contain the following:

- A salbutamol metered dose inhaler
- Two plastic, compatible spacers
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- Instructions for replacing inhalers and spacers
- The manufacturer's information
- A checklist, identifying inhalers by their batch number and expiry date
- A list of pupils with parental consent and/or individual healthcare plans permitting them to use the emergency inhaler
- A record of administration showing when the inhaler has been used

Ayresome Primary School buys our supply of salbutamol inhalers from A C Moule & Co Pharmacy, Middlesbrough.

The emergency inhaler should only be used by pupils, for whom written parental consent has been received and who have been either diagnosed with asthma or prescribed an inhaler as reliever medication.

Parental consent for the use of an emergency inhaler should form part of any pupil with asthma's individual healthcare plan.

When not in use, emergency inhalers are stored in the medical cupboard in the temperate conditions specified in the manufacturer's instructions, out of reach and sight of pupils, but not locked away.

Expired or used-up emergency inhalers are returned to a local pharmacy to be recycled.

Spacers must not be reused and may be given to the pupil for future home-use.

Emergency inhalers may be reused, provided that they have been properly cleaned after use.

Appropriate support and training will be provided for relevant staff on the use of the emergency inhaler and administering the emergency inhaler.

Whenever the emergency inhaler is used, the incident must be recorded in the corresponding record of administration. The incident must also be recorded on the school's records, indicating where the attack took place, how much medication was given, and by whom, and the pupil's parents will be informed in writing.

Suzanne Farley / Karla White are responsible for overseeing the protocol for the use of the emergency inhaler, monitoring its implementation, and maintaining the Asthma Register. They are also responsible for;

Checking that inhalers and spacers are present and in working order, with a sufficient number of doses, on a monthly basis.

Ensuring replacement inhalers are obtained when expiry dates are approaching.

Ensuring replacement spacers are available following use.

Ensuring that plastic inhaler housing has been cleaned, dried and returned to storage following use, and that replacements are available where necessary.

#### 16.4 Symptoms of an asthma attack

Members of school staff will look for the following symptoms of asthma attacks in pupils:

- Persistent coughing (when at rest)
- Shortness of breath (breathing fast and with effort)
- Wheezing
- Nasal flaring
- Complaints of tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Younger pupils may express feeling tight in the chest as a 'tummy ache'.

#### 16.5 What to do when a child has an asthma attack

In the event of an asthma attack, staff will follow the procedure outlined below;

- Keep calm and encourage pupils to do the same.
- Encourage the child to sit up and slightly forwards – do not hug them or lie them down.
- If necessary, call another member of staff to retrieve the emergency inhaler – do not leave the affected pupil unattended.
- If necessary, summon the assistance of a suitable member of staff, to help administer an emergency inhaler.
- Ensure the child takes two puffs of their reliever inhaler (or the emergency inhaler) immediately, preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the child.

If there is no immediate improvement;

- Continue to ensure the child takes two puffs of their reliever inhaler every two minutes, until their systems improve, but only up to a maximum of 10 puffs.
- If there is no improvement before you have reached 10 puffs:
- Call 999 for an ambulance.

If an ambulance does not arrive in 10 minutes, administer another 10 puffs of the reliever inhaler as outlined in 6.2.

Call 999 immediately if:

- The child is too breathless or exhausted to talk.
- The child is going blue.
- The child's lips have a blue/white tinge.
- The child has collapsed.
- You are in any doubt.

#### 16.6 Important points to remember

Never leave a pupil having an asthma attack unattended.

If the pupil does not have their inhaler, send another teacher or pupil to retrieve their spare inhaler.

In an emergency situation, members of school staff are required to act like a 'prudent parent' – known as having a 'duty of care'.

Reliever medicine is very safe. Do not be overly concerned a pupil may overdose.

Send another pupil to get a teacher/adult if an ambulance needs to be called.

Contact the pupil's parents/carers immediately after calling an ambulance.

A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent/carer arrives.

Generally, staff will not take pupils to hospital in their own car. However, in some extreme situations Ayresome Primary School understands that it may be the best course of action.

If a situation warrants a staff member taking a pupil to hospital in their car, another adult must accompany them.

#### 16.7 Record keeping

At the beginning of each school year, or when a child joins the school parents/carers are asked to inform the school if their child has any medical conditions, including asthma, on their enrolment form.

The school keeps a record of all pupils with asthma, complete with medication requirements, in its Asthma Register.

Parents must inform the school of any changes to their child's condition or medication during the school year via an Asthma Policy Information Slip- see appendix 10.

#### 16.8 Exercise and physical activity

Games, activities and sports are an essential part of school life for our pupils. All teachers know which children in their class have asthma and are aware of any safety requirements.

Outside suppliers of sports clubs and activities are provided with information about pupils with asthma taking part in the activity via the school's Asthma Register.



Pupils with asthma are encouraged to participate fully in PE lessons when they are able to do so. Pupils whose asthma is triggered by exercise will be allowed ample time to thoroughly warm up and cool down before and after the session.

During sports, activities and games, each pupil's labelled inhaler will be kept in a box at the site of the activity.

Classroom teachers will follow the same guidelines as above during physical activities in the classroom.

#### 16.9 Out-of-hours sport

Ayresome Primary School believes sport to be of great importance and utilises out-of-hours sports clubs to benefit pupils and increase the number of pupils involved in sport and exercise.

Pupils with asthma are encouraged to become involved in out-of-hours sport as much as possible and will never be excluded from participation.

Members of school staff or contracted suppliers will be aware of the needs of pupils with asthma during these activities and adhere to the guidelines outlined in this policy.

#### 16.10 The school environment

Ayresome Primary School does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep any furry or feathered animals and has a definitive no-smoking policy throughout school grounds.

As far as possible, the school does not use any chemicals in art or science lessons that are potential triggers for asthma.

If chemicals that are known to be asthmatic triggers are to be used, asthmatic pupils will be taken outside of the classroom and provided with support and resources to continue learning.

#### 16.11 Pupils falling behind

If a pupil is falling behind in lessons because of their asthma, the class teacher will talk to the parents/carers to discuss how to prevent the child falling further behind and possible ways for the child to catch-up.

If appropriate, the teacher will then talk to the school nurse and SENCO about the pupil's needs and possible interventions.

The school recognises that it is possible for pupils with asthma to have special educational needs due to their asthma.

### **17. Allergy and Anaphylaxis**

#### 17.1 Purpose

The allergen and anaphylaxis section of this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children.

The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

### 17.2 Definitions

For the purpose of this policy:

**Allergy** – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

**Allergen** – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

**Allergic reaction** – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms;

- Hives
- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

**Anaphylaxis** – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms;

- Difficulty breathing
- Feeling faint
- Reduced level of consciousness
- Lips turning blue
- Collapsing
- Becoming unresponsive

### 17.3 Roles and responsibilities in relation to the management of allergies and anaphylaxis in schools

The **headteacher** is responsible for:

- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.

- Ensuring that catering staff are aware of, and act in accordance with appropriate food and hygiene protocols.
- Ensuring that catering staff are aware of any pupils' allergies which may affect the school meals provided.
- Ensuring all food supplied to pupils by the school, including snacks, does not contain known allergens.
- Liaising with the medical professionals and pupils' parents to ensure the necessary control measures are in place.

All **staff members** are responsible for:

- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Promoting hand washing before and after eating.
- Monitoring as far as practicable all food supplied to pupils by parents, including snacks, ensuring food containing known allergens is not provided.
- Ensuring as far as practicable that pupils do not share food and drink in order to prevent accidental contact with an allergen.
- Ensuring that any necessary allergy medication is out of the reach of pupils but still easily accessible to staff members.

All **parents** are responsible for;

- Notifying the **Headteacher** of the following information:
  - Their child's allergens
  - The nature of the allergic reaction
  - What medication to administer
  - Specified control measures and what can be done to prevent the occurrence of an allergic reaction
- Providing written consent for the use of a spare AAI.
- Acting in accordance with any allergy-related requests made by the school, such as not providing nut-containing items in their child's packed lunch.
- Ensuring their child is aware of allergy self-management, including being able to identify their allergy triggers and how to react.
- Providing a supply of 'safe' snacks for any individual attending school events.
- Raising any concerns they may have about the management of their child's allergies with the classroom teacher.
- Ensuring that any food their child brings to school is safe for them to consume.
- Liaising with staff members, including those running breakfast and afterschool clubs, regarding the appropriateness of any food or drink provided.

All **pupils** are responsible for:

- Ensuring that they do not exchange food with other pupils.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Being proactive in the care and management of their allergies.
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown.

- Notifying a member of staff when they believe they may have come into contact with something containing an allergen.
- Learning to recognise personal symptoms of an allergic reaction.
- Keeping necessary medications in an agreed location which members of staff are aware of.
- Developing greater independence in keeping themselves safe from allergens.
- Notifying a staff member if they are being bullied or harassed as a result of their allergies.

#### 17.4 Food allergies

Parents will provide the school with a written list of any foods that their child may have an adverse reaction to, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

Information regarding all pupils' food allergies will be collated, indicating whether they consume a school dinner or a packed lunch, and this will be passed on to the school's catering service.

Where a pupil who attends the school has a nut allergy, the school's catering service will be requested to eliminate nuts, and food items with nuts as ingredients, from meals as far as possible, not including foods which are labelled 'may contain traces of nuts'.

All food tables will be disinfected before and after being used. Anti-bacterial cleaning materials will be used.

Boards and knives used for fruit and vegetables will be a different colour to the rest of the kitchen knives in order to remind kitchen staff to keep them separate.

There will be a set of kitchen utensils that are only for use with the food and drink of the pupils at risk.

There will also be a set of kitchen utensils with a designated colour. These utensils will be used only for food items that contain bread and wheat related products.

Food items containing bread and wheat will be stored separately.

Food items containing nuts will not be served at, or be bought onto, school premises.

The chosen catering service of the school is responsible for ensuring that the school's policies are adhered to at all times, including those in relation to the preparation of food, taking into account any allergens.

Learning activities which involve the use of food, such as food technology lessons, will be planned in accordance with pupils' IHPs, taking into account any known allergies of the pupils involved.

#### 17.5 Animal allergies

Pupils with known allergies to specific animals will have restricted access to those that may trigger a response.

In the event of an animal on the school site, staff members will be made aware of any pupils who this may pose a risk to and will be responsible for ensuring that the pupil does not come into contact with the specified allergen.

### 17.6 Seasonal allergies

The term 'seasonal allergies' refers to common outdoor allergies, including hay fever and insect bites. Precautions regarding the prevention of seasonal allergies include ensuring that the school field is not mown whilst pupils are outside.

Pupils with severe seasonal allergies will be provided with an indoor supervised space to spend their break and lunchtimes in, avoiding contact with outside allergens.

If necessary staff will monitor pollen counts, making a professional judgement as to whether the pupil should stay indoors.

Pupils will be encouraged to wash their hands after playing outside.

Pupils with severe seasonal allergies are encouraged to bring an additional set of clothing to school to change in to after playing outside, with the aim of reducing contact with outdoor allergens, such as pollen.

Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school's nearby proximity, reporting any concerns to the caretaker who is responsible for liaising with the Headteacher for its safe removal.

Where a pupil with a known allergy is stung or bitten by an insect, medical attention will be given immediately.

### 17.7 Adrenaline auto-injectors (AAIs)

Pupils who suffer from severe allergic reactions may be prescribed an AAI for use in the event of an emergency.

Under The Human Medicines (Amendment) Regulations 2017 the schools is able to purchase AAI devices without a prescription, for emergency use on pupils who are at risk of anaphylaxis, but whose device is not available or is not working.

The school will purchase spare AAIs from a pharmaceutical supplier, such as the local pharmacy.

The school will submit a request, signed by the headteacher, to the pharmaceutical supplier when purchasing AAIs, which outlines:

- The name of the school.
- The purposes for which the product is required.
- The total quantity required.

The headteacher, in conjunction with the school nurse, will decide which brands of AAI to purchase.

Where possible, the school will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands pupils are prescribed, the school may decide to purchase multiple brands.

The school will purchase AAIs in accordance with age-based criteria, relevant to the age of pupils at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to. These are as follows;

- **For pupils under age 6: 0.15 milligrams of adrenaline**
- **For pupils aged 6-12: 0.3 milligrams of adrenaline**

Spare AAIs are stored as part of an emergency anaphylaxis kit, which includes the following:

- One or more AAIs
- Instructions on how to use the device(s)
- Instructions on the storage of the device(s)
- Manufacturer's information
- A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks
- A note of the arrangements for replacing the injectors
- A list of pupils to whom the AAI can be administered
- An administration record

Pupils who have prescribed AAI devices, and are over the age of seven, are able to keep their device in their possession.

For pupils under the age of seven who have prescribed AAI devices, these are stored in a suitably safe and central location: Medical boxes in pouches in classrooms

Spare AAIs are not located more than five minutes away from where they may be required. The emergency anaphylaxis kit(s) can be found at the following locations;

- Medical Cupboard

All staff have access to AAI devices, but these are out of reach and inaccessible to pupils – AAI devices are not locked away where access is restricted.

All spare AAI devices will be clearly labelled to avoid confusion with any device prescribed to a named pupil.

In line with manufacturer's guidelines, all AAI devices are stored at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.

- The following staff members are responsible for maintaining the emergency anaphylaxis kit(s);
- Louise Fawcett
- Tracy Stephenson
- Karla White

The above staff members conduct a monthly check of the emergency anaphylaxis kit(s) to ensure that:

- Spare AAI devices are present and have not expired.
- Replacement AAIs are obtained when expiry dates are approaching.

The following staff member is responsible for overseeing the protocol for the use of spare AAI's, its monitoring and implementation, and for maintaining the Register of AAI's: Louise Fawcett and Karla White

Any used or expired AAI's are disposed of after use in accordance with manufacturer's instructions.

Used AAI's may also be given to paramedics upon arrival, in the event of a severe allergic reaction, in accordance with 17.1 of this policy.

A sharps bin is utilised where used or expired AAI's are disposed of on the school premises.

Where any AAI's are used, the following information will be recorded on the AAI Record;

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

### 17.8 Access to spare AAI's

A spare AAI can be administered as a substitute for a pupil's own prescribed AAI, if this cannot be administered correctly, without delay.

Spare AAI's are only accessible to pupils for whom medical authorisation and written parental consent has been provided – this includes pupils at risk of anaphylaxis who have been provided with a medical plan confirming their risk, but who have not been prescribed an AAI.

Consent will be obtained as part of the introduction or development of a pupil's IHP.

If consent has been given to administer a spare AAI to a pupil, this will be recorded in their IHP.

The school uses a register of pupils (Register of AAI's) to whom spare AAI's can be administered – this includes the following;

- Name of pupil
- Class
- Known allergens
- Risk factors for anaphylaxis
- Whether medical authorisation has been received
- Whether written parental consent has been received
- Dosage requirements

Parents are required to provide consent on an annual basis to ensure the register remains up-to-date.

Parents can withdraw their consent at any time. To do so, they must write to the headteacher.

Name of individual checks the register is up-to-date on an annual basis.

Name of individual will also update the register relevant to any changes in consent or a pupil's requirements.

Copies of the register are held in each classroom, which are accessible to all staff members.

#### 17.9 Medical attention and required support

Once a pupil's allergies have been identified, a meeting will be set up between the pupil's parents, the relevant classroom teacher, specialist medical staff such as the school nurse and any other relevant staff members, in which the pupil's allergies will be discussed and a plan of appropriate action/support will be developed.

All medical attention, including that in relation to administering medication, will be conducted in accordance with this policy.

Parents will provide the school with any necessary medication, ensuring that this is clearly labelled with the pupil's name, class, expiration date and instructions for administering it.

Pupils will not be able to attend school or educational visits without any life-saving medication that they may have, such as AAI's.

All members of staff involved with a pupil with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.

Any specified support which the pupil may require is outlined in their IHP.

All staff members providing support to a pupil with a known medical condition, including those in relation to allergens, will be familiar with the pupil's IHP.

The school SENDCo is responsible for working alongside relevant staff members and parents in order to develop IHPs for pupils with allergies, ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.

The Headteacher has overall responsibility for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the school community.

#### 17.10 Staff training

Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so.

In accordance with this policy, staff members will receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The school will review and arrange (if necessary) specialist training on a termly basis where a pupil in the school has been diagnosed as being at risk of anaphylaxis.

Designated staff members will be taught to;

- Recognise the range of signs and symptoms of severe allergic reactions.
- Respond appropriately to a request for help from another member of staff.
- Recognise when emergency action is necessary.



- Administer AAIs according to the manufacturer's instructions.
- Make appropriate records of allergic reactions.

All staff members will;

- Be trained to recognise the range of signs and symptoms of an allergic reaction.
- Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur with prior mild-moderate symptoms.
- Understand that AAIs should be administered without delay as soon as anaphylaxis occurs.
- Understand how to check if a pupil is on the Register of AAIs.
- Understand how to access AAIs.
- Understand who the designated members of staff are, and how to access their help.
- Understand that it may be necessary for staff members other than designated staff members to administer AAIs, e.g. in the event of a delay in response from the designated staff members, or a life-threatening situation.
- Be aware of how to administer an AAI should it be necessary.

In the event of a mild-moderate allergic reaction

- Mild-moderate symptoms of an allergic reaction include the following:
- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

If any of the above symptoms occur in a pupil, the nearest adult will stay with the pupil and call for help from the designated staff members able to administer AAIs.

The pupil's prescribed AAI will be administered by the designated staff member. Spare AAIs will only be administered where appropriate consent has been received.

Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.

A copy of the Register of AAIs will be held in each classroom for easy access in the event of an allergic reaction.

If necessary, other staff members may assist the designated staff members with administering AAIs.

The pupil's parents will be contacted immediately if a pupil suffers a mild-moderate allergic reaction, and if an AAI has been administered.

In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

For mild-moderate allergy symptoms, the AAI will usually be sufficient for the reaction; however, the pupil will be monitored closely to ensure the reaction does not progress into anaphylaxis.

Should the reaction progress into anaphylaxis, the school will act in accordance with 17.1 of this policy.

The Headteacher will refer any pupil who has been administered an AAI to the hospital for further monitoring.

The headteacher will ensure that any designated staff member required to administer an AAI has appropriate cover in place, e.g. if they were teaching a class at the time of the reaction.

#### 17.11 In the event of anaphylaxis

Anaphylaxis symptoms include the following;

- Persistent cough
- Hoarse voice
- Difficulty swallowing, or swollen tongue
- Difficult or noisy breathing
- Persistent dizziness
- Becoming pale or floppy
- Suddenly becoming sleepy, unconscious or collapsing

In the event of anaphylaxis, the nearest adult will lay the pupil flat on the floor with their legs raised, and will call for help from a designated staff member.

The designated staff member will administer an AAI to the pupil. Spare AAIs will only be administered if appropriate consent has been received.

Where there is any delay in contacting designated staff members, the nearest staff member will administer the AAI.

If necessary, other staff members may assist the designated staff members with administering AAIs.

The emergency services will be contacted immediately.

A member of staff will stay with the pupil until the emergency services arrive – the pupil will remain lay flat and still.

The Headteacher will be contacted immediately, as well as a suitably trained individual, such as a first aider.

If the pupil stops breathing, a suitably trained member of staff will administer CPR.

If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.

In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be

administered. An AAI will not be administered in these situations without contacting the emergency services.

A designated staff member will contact the pupil's parents as soon as is possible.

Upon arrival of the emergency services, the following information will be provided;

- Any known allergens the pupil has
- The possible causes of the reaction, e.g. certain food
- The time the AAI was administered – including the time of the second dose, if this was administered

Any used AAIs will be given to paramedics.

Staff members will ensure that the pupil is given plenty of space, moving other pupils to a different room where necessary.

Staff members will remain calm, ensuring that the pupil feels comfortable and is appropriately supported.

A member of staff will accompany the pupil to hospital in the absence of their parents.

If a pupil is taken to hospital by car, two members of staff will accompany them.

Following the occurrence of an allergic reaction, the Headteacher, in conjunction with the school nurse, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

## **18. Record keeping**

Written records are kept of all medicines administered to pupils.

Proper record keeping protects both staff and pupils and provides evidence that agreed procedures have been followed.

Appropriate forms for record keeping can be found in the appendices of this policy.

## **19. Emergency procedures**

Medical emergencies are dealt with under the school's emergency procedures.

Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Pupils are informed in general terms of what to do in an emergency, such as telling a teacher.

If a pupil needs to be taken to hospital, a member of staff remains with the pupil until their parents/carers arrive.

When transporting pupils with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

## **20. Day trips, residential visits and sporting activities**

Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals.

The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

## **21. Unacceptable practice**

The school will never:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil and/or their parents/carers.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to a location in school alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

## **22. Liability and indemnity**

The Trust ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The school holds an insurance policy with Department of Education Risk Protection Arrangements covering liability relating to the administration of medication. The policy requires that schools comply with the latest version of the Department for Education guidance on 'Supporting Pupils at School with medical Conditions.'

All staff providing such support are provided access to the insurance arrangements.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

## **23. Complaints**

Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.

If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the Complaints Policy.

If the issue remains unresolved, the complainant has the right to make a formal complaint to the Department for Education.

Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

#### **24. Home-to-school transport**

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the Local Authority.

Where appropriate, the school will share relevant information to allow the Local Authority to develop appropriate transport plans for pupils with life-threatening conditions.

#### **25. Defibrillators**

The school has a Progetti automated external defibrillator (AED).

**The AED is stored in The Front Office**

All staff members and pupils are aware of the AED's location and what to do in an emergency.

A risk assessment regarding the storage and use of AEDs at the schools has been carried out.

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

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

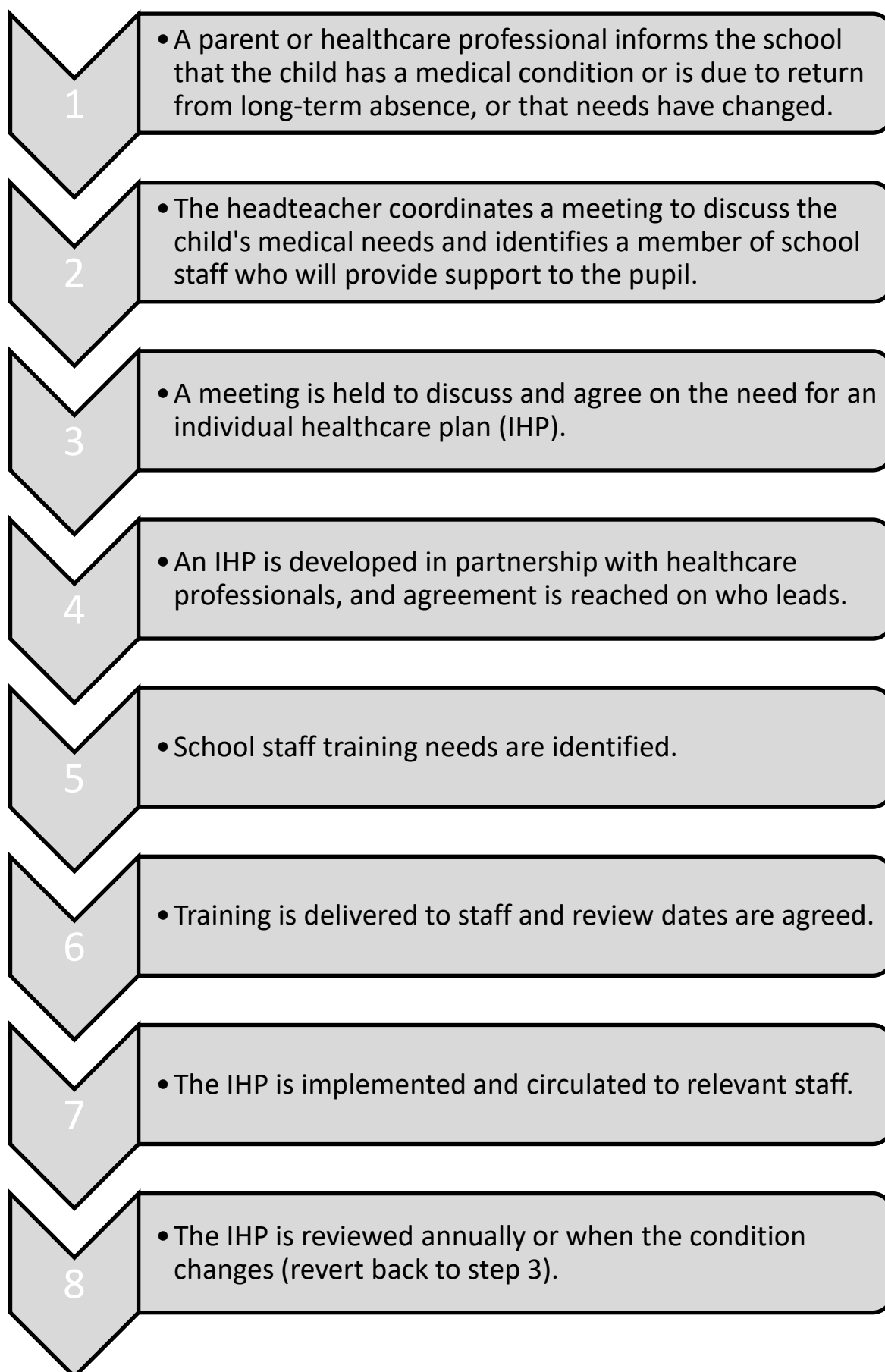
Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

Maintenance checks will be undertaken on AEDs on a weekly basis by name of designated person, with a record of all checks and maintenance work being kept up-to-date by the designated person – Lynsey Lunn

#### **26. Policy review**

This policy is reviewed on an annual basis by the Head of Operations and the Headteacher of each school. The scheduled review date for this policy is June 2022

## 27. Appendix 1 Individual Healthcare Plan Implementation Procedure



## 28. Appendix 2 Individual Healthcare Plan

Child's name:

Group/class/form:

Date of birth:

Child's address:

Medical diagnosis or condition:

Date:

Review date:

### Family contact information

Name:

Phone number (work):

(home):

(mobile):

Name:

Relationship to child:

Phone number (work):

(home):

(mobile):

### Clinic/hospital contact

Name:

Phone number:

### Child's GP

Name:

Phone number:

Who is responsible for providing support in school?

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

Name of medication, dose, method of administration, when it should be taken, side effects, contraindications, administered by/self-administered with/without supervision:

Daily care requirements:

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

Arrangements for school visits/trips:

Other information:



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

Responsible person in an emergency (state if different for off-site activities):

Plan developed with:

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

Form copied to:

### 29. Appendix 3 Parental Agreement for the School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

#### Administration of medication form

Date for review to be initiated by:

--

Name of child:

--

Date of birth:

--

Group/class/form:

--

Medical condition or illness:

--

#### Medicine

Name/type of medicine

*(as described on the container):*

--

Expiry date:

--

Dosage and method:

--

Timing:

--

Special precautions/other instructions:

--

Any side effects that the school needs to know about:

--

Self-administration – Y/N:

--

Procedures to take in an emergency:

--

**NB: Medicines must be in the original container as dispensed by the pharmacy**

#### Contact details

Name:

--

Daytime telephone number:

--

Relationship to child:

--

Address:

<b>Name of staff member</b>

I understand that I must deliver the medicine personally to:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

### 30. Appendix 4 Record of Medicine Administered to an Individual Child

Name of child:	
Date medicine provided by parent:	
Group/class/form:	
Quantity received:	
Name and strength of medicine:	
Expiry date:	
Quantity returned:	
Dose and frequency of medicine:	

Staff signature: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

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

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

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

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

Date: 

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Time given: 

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Dose given: 

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Name of member of staff: 

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Staff initials: 

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Date: 

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Time given: 

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Dose given: 

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Name of member of staff: 

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Staff initials: 

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Date: 

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Time given: 

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Dose given: 

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Name of member of staff: 

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Staff initials: 

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Date: 

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Time given: 

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Dose given: 

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Name of member of staff: 

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Staff initials: 

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Date: 

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Time given: 

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Dose given: 

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Name of member of staff: 

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Staff initials: 

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Date: 

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Time given: 

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Dose given: 

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Name of member of staff: 

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Staff initials: 

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**31. Appendix 5 Record of Medicine Administered to All Children**

Date	Child's name	Time	Name of medicine	Dose given	Any reactions?	Signature of staff	Print name

**32. Appendix 6 Staff Training Record – Administration of Medication**

Name of school:	
Name of staff member:	
Type of training received:	
Date of training completed:	
Training provided by:	
Profession and title:	

I confirm that **name of staff member** has received the training detailed above and is competent to carry out any necessary treatment pertaining to name of treatment type. I recommend that the training is updated **xxxxxxx (frequency)**

Trainer's signature: .....

Print name: .....

Date: .....

**I confirm that I have received the training detailed above.**

Staff signature: .....

Print name: .....

Date: .....

Suggested review date: .....

### **33. Appendix 7 Contacting Emergency Services**

**To be stored by the phone in the school office**

**Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

- The telephone number: **01642 244961**
- Your name.
- Your location as follows: **Ayresome Primary School, Worcester Street, Middlesbrough**
- The satnav postcode: **TS1 4NT**.
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the patient.



### 34. Appendix 8 Letter Inviting Parents to Contribute to Individual Healthcare Plan Development

Dear Parent/Carer,

**RE: Developing an individual healthcare plan for your child**

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

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for **date**. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend or whether rescheduling is required. The meeting will include me (the headteacher), a relevant healthcare professional and the school nurse. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist, and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it to the school office, together with any relevant evidence, for consideration at the meeting. I would be happy for you contact me by email on **email address** or to speak by phone on **phone number** if this would be helpful.

Yours sincerely,

**Headteacher**

### 35. Appendix 9 – Letter to Parents

Date:.....

Dear Parent,

Your child has had problems with his/her asthma/breathing today. This has required the use of their relief medication/the school emergency inhaler\*.

You are strongly advised to have your child seen by your doctor, especially if your child is not known to be asthmatic, as soon as possible.

Yours sincerely,

**Headteacher**

\*Delete as appropriate.

c.c. School Nurse.

**36. Appendix 10 – Asthma Policy Information Slip**

**Name of school** keeps a record of pupils with asthma in order to ensure the best possible care for your child. In order for us to maintain effective records on our asthmatic children, please enter information as requested below:

Child's name: .....

Date of birth: .....

Class: .....

Doctor: .....

Type of inhaler: .....

Dosage required:  
(how many puffs) .....

I would also ask that you give us your permission to administer emergency treatment as indicated below by signing the section at the bottom of the letter.

At **name of school** we keep a Ventolin Inhaler (Salbutamol) and a spacer device which is available in emergency situations. We are able to provide these to children who have forgotten their inhaler or are undergoing a severe attack, where the spacer may be more effective in administration.

I hereby allow **name of school** to administer emergency treatment as indicated above:

Signature of parent/guardian: .....

Date: .....

### 37. Appendix 11 - Allergy Declaration Form

<b>Name of pupil:</b>			
<b>Date of birth:</b>		<b>Year group:</b>	
<b>Name of GP:</b>			
<b>Address of GP:</b>			
<b>Nature of allergy:</b>			
<b>Severity of allergy:</b>			
<b>Symptoms of an adverse reaction:</b>			
<b>Details of required medical attention:</b>			
<b>Instructions for administering medication:</b>			
<b>Control measures to avoid an adverse reaction:</b>			

#### Spare AAIs

I understand that the school may purchase spare AAIs to be used in the event of an emergency allergic reaction. I also understand that, in the event of my child's prescribed AAI not working, it may be necessary for the school to administer a spare AAI, but this is only possible with medical authorisation and my written consent. In light of the above, I provide consent for the school to administer a spare AAI to my child.

<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
<b>Name of parent:</b>			
<b>Relationship to child:</b>			
<b>Contact details of parent:</b>			
<b>Parental signature:</b>			

