



Integrity, Fellowship and Endeavour

MEDICAL CONDITIONS POLICY, Including First Aid, and Arrangements For Students Who Cannot Attend School Due To A Medical Reason

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1. PURPOSE

- 1.1. To ensure pupils at school with medical conditions are properly supported, so that they have full access to education, including school trips and physical education, and that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- 1.2. The school aims to:
 - 1.2.1. assist parents in providing medical care for their children during the school day and on school trips and ensure that arrangements are in place to support pupils with medical conditions;
 - 1.2.2. ensure arrangements are in place for pupils who are competent to manage their own health needs and medication whilst in school;
 - 1.2.3. educate staff and pupils in respect of specific medical needs;
 - 1.2.4. adopt and implement the Department for Education (DfE) statutory guidance regarding support at school for pupils with medical conditions;
 - 1.2.5. arrange training for staff to support individual pupils including in an emergency situation;
 - 1.2.6. liaise as necessary with health and social care professionals in support of the individual pupil;

- 1.2.7. monitor and keep appropriate records, including records relating to administering medication; and
 - 1.2.8. comply with the Health and Safety at Work etc. Act 1974.
- 1.3. This policy also details how children who cannot attend school for medical reasons will be supported.

2. RELATIONSHIP TO OTHER POLICIES AND DOCUMENTS

- 2.1. This policy should be read in conjunction with the documents specified below, each as amended, revised or updated from time to time:
- 2.1.1. The Department for Education's 'Education for children with health needs who cannot attend school' (December 2023).
 - 2.1.2. The Department for Education's 'Mental health issue affecting a pupil's attendance; guidance for schools' (February 2023)
 - 2.1.3. The Department for Education's 'Supporting pupils at school with medical conditions' (December 2015).
 - 2.1.4. Section 100 of the Children and Families Act 2014.
 - 2.1.5. Equality Act 2010.
 - 2.1.6. Health and Safety Executive (HSE) guidance on school trips.
 - 2.1.7. The Department of Education's 'Health and safety on educational visits November 2018
 - 2.1.8. Special educational needs and disability code of practice 0 to 25 years issued by the DfE and Department of Health September 2004.
 - 2.1.9. Guidance on the use of emergency salbutamol inhalers in schools issued by the Department of Health (March 2015).
 - 2.1.10. Guidance on the use of adrenaline auto-injectors in schools, issued by the Department of Health (Sept 2017).
 - 2.1.11. Farmor's School Attendance Policy.
 - 2.1.12. Farmor's School Complaints Procedure.
 - 2.1.13. Farmor's School Data Protection Policy.
 - 2.1.14. Farmor's School Health and Safety Policy.
 - 2.1.15. Farmor's School Safeguarding Children Policy.
 - 2.1.16. Farmor's School Special Educational Needs and Disability (SEND) Policy.
 - 2.1.17. Farmor's School Trips and Visits Policy.
- 2.2. Appendices A to E are each an integral part of this policy as if set out in the main body of the policy.

3. SCOPE

- 3.1 The school has a responsibility for the health and safety of pupils in their care. The Health and Safety at Work etc. Act 1974 makes employers responsible for the health and safety of

employees and anyone else on the premises. In the case of pupils with specific medical needs, the responsibility of the school is to make sure that safety measures cover their needs. The school is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

- 3.2 From September 2014, The Children and Families Act 2014 placed a duty on schools to make arrangements for pupils with medical conditions. Pupils with specific medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.
- 3.3 Some pupils with medical conditions may also be considered disabled under the definition set out in the Equality Act 2010. Where this is the case the school will comply with its duties under the Equality Act 2010.
- 3.4 Some pupils with medical conditions may have a Special Educational Need or Disability (SEND) and may have an Education, Health and Care Plan (EHCP) which brings together health and social care needs as well as their SEND provision. This guidance should therefore be read in conjunction with the School's SEND Policy which complies with the SEND Code of Practice.

4. ROLES AND RESPONSIBILITIES

- 4.1 The Governing Body is responsible for ensuring that the school has a policy in place to meet their statutory obligations with regard to support for pupils with medical conditions and must ensure that the resulting policies, plans, procedures and systems are properly and effectively implemented. The Headteacher will ensure that this policy for supporting pupils with medical conditions is reviewed regularly and is readily accessible to parents, carers and school staff. The persons detailed below have responsibilities within this policy:
 - 4.1.1 The Headteacher has overall responsibility for the implementation of this policy.
 - 4.1.2 The Headteacher is responsible for ensuring that all staff are aware of this policy for supporting pupils with medical conditions and that sufficient are suitably trained to implement the policy and deliver against individual healthcare plans including in emergency situations. Training will be assessed and records monitored to ensure suitable training is received and staff meet the agreed level of competency.
 - 4.1.3 The Student Manager, will organise cover arrangements to ensure an appropriate person is always available to meet the needs of each pupil with medical conditions requiring support in the event of regular staff absence.
 - 4.1.4 The Pastoral Manager, will provide briefing for supply teachers and induction for new staff.
 - 4.1.5 All trip leaders will access medical information and where necessary liaise with the

pupil, parents, carers and healthcare professionals, to obtain the relevant information for risk assessments. This is required to plan to meet the pupils' needs, taking reasonable steps to mitigate any risks posed by any pupil's medical conditions, in order to facilitate their participation in visits, holidays and other school activities outside the normal timetable.

- 4.1.6 The Individual Health Care Plan (IHCP) Coordinator, is responsible for the development, monitoring, evaluation of and reporting on IHCPs so that the school can effectively support pupils with medical conditions.
- 4.1.7 In line with good practice, the school's Leadership Team will ensure the Heads of Year, the Pastoral Manager, the IHCP Coordinator and other relevant staff consult with local authorities, health and social care professionals and other support services as well as pupils, parents and carers to ensure that the needs of pupils with medical conditions are properly understood and effectively supported.
- 4.1.8 Staff will only administer prescribed or non-prescribed medication to pupils in accordance with the procedures for the management of medicines on school premises set out in Appendix C (*Protocol for managing medicines in school*).

5. STUDENT ABSENCE FROM SCHOOL

- 5.1 Students unable to attend school due to sickness for a short period of time (<5 days) are expected to catch up work missed when they are better and in school. The school does not set work for individuals who are unwell for short periods; they should rest and recover. Longer term absences require a planned intervention; pastoral staff will agree this with parents.
- 5.2 If a student is unable to attend school for a health reason, even after the school has made adjustments to enable the student to remain at school, this must be confirmed by a suitably qualified medical professional. After an absence of 15 days, the local authority is responsible for arranging suitable full time education if the student is in years 7 to 11. No such provision exists for post-16 students. In such circumstances, whether the child is in hospital or at home, the school will:
 - 5.2.1 work with the relevant local authority, relevant agencies and parents to ensure the best outcomes for the student;
 - 5.2.2 share information with the relevant local authority and the health services as requested;
 - 5.2.3 help to make sure that the provision offered to the student is as effective as possible by sharing information about the student's academic attainment, current curriculum and any special educational needs;
 - 5.2.4 give consideration to how a pupil will be reintegrated back into school following a period of absence.

- 5.3 Pupils unable to attend school for health reasons for an extended period, but who are awaiting a qualified medical opinion on their condition, may be set work in core subjects by the school. However, the school reserves the right to insist the child attends school if there is no evidence that they are unable to do so.
- 5.3.1 Remote learning does not replicate the quality of education provided in school. Wherever possible, it is better for pupils to be in school and for in-person teaching to take place. The school will not stream or make available recordings of lessons for the benefit of individual absent pupils. The remote learning provision only exists for when the school is required to close.
- 5.3.2 The Department for Education issued a letter in 2023 from The Chief Medical officer, and other medical professionals, with guidance for schools that includes: “Being in school can often help alleviate the underlying issues. A prolonged period of absence is likely to heighten a child’s anxiety about attending in the future, rather than reduce it.”
- 5.4 If it is anticipated that the pupil absent from school for medical reasons on a long term basis will return to school, pastoral staff will enable the pupil to remain in touch with school life through, for example, emails and internet links to school events and plan for the pupil's reintegration into school.
- 5.5 The school will, at all times, observe the obligations imposed on the school by the statutory guidance *Education for children with health needs who cannot attend school, December 2023*.

6. PRINCIPLES

- 6.1 The prime responsibility for a pupil's health lies with the pupil's parent or carer who is responsible for the pupil's medication and who should supply the school with any relevant information.
- 6.2 Teachers and other school staff in contact with pupils have a duty of care for pupils whilst at school and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could include the need to administer emergency medicine and administering basic life support if required.
- 6.3 There are a number of trained first aiders in school. Staff must call up these in an emergency. The following school activities will require the presence of a trained First Aider:
- 6.3.1 Sports fixture after school
- 6.3.2 Day trip with a higher level of risk
- 6.3.3 All residential trips, and trips abroad.
- 6.4 The school acknowledges that many of the medical conditions that require support at school may affect quality of life and may be life-threatening. Some will be more obvious than others. The school will ensure that the focus is on the needs of each individual pupil and how their medical conditions impact on their school life.
- 6.5 The arrangements in place will give parents, carers and pupils confidence in the school's ability to provide effective support for medical conditions whilst the pupil is in school. These

arrangements will show an understanding of how medical conditions may impact on a pupil's ability to learn, as well as increase a pupil's confidence and promote self-care.

- 6.6 The school will ensure that all relevant staff are properly trained and that they will be made aware of a pupil's condition, taking into account confidentiality.
- 6.7 The school will ensure that the arrangements put in place are sufficient to meet their statutory responsibilities and ensure that policies, plans, procedures and systems are properly and effectively implemented in line with their wider safeguarding duties.
- 6.8 The school will work with local authorities, health and social care professionals and other support services as well as parents, carers and pupils to ensure that the needs of pupils with medical conditions are properly understood and effectively supported; so that each such pupil receives a full education and is able to participate in school trips, visits and sporting activities. In some cases this may require flexibility.
- 6.9 All children must receive a full time education, unless this would not be in their best interests because of their health needs. However, in line with its safeguarding duties, the school will ensure that pupils' health is not put at unnecessary risk e.g. from infectious diseases. The school does not have to accept a pupil in school at times when it would be detrimental to the health of the individual or other pupils to do so.
- 6.10 The school will follow advice from the UK Health Security Agency (formally known as Public Health England) during any local or national infectious virus or disease outbreak. This may include closing the school for some or all year groups. Any measures to mitigate potential exposure or transmission of a virus or disease will be detailed in a separate whole school risk assessment.
- 6.11 The school will ensure that it has adequate insurance in place each year covering it for any risks of liability arising from the support it provides for pupils with medical conditions. This will either be through the DfE Risk Protection Arrangements or an appropriate and recognised insurance provider.
- 6.12 The school acknowledges that there are also social and emotional implications associated with medical conditions, in particular long-term absences due to health problems, which may affect the pupil's educational attainment, impact on their ability to integrate with peers and affect their general wellbeing and emotional health. Reintegration back into school will be properly supported to ensure pupils are fully engaged with learning and do not fall behind when unable to attend. Short-term and frequent absences including absences for appointments connected with medical conditions will be effectively managed and appropriate support put in place to limit the impact on the pupil's educational attainment and emotional and general wellbeing.
- 6.13 In the event that a parent is dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's Complaints Procedure which is available on the School website.

7. NOTIFICATION OF MEDICAL CONDITIONS AND INDIVIDUAL HEALTH CARE PLANS (IHCPs)

- 7.1 When the school is notified that a pupil has a medical condition requiring support from the school, such that an Individual Health Care Plan is required, the procedure set out in Appendix A (*Protocol following notification that a pupil has a medical condition*) will be followed.
- 7.2 Each IHCP will be developed with the relevant pupil's best interests in mind and will ensure that the school assesses and manages risks to the pupil's education, health and social wellbeing and minimises disruption. Each IHCP will aim to provide clarity about what needs to be done, when and by whom in school. IHCPs are essential, particularly in cases where emergency intervention may be required or conditions are long-term and more complex. However, not all children with medical conditions will require an IHCP.

8. STAFF TRAINING AND SUPPORT

- 8.1 Any staff training needs must be discussed and identified when the pupil's IHCP is being developed and reviewed and updated when the pupil's IHCP is reviewed. See the procedures specified in Appendix A (*Protocol following notification that a pupil has a medical condition*).
- 8.2 Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements set out in individual IHCPs. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- 8.3 Parents and carers can often provide information as to how a pupil's needs can be met.
- 8.4 The school will ensure all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. Epilepsy, Asthma and Anaphylaxis training is delivered annually by the School Nurses team. All First Aid trained staff are encouraged to attend this training which takes place in school. Since the school has elected to provide emergency asthma inhalers and emergency Adrenaline Auto-Injectors (AAI) the school will ensure that all staff are aware of the procedures set out in Appendix B (*Protocol for asthma inhalers in school*), Appendix D (*Asthma protocol*) and Appendix E (*Adrenaline Auto-Injector protocol*) and know how to recognise an anaphylactic or asthma attack and know what to do in the event of such attacks.
- 8.5 School has access to two AEDs (Automated External Defibrillator) during school hours: one located in Student Services, the other in the Sports Centre.
- 8.6 First Aiders will call for an ambulance, when appropriate.

9. MONITORING, REPORTING AND EVALUATION

- 9.1 The school will work in partnership with parents, carers, pupils and healthcare professionals to complete (as a minimum) an annual review of all IHCPs to ensure all information is up to date and correct and allows for adjustments to include, where appropriate, the scope for the pupils' self-management of any medical condition or medication as they become older and more capable. A pupil's IHCP will be reviewed earlier than annually if evidence is presented to the school indicating that the pupil's needs have changed.
- 9.2 The IHCP Coordinator will review all IHCP's (as a minimum) on an annual basis with the School Nurse.
- 9.3 The IHCP Coordinator will provide feedback annually to SLT (as a minimum) to include an overview of IHCPs and any particular staff training requirements plus feedback on any advice given by the School Nurse or other healthcare professionals.

10. UNACCEPTABLE PRACTICE

- 10.1 As required by paragraph 25 of the statutory guidance *Supporting pupils at school with medical conditions* some practices which are unacceptable in the context of supporting pupils with medical conditions are listed below. It should be noted, however, that no list of unacceptable practices can be comprehensive and it is essential that all the school community, at all times, act in accordance with the positive principles set out in paragraph 5 (*Principles*).
- 10.2 Although school staff should use their discretion and judge each case on its merits with reference to each pupil's IHCP it is not acceptable practice to:
 - 10.2.1 prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary;
 - 10.2.2 assume that every pupil with the same condition requires the same treatment;
 - 10.2.3 ignore the views of the pupil or their parents or carers or ignore medical evidence or opinion although this may be challenged;
 - 10.2.4 send pupils 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 IHCP;
 - 10.2.5 send a pupil with an IHCP who becomes ill to the school office or medical room unaccompanied unless staff reasonably conclude that in the circumstances a companion is not necessary;
 - 10.2.6 penalise a pupil for his or her attendance record if their absences are related to his or her medical condition;
 - 10.2.7 prevent a pupil from eating, drinking or taking toilet or other breaks whenever they need to do so in order to manage their medical condition effectively;

- 10.2.8 prevent a pupil from participating in, or create unnecessary barriers to a pupil with a medical condition participating in, any aspect of school life including school trips; for example, by requiring parents to accompany their child;
- 10.2.9 require parents or carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support for their child, including toileting issues. No parent or carer should have to give up working because the school is failing to support their child's medical needs.

Appendix A

MEDICAL CONDITIONS POLICY: Farmor's School Protocol for Individual Healthcare Plans

1. PURPOSE

When the school is notified that a pupil or prospective pupil has a medical condition, that may require monitoring or support during the school day or on school trips, an Individual Health Care Plan (IHCP) should be completed

2. CONTENT OF AN INDIVIDUAL HEALTHCARE PLAN

When determining what information should be included on an IHCP the IHCP Coordinator will consider, amongst other things, which of the following matters needs to be covered:

- 2.1 the medical condition, its triggers, signs, symptoms and treatments;
- 2.2 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 the pupil's condition, dietary requirements and environmental issues such as crowded corridors and travel time between lessons;
- 2.3 specific support for the pupil's educational, social and emotional needs; for example how absences will be managed, extra time needed in examinations, rest periods required, counselling sessions or additional support in lessons;
- 2.4 whether the pupil can manage his or her own health needs or, if support is needed, the level of support required, including in emergencies;
- 2.5 if a pupil is managing his or her own medication the IHCP should state this and contain appropriate monitoring arrangements;
- 2.6 who will provide the support needed, their training needs, expectations of their roles and confirmation of proficiency from a healthcare professional together with cover arrangements when they are not available;
- 2.7 who in the school needs to be aware of the pupil's medical condition and the support required;
- 2.8 arrangements for written permission from parents or carers and the Headteacher for medication to be administered by a member of the school staff or self-administered by the pupil during school hours including, where appropriate, consent for use by the pupil of the school's emergency inhalers;
- 2.9 arrangements for school trips or activities outside the normal school timetable so the

pupil can participate; for example, risk assessments;

- 2.10 where confidentiality issues are raised by the parent, carer or pupil, the names of individuals to be entrusted with information about the pupil's condition; and
- 2.11 what to do in an emergency including whom to contact and contingency arrangements.

3. PROCEDURE

- 3.1 The IHCP Coordinator will make the necessary arrangements for the amendment/development of a pupil's IHCP on receipt of new or updated information regarding a pupil's medical condition/history. Following receipt of any information a blank care plan (where this is a new condition) or a current care plan to be reviewed (where the condition is existing and known to the school) is sent to the parent/carer for amendment or initial completion.
- 3.2 The parent or carer and the pupil are invited to meet with the IHCP Coordinator or other senior member of staff at school to discuss the plan further.
- 3.3 The meeting or discussion arranged should include key school staff, the pupil, the parent or carer and relevant medical and healthcare professionals or have written evidence provided by them for consideration. Following this, the IHCP is developed or reviewed in partnership. There must be input from a healthcare professional. The pupil must be invited to participate in the discussion.
- 3.4 A final copy of the care plan is sent to the parent or carer for final approval before being shared in school as appropriate.
- 3.5 When individual staff are named in an IHCP, any further necessary training will be identified and training commissioned and staff signed off as competent. Epilepsy, Asthma and Anaphylaxis annual refresher training is delivered by the School Nurses team. All staff are invited to attend this training which is hosted in school on an annual basis.
- 3.6 The necessary medical information is recorded against the pupil record (access is available to staff as necessary).
- 3.7 A copy of the final IHCP is uploaded to the pupil record on SIMS and sent to the First Aid group to ensure all first aid trained staff have an awareness of the pupil's condition should they be required in the event of emergency.
- 3.8 A summary copy of the IHCP can be found for fast access in Student Services.
- 3.9 Any necessary spare/emergency medication is located in Student Services.

- 3.10 If the condition relates to food i.e. an allergy, the kitchen staff and food technology teachers are notified by way of a list which details the pupil's name and medical condition/allergies and includes a photograph of the pupil.
- 3.11 The IHCP coordinator will meet with the School Nurse a minimum of once a year (or as necessary) to review all care plans.

Appendix B

MEDICAL CONDITIONS POLICY: Farmor's School Protocol for use of inhalers in school

1. PURPOSE

- 1.1 To ensure emergency asthma medication is available for pupils in school when emergency medication is required and their own medication is not available and that such medication is held and used by the school in accordance with Department of Health guidance.

2. PROCEDURES

- 2.1 Spare emergency asthma inhalers along with spacers are available from Student Services. Emergency inhalers and spacers are to be used, stored and cared for in accordance with the provisions below.
- 2.2 Pupils in school who have been diagnosed with asthma and prescribed an inhaler or who have been prescribed an inhaler as reliever medication are encouraged to have on them at ALL times the necessary inhalers for quick access and to self-administer medication.
- 2.3 Sometimes a pupil's inhaler runs out during the school day or becomes lost or simply forgotten. In these circumstances a pupil whose parent or carer has given written consent (usually as part of the pupil's Individual Healthcare Plan (IHCP)) to the use of emergency inhalers can make their way to Student Services where spare inhalers and spacers are available for their use. The staff member giving out the emergency inhaler must check the asthma register to ensure the pupil has the consent of his or her parent or carer to access an emergency inhaler.
- 2.4 Except as provided in paragraph 2.6, emergency inhalers must only be used by pupils for whom the written consent of parents or carers for the use of an emergency inhaler has been obtained and who have either been diagnosed with asthma and prescribed an inhaler or who have been prescribed an inhaler as reliever medication.
- 2.5 The school will maintain a register of pupils who have been diagnosed with asthma and prescribed an inhaler or who have been prescribed a reliever inhaler, noted to indicate whether parents and carers have given consent to the use of an emergency inhaler. A copy of this register will be kept in Student Services with the emergency inhalers and spacers.
- 2.6 If a pupil on the asthma register suffers an asthma attack then, regardless of whether specific parental consent has been given to the use of emergency inhalers, any first aider may authorise the use of an emergency inhaler by that pupil. In doing this the school will be acting in accordance with the general authority given by parents to administer first aid to pupils when required.
- 2.7 If a pupil who requires an emergency inhaler is too unwell to go to Student Services then the teacher should call, or send a fellow pupil to, Student Services to ask a first aider to attend. The first aider will take the inhaler and spacer to the pupil and the pupil can be

monitored in accordance with their individual needs and the school's asthma protocol set out in Appendix D (*Asthma protocol*) of the school's Medical Conditions Policy and in accordance with the guidelines provided at the school's annual asthma and anaphylaxis training.

- 2.8 As required by the school's Medical Conditions Policy, a record will be kept of each use of an emergency inhaler, specifying when the attack took place, how much medication was given and by whom. Parents or carers must be informed in writing that their child has used an emergency inhaler. The Department of Health guidance contains a model letter which may be used for this purpose.
- 2.9 The school arranges annual in-school asthma and anaphylaxis training, which is delivered by the School Nurse team which all staff are encouraged to attend and which all first aiders and all staff named as requiring such training in an Individual Healthcare Plan must attend.
- 2.10 The school will ensure that at all times two volunteer staff members are designated as responsible for ensuring that this protocol is observed. Currently the named persons are Laura Whiteman (Student Manager) and Dawn O'Rourke (Student Manager and IHCP Coordinator).
- 2.11 The emergency asthma kit held by the school will include:
 - 2.11.1 salbutamol metered dose inhalers;
 - 2.11.2 at least two plastic spacers per inhaler compatible with the inhaler;
 - 2.11.3 instructions on the use of the inhaler and spacer;
 - 2.11.4 instructions on the cleaning and storing the inhalers;
 - 2.11.5 the manufacturer's information;
 - 2.11.6 a checklist of inhalers identified by their batch number and expiry date with monthly checks recorded;
 - 2.11.7 a note of the arrangements for replacing the inhalers and spacers;
 - 2.11.8 a list of pupils permitted to use the emergency inhalers; and
 - 2.11.9 a record of use.
- 2.12 The staff members responsible for maintaining the emergency asthma kit must ensure:
 - 2.12.1 on a monthly basis the inhalers and spacers are present and in working order and that each inhaler has sufficient number of doses available;
 - 2.12.2 replacement inhalers are obtained when expiry dates approach;
 - 2.12.3 replacement spacers are available following use;
 - 2.12.4 the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use or that replacements are available if necessary.
- 2.13 The emergency asthma inhaler kit is stored in Student Services and must be out of reach and sight of pupils but not locked away. It should be clearly labelled and stored away from direct sunlight at the temperature recommended by the manufacturer.
- 2.14 A plastic spacer must not be re-used but given to the pupil who has used it to take home for

future personal use. Inhalers may be re-used provided they are cleaned after use in accordance with Department of Health guidelines.

Appendix C

MEDICAL CONDITIONS POLICY: Farmor's School Protocol for managing medicines in school:

1. PURPOSE

- 1.1 To ensure the safe, secure storage of medication in school whilst allowing fast access to staff as necessary for the emergency treatment of a pupil.

2. PROCEDURE

- 2.1 The parent must provide medication to the school; this is usually identified as a result of an Individual Healthcare Plan (IHCP) being put in place.
- 2.2 The parent must provide clear instructions as to whom the medication belongs and the required dosage and details of any particular procedure to follow.
- 2.3 Where appropriate (for example, epi-pen treatment) staff named in an IHCP may receive further training from the parent or a relevant Healthcare Professional.
- 2.4 Medications are stored in Student Services.
- 2.5 Details of any medication and dosage are provided in the IHCP.
- 2.6 Medication that is stored in school but not as part of an IHCP (e.g. paracetamol or similar for the treatment of headache) may only be administered where parental permission has been received.
- 2.7 Spare medicines such as paracetamol or similar can be obtained from Student Services if necessary but will only be administered with parental permission.

Appendix D

MEDICAL CONDITIONS POLICY: Farmor's School protocol for managing Asthma

1. PURPOSE

- 1.1 To supplement the school's Medical Conditions policy by ensuring school staff have general information on how to recognise and respond to an asthma attack and know what to do in an emergency.

2. DAY TO DAY SYMPTOMS OF ASTHMA

- 2.1 cough and wheeze (a 'whistle' heard on breathing out) when exercising;
- 2.2 shortness of breath when exercising;
- 2.3 intermittent cough.
- 2.4 These symptoms are usually responsive to the use of the pupil's own inhaler and rest; for example, stopping exercise. They would not usually require the pupil to be sent home.

3. SIGNS OF AN ASTHMA ATTACK

- 3.1 Persistent cough when at rest;
- 3.2 a wheezing sound coming from the chest when at rest;
- 3.3 being unusually quiet;
- 3.4 the pupil complaining of shortness of breath when at rest, feeling tight in the chest or, in a younger child, having tummy ache;
- 3.5 difficulty in breathing (fast and deep respiration);
- 3.6 nasal flaring;
- 3.7 appearing exhausted;
- 3.8 a blue/white tinge about the lips, or
- 3.9 is going blue or grey.

4. AMBULANCE TO BE CALLED

- 4.1. An Ambulance should be called IMMEDIATELY if a pupil is displaying these signs
 - 4.1.1 Appears exhausted;
 - 4.1.2 has a blue/white tinge around the lips;

- 4.1.3 is going blue or grey, or
- 4.1.4 has collapsed.
- 4.1.5 Symptoms from section 3 worsening and the inhaler is not having an impact.

5. RESPONDING TO THE SIGNS OF AN ASTHMA ATTACK

5.1. Regardless of the severity of the asthma attack and whether an ambulance has been called, the following procedure must be followed:

- 5.1.1 keep calm and reassure the pupil;
- 5.1.2 encourage the pupil to sit up and lean slightly forward;
- 5.1.3 use the pupil's own inhaler- if not available then use an emergency inhaler;
- 5.1.4 if an emergency inhaler is required, remain with the pupil and send a fellow pupil to Student Services to ask for a first aider to attend with an emergency inhaler and spacer;
- 5.1.5 as soon as an inhaler is available immediately encourage the pupil to take two separate puffs via the spacer;
- 5.1.6 if there is no immediate improvement continue to give two puffs every two minutes up to a maximum of ten puffs or until the symptoms improve, shaking the inhaler between puffs;
- 5.1.7 stay calm and reassure the pupil;
- 5.1.8 an adult should stay with the pupil until he or she feels better;
- 5.1.9 if the pupil does not feel better or if the person attending the pupil is worried at ANY TIME before the pupil has reached ten puffs, **CALL 999 FOR AN AMBULANCE;**
- 5.1.10 if an ambulance does not arrive in ten minutes give another ten puffs in the same way as before; and
- 5.1.10 a member of the school staff should accompany a pupil taken to hospital by ambulance and should stay with the pupil until a parent or carer arrives.

5.2. The pupil's parent or carer should be contacted if their child has an asthma attack.

6. MONITORING THIS PROTOCOL

6.1 The 'Supporting Pupils...' guidance (Sept 2014) requires two people to be responsible for this protocol, they are Student Manager Laura Whiteman and IHCP Coordinator Dawn O'Rourke.

Appendix E

MEDICAL CONDITIONS POLICY: Farmor's School adrenaline auto-injectors protocol

1. PURPOSE AND SCOPE

- 1.1. The Human Medicines (Amendment) Regulations 2017 allows all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).
- 1.2. The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.
- 1.3. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.
- 1.4. Any AAI(s) held by a school should be considered a spare / back-up device and not a replacement for a pupil's own AAI(s). Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times.
- 1.5. This guidance does not supersede this advice from the MHRA and any spare AAI(s) held by a school should be in addition to those already prescribed to a pupil.
- 1.6. Only staff trained in the use of AAIs should use the emergency AAI.

AN ANAPHYLACTIC REACTION ALWAYS REQUIRES AN EMERGENCY RESPONSE

2. SIGNS OF AN ANAPHYLACTIC SHOCK

- 2.1 Symptoms of mild to moderate reaction:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour




ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

2.2 Symptoms of a more severe reaction:

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)   
2. Use Adrenaline autoinjector* **without delay**
3. Dial 999 to request ambulance and say ANAPHYLAXIS

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

3. SCHOOL PROCEDURES FOR AAI

- 3.1. Spare auto-injectors are available from Student Services and are to be used, stored and cared for in accordance with the provisions below.
- 3.2. The spare AAIs are stored in Student Services and must be out of reach and sight of pupils, but **not locked** away. They should be clearly labelled and stored away from direct sunlight at the temperature recommended by the manufacturer and, to avoid confusion, well away from any pupil's own spare AAI which is stored in Student Services.
- 3.3. The emergency anaphylaxis kit should include:
 - 3.3.1.1 or more AAI(s);
 - 3.3.2. Instructions on how to use the device;
 - 3.3.3. Instructions on storage of the AAI device;
 - 3.3.4. Manufacturer's information;
 - 3.3.5. A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded;

- 3.3.6. A note of the arrangements for replacing the injectors;
 - 3.3.7. A list of pupils to whom the AAI can be administered;
 - 3.3.8. An administration record.
- 3.4. The staff members responsible for maintaining the AAIs must ensure:
 - 3.4.1. on a monthly basis the AAI is present and in working order;
 - 3.4.2. replacement AAIs are obtained when expiry dates approach;
 - 3.4.3. any spent AAI is disposed of safely in accordance with guidelines from the Department of Health.
 - 3.5. Pupils in school, who have been diagnosed with acute life-threatening allergies and prescribed an AAI, are encouraged to have them on them at ALL times.
 - 3.6. Subject as provided in paragraph 1.2 above, the school's spare AAIs must only be used on pupils for whom the written consent of parents or carers has been obtained.
 - 3.7. The school will maintain a register of pupils who have been prescribed an AAI to be used in the event of anaphylaxis, noted to indicate whether parents or carers have given consent to the use of a school's spare AAI. A copy of this register will be kept in Student Services with the spare AAIs.
 - 3.8. If a pupil suffers an anaphylactic shock they are likely to be too unwell to go to Student Services: the teacher should call, or send a fellow pupil to, Student Services to ask a first aider to attend. The first aider will take the spare AAI to the pupil, and the pupil will be monitored in accordance with the guidelines provided at the school's annual asthma and anaphylaxis training.

AN AMBULANCE MUST ALWAYS BE CALLED WHEN AN AAI HAS BEEN USED

- 3.9. As required by the school's Medical Conditions Policy, a record will be kept of each use of an AAI, specifying when the attack took place, how much medication was given, at what time and by whom. Parents or carers must be informed in writing that their child has used an emergency AAI.
- 3.10. The school arranges annual in-school asthma and anaphylaxis training, which is delivered by the School Nurse team which all staff are encouraged to attend and which all first aiders and all staff named as requiring such training in an Individual Healthcare Plan must attend.
- 3.11. The school will ensure that at all times two volunteer staff members are designated as responsible for ensuring that this protocol is observed. Currently the named persons are Laura Whiteman (Student Manager) and Dawn O'Rourke (Student Manager and IHCP Coordinator).