

# **Salendine Nook High School (Academy)**

## **Supporting Students with Medical Conditions Policy (Statutory Guidance)**

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## Introduction

At SNHS, children with medical conditions, in terms of both physical and mental health, will be supported in school so that they can:

- Play a full and active role in school life
- Remain as healthy as possible
- Achieve their academic potential
- Access and enjoy the same opportunities at school as any other child.

We recognise that students with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them to manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. We recognise that each child's needs are individual and may change over time.

Their medical condition may result in extended absence from school. The school will make every effort to minimise the impact on a child's educational attainment and support his or her emotional and general well-being, including any necessary reintegration programmes. Sometimes it may be necessary for the school to work flexibly, and may, for example, involve a combination of attendance at school and alternative provision.

The school recognises that some children who require support with their medical conditions may also have special educational needs and may have a Statement or Education, Health and Care Plan (EHCP).

We will work together with other schools, health professionals, support services, and the Local Authority.

The admissions to school are conducted by Kirklees Metropolitan Council but in year admissions are dealt with by Salendine Nook High School directly. No child with a medical condition will be denied admission on the grounds that arrangements for his or her medical condition have not been made. In line with the school's safeguarding duties, the school does not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so, e.g. where a hospital has advised a child to remain at home but the parent chooses to send them to school.

## Legislative Compliance

At SNHS, we will have due regard to the following documents:

- Department for Education's statutory guidance, '**Supporting students at school with medical conditions**' **April 2014** (This statutory guidance also refers to other specific laws.)
- **Children and Families Act 2014** (Section 100) ❖ **Equality Act 2010** ❖ **Special Educational Needs Code of Practice September 2014**
- Other relevant school policies, such as Safeguarding, Equal Opportunities and Special Educational Needs.

## **Definitions**

'Medical Condition for these purposes is either a physical or mental health medical condition as diagnosed by a health care professional which results in the child or young person requiring special adjustments for the school day either ongoing or intermittently. This includes; a chronic or long-term condition, a long-term health need or disability.

Being 'unwell' and common childhood illnesses are not covered.

## **Salendine Nook High School Protocols**

This policy also contains the protocols for:

- First Aid including administering medication to students.
- Students with Asthma.
- AAI's.
- Student's returning to school using crutches.

## **Key Roles and responsibilities**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively, both with staff within the organisation and with outside agencies, as the circumstances of each child dictate.

### **The Governing Body are responsible for:**

- Ensuring students in school with medical conditions are supported.
- The Supporting Students with Medical Needs Policy does not discriminate on any grounds.
- All students with a medical condition are able to play a full and active role in all aspects of school life, participate in school visits/trips/sporting activities, remain healthy and achieve their academic potential within the constraints of the school buildings available.
- Written records are kept of all medicines administered to students.
- The arrangements they put in place are sufficient to meet their statutory responsibilities and that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties.
- That policies are reviewed regularly and made readily accessible to parents and school staff.

### **The Principal is responsible for:**

- Ensuring all staff and parents/carers are aware of this policy and that they understand their role in implementing this policy
- Ensuring all staff who need to know are aware of a child's condition
- Ensuring that there are sufficient trained members of staff available to implement the policy and deliver against all the IHPs, including day to day, contingency and emergency situations.
- That the development of IHPs is carried out
- Ensuring all staff are appropriately insured to support students in this way
- Ensuring staff receive suitable training and that they are competent before they take on the responsibility to support children with medical conditions.
- Liaison with the school nurse is carried out in respect of a child who has a medical condition, including in cases where the situation has not yet been brought to the attention of the school nursing service.
- Appropriate accommodation is available for medical treatment /care.

### **School Staff are responsible for:**

- Providing support to students with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of a teachers' professional duties, they should take into account the needs of students with medical conditions they teach. Known conditions are dealt with at Welfare. The administration of medicines is dealt with by Welfare.
- Ensuring they know what to do and respond accordingly when they become aware that a student with a medical condition needs help.
- Undertake training to achieve the necessary competency for supporting students with a medical condition, with particular specialist training if they have agreed to undertake medical procedures.
- Taking into account the needs of all students with medical conditions in lessons.
- Allowing students to drink, eat or take toilet breaks whenever they need to in order to manage their medical condition.
- Sending a student with a medical condition who may become ill to the medical room accompanied by another person.
- Being aware of as students' needs in relation to food management. This extends to cookery and science lessons. It is important that the catering manager and staff are aware of a student's particular requirements.
- Ensure students who have been unwell because of their medical condition catch up on missed work.

### **School Nurses are responsible for:**

- Notifying the school when a child has been identified as having a medical condition which will require support in school.
- Supporting staff on implementing a child's IHP and provide advice and liaison e.g. training.
- Liaising with lead clinicians on appropriate support.
- Obtaining consent from the parent to share information with the school.
- Working alongside the parent, LA and school to ensure the child stays in school.

### **Students with IHP'S are responsible for:**

- Students with medical conditions may be best placed to provide information about how their condition affects them.
- Contribute to their IHP.
- Being involved in discussions about their medical support needs and contribute as much as possible to the development of their IHP.
- Complying with their IHP. If this is not the case parents/carers will be notified immediately.
- Knowing how to gain access to their medication and subject to age and understanding how to take their own emergency medication.
- Ensuring a member of staff is called in an emergency situation.

### **Parents/Carers are responsible for:**

- Providing the school with sufficient and up-to-date information about their child's medical needs.
- They or a nominated person will be involved in the development and review of their child's IHP.
- Carrying out the action they have agreed to as part of its implementation, e.g. provide medication and equipment.
- Ensuring they or a nominated person are contactable at all times.
- Completing a parental consent form to administer medicine or treatment before bringing medication into school.

- Ensuring all Medication/devices for their child are labelled and within expiry dates. ❖ Ensuring their child catches up on any work they have missed due to illness.

**The Local Authority is responsible for:**

- Commissioning a school nurse service to this school.
- Providing support, advice and guidance, including suitable training for school staff Working with schools to support students to attend full time or make arrangements for the education of students who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

**Providers of Health Services, Clinical Commissioning Groups**

All of these agencies should co-operate with schools that are supporting children with a medical condition (e.g. information, advice, and training)

**Procedure to be followed when notification is received that a student has a medical condition**

The school, in consultation with all relevant stakeholders including parents, will:

- Provide support to students where it is judged by professionals that there is likely to be a medical condition. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put into place.
- Put arrangements into place in time for the start of the new school term if it is a child starting at the school.
- In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are in place within two weeks.
- Ensure that arrangements are put into place to cover transition from another setting, upon being notified that a child is coming into school with a medical condition. These may vary from child to child, according to existing Health Care Plans.
- Ensure that arrangements are implemented following reintegration into the school or when the needs of a child change.
- Any staff training needs are identified and met.

**Individual Healthcare Plans (IHP)**

The purpose of IHPs is to provide clarity about what needs to be done, when and by whom. They are particularly essential in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. IHPs are devised with the child's best interests in mind, ensuring that an assessment of risk to the child's education, health and social well-being is managed minimising disruption.

A member of school staff may initiate IHPs, and their review, in consultation with the parent, or a healthcare professional involved in providing care for the child. Plans will be drawn up in partnership between the school, parents, and relevant healthcare professionals, e.g. Specialist or community nurse. Wherever possible, the child will also be involved in the process. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring the plan is finalised and implemented rests with the school.

The IHP is a confidential document and the level of detail will depend on the complexity of the child's condition and the degree of support needed. Where a child has a special educational need, but does not have a Statement or EHCP, their special educational needs will be mentioned in their IHP. If they have an EHCP, the IHP will be linked to it, including at review times.

The IHPs are reviewed at least annually or earlier if evidence is presented that the child's needs have changed or there are arising difficulties.

However, not all children with a medical condition will require an IHP. The school, healthcare professionals and parents should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Principal will take the final view.

A flow chart for agreeing an IHP is provided further on in this policy.

### **The information to be recorded on IHP's:**

When deciding on the information to be recorded on individual healthcare plans, the following will be considered:

- The medical condition, its triggers, signs, symptoms and treatments.
- The student's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors.
- Specific support for the student's educational, social and emotional needs – for example, exams, use of rest periods or additional support in catching up with lessons, counselling sessions the level of support needed, including in emergencies. If a student is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring who will provide the support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional; and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the child's condition and the support required.
- Arrangements for medication to be administered by a member of staff, or self-administered by the student during school hours is obtained via the admission booklet & is recorded on SIMS. A long term/short term medication form needs to be completed signed by the parent/carer.
- Any concerns regarding administration of medication parents/carers will be contacted before any medication is given.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent or child, designated individuals to be entrusted with information about the child's condition.
- What to do in an emergency, including whom to contact, and contingency arrangements. (Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform the development of their IHP).

### **Staff training and support**

- All members of staff providing support to a child with medical needs will have been trained beforehand so that they are competent and have confidence in their ability.
- Only the trained staff will be able to give prescription medicines or undertake health care procedures.
- Specific staff are first aid trained & individual training is provided as needed.
- The type of training, and frequency of refresher training, will be determined by the child's medical condition and the staff's existing knowledge.
- The relevant healthcare professional will normally lead on identifying and agreeing with the school, the type and level of training required and how this can be obtained.
- Parents can provide advice but they will not be the sole trainer.
- Staff who provide support to students with medical conditions will be included in meetings where this is discussed.

- All staff will be made aware of children with an IHP and who the trained staff are.

The Supporting Students with Medical Conditions Policy will be subject to whole staff consultation as part of the draft, and subsequent reviews. All members of staff will be informed of it and it will be included in the induction arrangements for new staff to the school.

### **The student's role in managing their own medical needs**

- Students who require medication or other procedures will be supervised in administering them or receive them from a relevant member of staff.
- If a student refuses to take medicine or carry out a medical procedure, staff will not force him/her to do so, but follow the procedure agreed in the IHP. Parents will be informed via telephone call or email if the parent is unavailable so that alternative options can be considered.
- Any child who is required to take prescribed medication during the school day will be expected to come to the Medical Room themselves to enable them to take the medication. School staff will not be responsible for any medication not taken in school unless it is medication needed in an emergency.

### **Emergency procedures**

- A student's IHP will clearly define what constitutes an emergency and the action to be taken, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
- It may be necessary to inform other students in general terms so that they can inform a member of staff immediately if they think help is needed.
- If a child is taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.
- Accurate information about the child will be provided to the emergency services at the call out stage, during any first response stage, or subsequent moving on to hospital.

### **Educational visits and sporting activities**

- The school will consider how a student's medical condition will impact on their participation. We will encourage all students to participate according to their ability and make any necessary reasonable adjustments, unless evidence from a clinician, such as a GP, states that this is not possible.
- The school will consider what reasonable adjustments may need to be made after carrying out a risk assessment so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This will require consultation with parents/carers and students and advice from the relevant healthcare professional to ensure that students can participate safely.

### **Unacceptable practice**

Although school staff should use their discretion and judge each case on its merits with reference to the child's IHP, it is not generally acceptable practice to:

- Prevent student's from easily accessing their inhalers /AAI's/emergency medication and administering their medication when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged).
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs.

- If the student becomes ill, send them to the Welfare Room or the school office unaccompanied or with someone unsuitable.
- Penalise children for their attendance record if their absences are related to their medical condition e.g. Hospital appointments; A medical note will need to be provided.
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including educational visits, e.g. by requiring parents to accompany the child.

### **Liability and indemnity**

The Governing Body at SNHS ensures that appropriate insurance is in place and that it reflects the level of risk. The insurance covers staff providing support to students with medical conditions, with administration of medication and any necessary health care procedures. Any requirement of the insurance company, e.g. training for staff, will be complied with.

### **Complaints**

Parents who are dissatisfied with the support provided should discuss their concerns directly with the school. If, for whatever reason, this does not resolve the issue, they should make a formal complaint via the school's complaints procedure.

## Flow Chart for developing Individual Healthcare Plans (IHPs)

Parent or healthcare professional informs school that child has a medical condition or is due to return from long-term absence or that needs have changed.



Principal or delegated SLT member co-ordinates meeting to discuss child's medical needs and identifies member of school staff who will provide support to the student.



Meeting held to discuss and agree on the need for IHP to include key staff, child, parent and relevant healthcare professionals and other medical/health clinician (or to consider evidence provided by them).



Develop IHP in partnership. Agree who leads on writing it. Input from healthcare professionals must be provided.



School staff training needs identified and training delivered  
Resources, including accommodation requirements, are identified.



IHP implemented and circulated to all relevant staff



IHP reviewed annually or when condition changes. School, parent or healthcare professional can initiate.



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## MANAGEMENT OF MEDICAL/HEALTH/WELFARE INFORMATION

The information in this document will be held securely on the school's information system. Relevant teachers and staff will also be made aware separately of your child's medical condition(s) with any measures that need to be put in place to support your child at school.

<b>Name of Student</b>	
<b>Date of Birth</b>	
<b>Address</b>	

<b>Please give details of your child's medical condition/diagnosis/allergy</b>

<b>What are your child's usual symptoms? /daily care requirements?</b>



## School Meals

The school catering department will have been provided on the basis that allergens **cannot be guaranteed**. The school will make the parents/carers aware of this. A summary of arrangements will be discussed with the manager of the catering department and relevant information including a photo will be discreetly displayed in the catering department.

Thank you for completing this Health Care Plan. Please keep school updated to any change in your child's medical condition.

Signed (Parent/Carer):	Date:
Signed (School Staff):	

Reviewed By:	Date:
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## Short-Term Medical Authority for Prescription Medicine

<b>Name of Student</b>		<b>D.O.B.</b>	..../..../....	<b>Class</b>	
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I request that my son/daughter (named above) be allowed to have the following medication in school. I acknowledge that only one dose will be administered during the school day. I will bring the medication into the school office and collect it again at the end of the school day (medication cannot be sent via the child).

<b>Condition/illness</b>		<b>Doctor:</b>	
<b>Type of Medication</b>		<b>Dosage</b>	
<b>Time to be taken</b>		<b>Length of time medication to be taken</b>	

My son/daughter can self-administer the medicine under supervision. I accept that school staff will make every effort to remind my child to take the medication at the appropriate time stated above.

<b>Name</b>		<b>Relationship</b>	
<b>Date</b>		<b>Daytime telephone no</b>	
<b>Signed (Parent/Carer)</b>			



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**Parental Consent for Staff to administer long-term Medication**

The school will not administer long-term medication of any type unless you complete and sign this form giving your authority.

**Please note: medicines will not be administered unless they are in the original container as dispensed by the chemist/pharmacy.**

Name of student		D.O.B	
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**Medical condition or illness:**

**Name/strength of medication:**

**Dosage :**

**Timing (i.e. When to be given)**

**Any other instructions:**

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

**I accept that this is a service that the school is not obliged to undertake.**

**Parents name:** \_\_\_\_\_ **Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**Request for medication to be carried and self-administered by student in school.**

**To be completed by parent/carer**

<b>Student's name:</b>	<b>Date of birth:</b>
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I request that the above student be allowed to carry and self-administer this medication. I accept responsibility for ensuring that my child has enough medication to satisfy their needs, and that they know to keep it safely and how and when to take their medication without supervision.

<b>Name of medication</b>	<b>Dose to be taken</b>	<b>Time/frequency/details</b>

<b>Parent/carer's name:</b>	
<b>Address</b>	<b>Home</b>
	<b>Work</b>
	<b>Mobile</b>
<b>Signature</b>	<b>Date</b>

**Note :The school will not allow students to carry medication unless this form is completed and signed by the parent/carer of the child.**

## **First Aid Protocol (including administering medicines to students)**

### **General:**

This protocol outlines Salendine Nook High School's responsibility to provide adequate and appropriate first aid to students, staff and visitors and the procedures in place to meet that responsibility.

This applies to all students, including those who do not have an individual care plan.

First Aid is the initial help a person gives a casualty for treatment of any sudden injury or illness, until professional help from external agencies like the paramedic service arrives or the casualty is given over to the care of a responsible adult.

Salendine Nook High School will provide first aid so that all students attending our school have full access to learning. School staff are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the students at the school in the same way that parents are expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

Adequate and appropriate training and guidance is given to staff who volunteer to be first aiders/appointed persons. There will be enough trained staff to meet the statutory requirements and assessed needs. First aiders must complete a training course approved by the Health and Safety Executive (HSE) and ensure they receive refresher training every 3 years.

A record of all first aiders is kept to ensure all staff are kept up to date with their training.

However, where there is a known medical condition staff must not give prescription medicine's or undertake health care procedures without appropriate training.

Our Welfare Officer is based in the Student Support Centre. She is responsible for administering First Aid to all students and staff in school.

She also holds and administers prescription medication and liaises with external medical agencies as required.

If the Welfare Officer is not available, qualified first aiders can be accessed via main reception.

### **Communication:**

All student medical information is held on T Drive Under Medical. The catering manager/kitchen staff are made aware of any students with food intolerances/allergies and appropriate measures are put in place.

Staff are made aware of any student's they teach who have a medical condition by the Welfare Officer. This information is also recorded on SIMS.

Any new medical conditions are recorded on SIMS and again staff are informed.

If staff become aware of any medical issue or deal with first aid situations, it is their responsibility to report it to the Welfare Officer as soon as possible.

All injuries/illnesses will be recorded on the students' medical information on SIMS

## **Students who feel ill during the school day:**

If students feel ill during lessons and there is a genuine reason, then they should be allowed to go to Welfare.

Students should be discouraged for coming out of lesson due to trivial reasons that the Welfare Officer cannot do anything about.

Consideration must be given as to whether they need to be escorted there to ensure their safety. The Welfare Officer will provide First Aid and advice.

Where possible the student is encouraged to go back into lessons after a short time in Welfare.

If a student needs to be sent home due to illness this must be done by the Welfare Officer, in liaison, if necessary with the Attendance Officer, Student Support Managers and parents.

Students are not allowed to sign themselves out without appropriate permission.

They should not contact their parents themselves and ask to be picked up.

First aiders in school cannot diagnose medical conditions. They are trained to assess that a student is fit enough to attend lessons. If this is deemed not to be so it is the parent/carer's responsibility to take over immediate care of the student.

It is the individual student's responsibility to report to parent/carers if they have felt, become unwell or suffered a minor injury in the course of the day, unless otherwise indicated in the policy.

Parents/carers will not be informed if the student has a minor complaint whilst at school:

- Cuts/grazes that do not require professional attention.
- A sprain/strain to ligaments muscles where the student confirms that the initially reported pain has stopped and physical movement is not visibly hampered.
- A headache that goes away.

## **In case of a Medical Emergency**

If a medical emergency occurs during a lesson, it is important for staff to respond promptly and appropriately to the student.

Assuming the student is unable to be moved/attend the medical room.

The teacher should send an email to reception stating there is a medical emergency and also send a responsible student to reception stating the same information.

Reception can then contact the Welfare Officer /or other first aiders immediately who will come and take over.

After calling for assistance the rest of the students should be asked to leave the classroom and wait calmly outside. This ensures that the ill student's dignity is maintained and immediate first aid can be given without distraction.

As soon as another member of staff is available, the class can be taken to another available room. Parents/carers will be made aware as soon as possible.

PE staff will be made aware of the procedure if an emergency occurs whilst students are outside.

A Defibrillator is available in the staffroom and all first aiders have been trained in its use.

### **AAI's and inhalers**

See individual protocols.

### **Arrangements for the Administration/storage of Prescription Medication only**

Under normal circumstances non-prescription medication will only be issued to students where parental approval has been given. Where clinically possible, medicines should be prescribed in dose frequencies, which enable them to be taken outside school hours. Where this is not possible, the following will apply:

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No student will be given prescription medicines without their parent/carer's written consent which is obtained & recorded on SIMS. A short-term/long-term medication form (available from reception/Welfare Officer) must be filled in and signed by the parent/carer before they can be brought into school for the Medical Officer to store safely and the information will be recorded on SIMS.
- Regular Medication will only be given at the times stipulated on the short/long term medication consent forms signed by parents. Medication will not be given at any other time unless it is emergency medication.
- Parents/carer will be contacted before medication is administered if there are any concerns.
- Records of all medications administered in school will be recorded on SIMS. In the case of daily medication being required for a period of time, a paper copy of the record will be kept and attached to the student's information on SIMS.
- Some non-prescription medication may be kept in school. i.e. paracetamol/hay fever remedies/indigestion remedies and parents must complete the necessary form.
- Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. Where possible students will be allowed to carry their own medication and devices although they may require a certain level of supervision to do so.
- Students must not pass medication on to another student.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to school inside an insulin pen or pump, rather than its original container. This will be stipulated on each child's IHP.
- Medicines will be stored safely in a locked cabinet and be readily accessible to involved staff.
- A record of all medication and expiry dates will be kept in the medical room. Parents/carers will be notified if medication has expired.
- Students who need to access their medicines immediately, such as those requiring asthma inhalers and AAI'S will be made aware of where they are kept in school and will be readily available.
- On educational visits, Parents will need to send the student's prescribed medication to be looked after by a relevant member of staff. Signed consent and dosage instructions will be confirmed and consent signed before the trip.
- If a controlled drug is prescribed, it will be kept securely and stored in a non-portable container. Named staff only will have access to such medication so that it can be administered to the specific student. Signed consent and instructions must be received from parents/carers before any controlled drug will be administered. Administration will be recorded.

- Any side effects of the medication to be administered will be noted and parents informed immediately and if necessary, emergency treatment sought. The student will remain with an adult until the parent/carer has been contacted & advice sought. Staff cannot be held responsible for any side effects when medication is taken correctly.
- When no longer required, medication will be returned to the parent to arrange for safe disposal or returned to the chemist for disposal with parental consent.

## **Asthma Protocol**

### **Rationale**

Salendine Nook Academy Trust recognises that Asthma is a widespread, serious but controllable condition.

The school welcomes all students with asthma, providing them with the same opportunities as others at school.

Parents/carers retain responsibility for their son/daughter's medical needs regarding asthma but school is aware that student's need to use their inhaler whilst in school.

Salendine Nook Academy Trust will adhere to the statutory guidance for 'Supporting students at school with medical conditions' (September 2014) and also 'Guidance on the use of emergency salbutamol inhalers in schools' (March 2015).

### **General Principles**

The major principle underlying the policy is immediate access for all students to reliever medication.

All students who have been diagnosed with Asthma should keep an inhaler with them at all times and if necessary, a spare one in the medical room. If a student is experiencing asthma symptoms, they must be escorted to the Medical Room.

The school will only accept inhalers that are in the original dispensing container/packaging and are clearly labelled with the student's name and expiry date.

If necessary, an Asthma care plan will be completed by the Welfare Officer/parents/school nurse.

### **Responsibilities**

The school will ensure designated staff are appropriately supported and trained:

- To recognise the symptoms of an asthma attack.
- To be aware of the Asthma policy.
- To be aware of how to check if a student is on the asthma register.
- To be aware of how to access the emergency inhaler and how to assist in the administration of it.
- Arrangements will be made for the supply, storage, care and disposal of the inhaler and spacers in line with the school's policy on 'Supporting Students with Medical Conditions'.
- The Welfare Officer will check expiry dates once per term (including emergency inhalers) and notify parents/carers as necessary.
- A register will be kept of all students in school who have been diagnosed with Asthma. A copy of which will be kept with the emergency inhaler and this will also identify those students with consent for the emergency Inhaler use.

## Emergency Inhalers

From 1<sup>st</sup> October 2014 the Human Medicines (Amendment) Regulations 2014 allowed schools to obtain, without prescription, salbutamol inhalers if they wish to do so for use in emergencies. These are for any student who has asthma or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the student's prescribed inhaler is not available (for example, because it is broken, empty or parents/carers have not provided a spare).

This information will be recorded on SIMS and in the child's individual healthcare plan if there is one in place. **The school will endeavour to obtain parental consent for use of the emergency inhaler.**

**However, in the case of an emergency, and when the school has a record of a student's asthma, the emergency inhaler will be used as this could save their life. The emergency inhalers are held in Reception and the inhaler will be taken to the student.**

Parents/carers will be notified if their child has had to use the emergency inhaler via telephone/email. Students should not use the school's emergency inhaler as a substitute for their own reliever medication.

## Trips

It is the responsibility of the member of staff organising the trip to ensure that they check the medical needs of all students and consult the Individual Health Care Plan if relevant.

All student's attending the trip who have asthma must have their own inhalers with them at all times. Parents /carers are also responsible for informing school of any changes to their child's medical condition/medication before the trip.

Staff should know how and when to apply contingency plans, where they are necessary.

## **Protocol for the administration of Adrenaline Auto-injection Devices**

### **Rationale**

#### **AN ANAPHYLACTIC REACTION ALWAYS REQUIRES AN EMERGENCY RESPONSE.**

Any AAI's held by school are to be considered a spare/back – up and is not a replacement for the students 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 and any spare AAI(s) held by school should be in addition to those already held by a student.

Each student who has been prescribed an AAI will have an individual care plan which will detail the care and treatment required for each student.

This will be reviewed annually. However, it is the responsibility of the parent/carer to inform the school of any changes to the medical information the school holds.

### **Storage of AAI'S**

Students should carry their AAI's with them at all times.

All students' spare AAI's are kept in a clearly marked unlocked cabinet in main reception and are all clearly labelled.

A record of all students who have AAI's in school is stored in the cabinet.

A record of all expiry dates of the AAI's kept in school and checked at least once per term. Parents/carers will be notified immediately, and it is their responsibility to ensure the out-of-date AAI is replaced before the old one has expired.

School cannot be held responsible if an AAI is out of date once parents have been informed.

### **School trips including sporting activities**

Students at risk of anaphylaxis should ensure that they carry 2 AAI's when out of school. If they do not have them, they will not be allowed to attend the trip.

It is the parent/carers responsibility to ensure their child always has an in-date AAI with them at all times.

## **Protocol for accepting student's back into school whilst on crutches**

Salendine Nook Academy Trust requires parents to make the decision whether their child is fit enough to move around school whilst using crutches.

As part of this decision-making process, we advise that a medical practitioner is consulted.

It is unacceptable for students to return to school on crutches that they have obtained themselves from other means than other than a medical establishment and who have not been officially checked out either at the GP or A&E. If required written information/advice will need to be provided from a GP/hospital/physio.

Prior to a student returning to school we would appreciate the parent /carer dropping them off in reception to enable the following to be discussed /explained;

- Medication (particularly analgesia).
- Leaving lessons early.
- Collecting from school.
- Follow-up appointments noted.
- Timetable and location of less (students will only access the library/ground floor-this will be reviewed with medical guidance/advice from parent/carers if the student is on crutches long term.
- Movement around school explained to ensure safety of the student.
- Arrangements will be made for if there is an emergency evacuation. This will be explained to the student and the Welfare Officer/relevant staff will be made aware.

A generic risk assessment detailing the health and safety issues for all students on crutches is available for parents /carers if required.