"Learn, sparkle & shine..."

St. Peter's C.E. Primary School - Farnworth

Policy for supporting children with medical conditions.

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Approving Committee: Pupil Inclusion

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Definition
Pupils' medical needs may be broadly summarised as being of two types:
(a) **Short-term**, affecting their participation in school activities which they are on a course of medication.
(b) **Long-term**, potentially limiting their access to education and requiring extra care and support

Rationale
At St Peter's CE Primary School we ensure that access to education is not reduced or restricted for pupils who have a medical need.

Schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils so that they can access their full and equal entitlement to all aspects of the curriculum. In this case, individual procedures may be required. The Governors of St. Peter's school are responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support that pupils with medical conditions (long or short term) may need.

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. **Pupils with medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.** However, teachers and other school staff in charge of pupils have a common law duty to act 'in loco parentis' and must ensure the safety of all pupils in their care. To this end, we reserve the right to refuse admittance to a child with an infectious disease, where there may be a risk posed to others or to the health of the child involved. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

Schools, local authorities, health professionals, commissioners and other support services should work together to ensure that children with medical conditions receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

The prime responsibility for a child's health lies with the parent, who is responsible for the child's medication and must supply the school with all

relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of sources, including the School Nurse, Health professionals and the child's GP in addition to the information provided by parents in the first instance. This enables us to ensure we assess and manage risk and minimise disruption to the learning of the child and others who may be affected.

This policy should be read in conjunction with the Special Educational Needs Policy and the Intimate Care Policy.

Aims

- To comply fully with the Equality Act 2010 for pupils who may have disabilities or special educational needs.
- To ensure pupils at school with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.
- To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.

Entitlement

The school accepts that pupils with medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils.
The school believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support.
The school accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- To choose whether or not they are prepared to be involved;
- To receive appropriate training;
- To work to clear guidelines;
- To bring to the attention of management any concern or matter relating to supporting pupils with medical needs.

Procedure

The Governors, Headteacher and Inclusion leader are responsible for ensuring that whenever the school is notified that a pupil has a medical condition:

- Sufficient staff are suitably trained
- All relevant staff are made aware of a child's condition
- Cover arrangements in case of staff absence/turnover is always available
- Supply teachers are briefed
- Risk assessments (Care plans) are completed for medical needs including allergies. These should be completed by the class teacher with support from the SENCO, parents and health professionals. These should then be agreed and signed by the parents, relevant, staff and headteacher.
- Risk assessments are monitored termly
- Transitional arrangements between schools are carried out when necessary
- If a child's needs change, the above measures are adjusted accordingly. Where children are joining school at the start of a new academic year, these arrangements should be in place for the start of term. Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks. Any pupil with a medical condition requiring medication or support in school should have a risk assessment which details the support that child needs.

Procedures should also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupils' needs change, and arrangements for any staff training or support. For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks. Schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Individual healthcare plans (Risk Assessments)

At St Peter's, individual care plans are referred to as Pupil Based Risk Assessments- they contain all the relevant information to support a child's medical needs in school. The governing body should ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.

Individual Pupil Based Risk Assessments help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professionals and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view. The format of individual healthcare plans may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. Where the child has a special educational need identified in an EHC plan, the individual healthcare plan should be linked to or become part of that EHC plan. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the

individual healthcare plan identifies the support the child will need to reintegrate effectively.

When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following: the medical condition, its triggers, signs, symptoms and treatments; the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons; specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions; the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies.
If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring; who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child'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 written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours; separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

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 with any relevant person or agency to provide effective support for the child.

The Governing Body

- Must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented
- Must ensure sufficient staff receive suitable training and are competent to support children with medical conditions
- Must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk The Head Teacher
- Should ensure all staff are aware of this policy and understand their role in its implementation
- Should ensure all staff who need to know are informed of a child's condition
- Should ensure sufficient numbers of staff are trained to implement the policy including in emergency and contingency situations, and they are appropriately insured
- Should contact the school nursing service in the case of any child with a medical condition who has not been brought to the attention of the school nurse

School Staff

- Any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so
- Should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions
- Any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help
- Write a risk assessment for children in their class with medical needs and share with other staff/parents

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

- May support staff on implementing a child's risk assessment and provide advice and liaison

Other healthcare professionals

- Should notify the school nurse when a child has been identified as having a medical condition that will require support at school
- May provide advice on developing risk assessments
- Specialist local teams may be able to provide support for particular conditions (eg. Asthma, diabetes)

Pupils

- Should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their risk assessment

Parents and carers

- Must provide the school with sufficient and up-to-date information about their child's medical needs
- Are the key partners and should be involved in the development and review of their child's risk assessment
- Should carry out any action they have agreed to as part of the risk assessment implementation

The Head of Kitchen within the school will:

- Receive information from the Headteacher regarding children with food allergies and food intolerances ensure arrangements are in place so all kitchen staff including temporary staff know which children have a life threatening allergy (the school will provide information including a photograph which should be displayed in a discreet area in the kitchen
- Maintain contact information with vendors and purveyors to access food content information

The role of local authorities:

- Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners – such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England – with a

view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014). Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full-time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities8 sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs9 (whether consecutive or cumulative across the school year).

Staff Training

- Staff must not give prescription medicines or undertake health care procedures without appropriate training. *A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.*
- Healthcare professionals, including the school nurse, will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- Whole school awareness training will take place when a child is identified with a specific medical condition so that all staff are aware of the school's policy for supporting children with medical conditions and their role in implementing that policy.
- Induction arrangements for new staff will include information and training as appropriate on the medical conditions of children within the school and how to support them.
- The relevant healthcare professional should be able to give advice on training that will help ensure that all medical conditions affecting children in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.
- The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents/carers should be asked for their views. They should provide specific advice, but should not be the sole trainer.
- The Governing Body will consider providing relevant professional development provision opportunities as appropriate.

Refer to appendix 3

Identification

Children with a medical need are identified upon admission to our school. A register is kept of all children, highlighting their medical condition, thus ensuring all members of staff are aware of their requirements. These lists are kept in classrooms. In addition, there is a folder in the staffroom highlighting a list of any child in the school with a medical need. All children with a medical need have a risk assessment which are kept in cohort specific inclusion folders and a further copy kept with the Head teacher.

Specific Medical Conditions

Pupils with Asthma

Every effort is made to encourage and help children who suffer from Asthma to fully participate in all aspects of school life. Children take charge of, have immediate access to, and use their inhaler independently from an early age. Children are encouraged to fully participate in PE and sporting activities. Inhalers are kept in classrooms.

If a child has an Asthma attack at school, staff will ensure that the reliever inhaler (blue) is taken immediately and that the dose is repeated every few minutes. Staff will assist by remaining calm, reassure the child and listen to them while encouraging them to breathe slowly and deeply. School will inform parents of the attack. In an emergency situation, medical advice will be sought and an ambulance called.

Anaphylaxis

An Epipen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An Epipen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one dose used correctly in accordance with the Care Plan. An Epipen can only be administered by school staff that have been designated as appropriate by the head teacher and who has been assessed as competent by the school nurse/doctor. Training of designated staff will be provided by the school doctor/nurse and a record of training undertaken will be kept by the head teacher. Training will be updated at least once a year. There should be a risk assessment and consent form, in place for each child. These should be readily available. They will be completed before the training session in conjunction with parent(s), school staff and doctor/nurse. The Epipen should be stored at room temperature and protected from heat and light. It should be kept in the original named box. The Epipen should be readily accessible for use in an emergency and where children are of an appropriate age; the

Epipen can be carried on their person. Expiry dates and discoloration of contents should be checked by the school nurse termly. If necessary she may ask the school doctor to carry out this responsibility. The Epipen should be replaced by the parent(s) at the request of the school nurse/school staff. The use of the Epipen must be recorded on the child's risk assessment, with time, date and full signature of the person who administered the Epipen. Once the Epipen is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administering the Epipen. The used Epipen must be given to the ambulance personnel. It is the parent's responsibility to renew the Epipen before the child returns to school. If the child leaves the school site e.g. school trips, the Epipen must be readily available

Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of children the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during school hours, but some older children many need to inject during school hours. All staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. This might be in conjunction with paediatric hospital liaison staff or Primary Care Trust staff. Staff who have volunteered and have been designated as appropriate by the head teacher will administer treatment for hypoglycaemic episodes. There should be a risk assessment and consent form in place. It will be completed at the training sessions in conjunction with staff and parent(s). Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded on the risk assessment. Pupils must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra curricular activities at lunchtimes. Off site activities e.g. visits will require additional planning and liaison with parent(s).

To prevent "hypo's"

- There should be a Care Plan and Consent Form in place. It will be completed at the training sessions in conjunction with staff and parent(s). Staff should be familiar with pupil's individual symptoms of a "hypo".
- Pupils must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra curricular activities at lunchtimes or detention sessions. Off site activities e.g. visits, overnight stays, will require additional planning and liaison with parent(s).

To treat "hypo's"

- If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the pupil may experience a "hypo". Symptoms may include sweating, pale skin, confusion and slurred speech.
- Treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink, chocolate bar or hypostop (dextrose gel), as per Care Plan. Whichever treatment is used, it should be readily available and not locked away. Many children will carry the treatment with them. Expiry dates must be checked each term, either by a member of school staff or the school nurse.
- It is the parent's responsibility to ensure appropriate treatment is available. Once the child has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious or fitting, a 999 call must be made and the child put in the recovery position. Do not attempt oral treatment. Parent(s) should be informed of "hypo's" where staff have issued treatment in accordance with the risk assessment.

Epilepsy

Epilepsy is a neurological disorder. The brain contains millions of nerve cells called neurons that send electrical charges to each other. A seizure occurs when there is a sudden and brief excess surge of electrical activity in the brain between nerve cells. This results in an alteration in sensation, behaviour, and consciousness. Seizures may be caused by developmental problems before birth, trauma at birth, head injury, tumour, structural problems, vascular problems (i.e. stroke, abnormal blood vessels), metabolic conditions (i.e. low blood sugar, low calcium), infections (i.e. meningitis, encephalitis) and idiopathic causes. Children who have idiopathic seizures are most likely to respond to medications and outgrow seizures.

Every child with epilepsy has a pupil based risk assessment. Procedures to manage seizures are agreed with parents, healthcare professionals and school staff; these are listed on the risk assessment. In the case of an emergency an ambulance is to be phoned aswell as parents.

Headlice

No child will be inspected for or excluded because of headlice. The school will distribute a leaflet designed by the School Health Service periodically. The leaflet details facts about headlice and shows parents and carers how to detect and treat them.

Incontinence

The school accepts the Authority's Policy that admission to nursery or school cannot be refused on the basis of a child not being toilet trained. The school will deal with accidents as part of their duty of care for the child. In repeated occurrences staff will advise parents and carers and request their support. Children on toileting programmes have intimate care policies in school which have been signed and agreed by parents.

Administering Medicines

Parents must submit a written permission slip before any medicine is administered.

See appendix 1

Prescribed medicines to be given during the school day must be in their original container.
Controlled drugs can also be administered, subject to all other conditions as described in the Policy.
Essential medicines will be administered on Educational Visits, subject to the conditions above.
A risk assessment will be needed before the visit takes place. Staff supervising the visit will be responsible for safe storage and administration of the medicine during the visit. Named staff members will give medicines. Before administering any medicine, staff must check that the medicine belongs to the child, must check that the dosage they are giving is correct, and that written permission has been given.
Any child refusing to take medicine in school will not be made to do so, and parents will be informed about the dose being missed.
All doses administered will be recorded in the Administration of Medicines file (located in the school reception office). Children self-administrating asthma inhalers also need to be recorded and this will be monitored.

See appendix 2

Antibiotics

Parent(s) should be encouraged to ask the GP to **prescribe an antibiotic** which **can be given outside** of **school hours wherever possible**. Most antibiotic medication will not need to be administered during school hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day doses can normally be given in the morning before school, immediately after school (provided this is possible) and at bedtime.
It should normally only be necessary to give antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.
Parent(s) must complete the Consent Form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into school in the morning and taken home again after school each day by the parent. Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent(s).

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose and the date of dispensing. In school the antibiotics should be stored in a secure cupboard or where necessary in a refrigerator. Many of the liquid antibiotics need to be stored in a refrigerator – if so; this will be stated on the label.
Some antibiotics must be taken at a specific time in relation to food. Again this will be written on the label, and the instructions on the label must be carefully followed. Tablets or capsules must be given with a glass of water.
The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent.
The appropriate records must be made. If the child does not receive a dose, for whatever reason, the parent must be informed that day.

Analgesics (Painkillers)

For pupils who regularly need analgesia (e.g. for migraine), an individual supply of their analgesic should be kept in school. Parental consent must be in place and this medicine must be prescribed. ***CHILDREN SHOULD NEVER BE GIVEN ASPIRIN OR ANY MEDICINES CONTAINING ASPIRIN, unless agreed with medical professionals and parents in exceptional circumstances.***

Storage of medicines

All medicines will be stored safely. Medicines needing refrigeration will be stored in the staffroom fridge. Inhalers are usually kept in the classroom.
All medicines must be clearly labelled.
Controlled drugs or prescribed medicines will be kept in the locked cabinet in the Business Manager's office. Access to these medicines is restricted to the named persons.

Disposing of Medicines

When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharp objects.

First Aid

All staff in school have basic first aid training. First Aid trained staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school. First Aid trained staff are aware of the most common serious medical conditions in school. In an emergency situation staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication. Training is refreshed for first aiders at regular intervals. If a pupil needs to be taken to hospital, a member of staff will accompany them if parents are unavailable or school will ask parent to meet ambulance at casualty. Staff should not take pupils to hospital in their own car, unless insured.

Allergies

On entry to school, parents are asked to inform staff of any allergies their children may have. Children with allergies have a risk assessment in school with details of the allergy and what to do if an allergic reaction takes place. All relevant staff, including the kitchen staff, are notified of allergies. If a child has an allergic reaction then parents are to be informed and protocol from the risk assessment followed.

Homely Remedies

A homely remedy is a product that can be obtained without prescription, for the immediate relief of a minor ailment. A minor ailment is an illness or condition that is not chronic or serious.

For the purpose of this policy minor ailments include minor cuts and grazes, allergies, toothache, headache, period pain, bites and stings, cold and flu like symptoms, dry skin, coughs and minor eye conditions.

This homely remedies policy is a documented list of products used for the relief of specific symptoms. This list is agreed and reviewed by the Head Teacher and Governors.

Only the ailments specified in the homely remedy policy may be treated and they may only be treated using the specified products and doses. Administration must only be undertaken by staff trained in the care of medicines. The homely remedies list specifies which products should be used for each ailment and provides details for staff including: Indication of use, name of medicine, dose and frequency, maximum dose and treatment period. Administration of Homely Remedies must be in accordance with the licensed indications /manufacturer's directions. Homely remedies are usually purchased by the school and stored either for individuals or as stock. If a

parent has supplied a homely remedy then that product must be used only for that student, and must be unopened when supplied to school. All homely remedies are stored in a locked cupboard which is clearly labelled for Homely Remedies. They are stored separately from prescribed medications.

Parents must give written permission before any homely medicine is administered, and this permission will remain in place. Where possible further confirmation from parents will also be required on the day.

If a child refuses a homely remedy a record will be made and parents informed.

It will be communicated to parents (or after school club if appropriate) which medication has been administered, why and the dosage.

Homely remedies and the ailments they treat:

Plasters – cuts and grazes

Antibacterial cleaning wipes – cuts and grazes

Antihistamine – allergies, hayfever, bites and stings

Paracetamol – toothache, headache, period pain, cold and flu symptoms, sore throats

E45 – dry skin

Eye drops for minor eye conditions (to be supplied by parent/carer

Linctus – coughs

Liability and Indemnity

School staff will be made aware of the insurance arrangements in the event of a claim or liability.
Before carrying out clinical/medical procedures staff will be trained and assessed as competent in the relevant procedures on an individual child/young person basis. There will be written evidence via a risk assessment and/or appropriate training and/or written competency assessment.
On the basis that Bolton's policy for managing complex health care needs is followed then Bolton Council is protected by its Public Liability insurance (subject to its terms, conditions and exclusions) for accidental death, injury, damaged caused by such procedures to a third party.
For further information contact Risk and Insurance Section of the council.
The insurance provided jointly indemnifies with the County Council staff and Members provided they are acting in accordance with their contracted duties.
All other partner organisations must have, at least, the minimum public liability insurance and indemnity insurance. Each service will have a procedure for checking this insurance is in place.

Complaints

Should parents or pupils be 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. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Monitoring

This policy is monitored by the Head teacher, SENCo and the SEND governor on behalf of the governing body. Staff receive the full support of the SLT and governing body.

FURTHER SOURCES OF INFORMATION

Other safeguarding legislation

Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must in discharging their functions in relation to the conduct of the school promote the well-being of pupils at the school.

Section 175 of the Education Act 2002 provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 set this out in relation to academy schools and alternative provision academies.

Section 3 of the Children Act 1989 provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

Section 17 of the Children Act 1989 gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

Section 10 of the Children Act 2004 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the well-being of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate in the making of these arrangements.

The NHS Act 2006: Section 3 gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it's responsible. **Section 3A** provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it's responsible. **Section 2A** provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses.

Governing Bodies' duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows:

- They **must not** discriminate against, harass or victimise disabled children and young people
- They **must** make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage

OTHER RELEVANT INFORMATION

Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations, provides that it is the duty of the employer (the local authority,

governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.
Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child that has been prescribed a controlled drug.
The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It **must** contain a washing facility and be reasonably near to a toilet. It **must** not be teaching accommodation. Paragraph 23B of Schedule 1 to the Independent School Standards (England) Regulations 2010 replicates this provision for independent schools (including academy schools and alternative provision academies).

The Special Educational Needs Code of Practice
Section 19 of the Education Act 1996 (as amended by Section 3 of the Children Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full time, or such part time education as is in a child's best interests because of their health needs.
Links to other information and associated advice, guidance and resources eg templates and to organisations providing advice and support on specific medical conditions will be provided on the relevant web-pages at GOV.UK.

This is supported by policies including:
- SEN/Inclusion
- Child protection/Safeguarding
- Equal Opportunities
- Intimate Care policy
- First Aid policy and procedures
- Health and Safety Policy

Supporting pupils at school with medical conditions – statutory guidance from DFE

Appendix;

Template 1: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
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	
Are there any side effects that the school/setting 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 no.	

Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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

Signature(s) _____ Date _____

Appendix 2- Record of medicine administered to an individual child

Name of school/setting	
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			

Record of medicine administered to an individual child (Continued)

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			

GUIDELINES FOR MANAGING ASTHMA

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects. School staff, who are assisting children with inhalers, will be offered training from the school nurse.

1. If school staff are assisting children with their inhalers, a Consent Form from parent(s) should be in place.
2. Inhalers MUST be readily available when children need them. Inhalers are kept in the classrooms and a first aid trained member of staff is always on hand to administer. A record is kept of any dose given. If a child has needed their inhaler many times in one day then parents will be informed.
3. Parent(s) should supply a spare inhaler for children who carry their own inhalers. This is stored safely at school in case the original inhaler is accidentally left at home or the child loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year.
4. All inhalers should be labelled with the child's name.
5. Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
6. School staff should take appropriate disciplinary action if the owner or other pupils misuse inhalers.
7. Parent(s) should be responsible for renewing out of date and empty inhalers.
8. Parent(s) should be informed if a child is using the inhaler excessively.
9. Physical activities will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler MUST be available during PE and games. If pupils are unwell they should not be forced to participate.
10. If pupils are going on offsite visits, inhalers MUST still be accessible.
11. School staff have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent(s).
12. Asthma can be triggered by substances found in school e.g. animal fur, glues and chemicals. Care should be taken to ensure that any pupil who reacts to these are advised not to have contact with these.

GUIDELINES FOR THE ADMINISTRATION OF EPIPEN BY SCHOOL STAFF

An Epipen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An Epipen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one dose used correctly in accordance with the Care Plan. An Epipen can only be administered by school staff that have been designated as appropriate by the head teacher and who has been assessed as competent by the school nurse/doctor. Training of designated staff will be provided by the school doctor/nurse and a record of training undertaken will be kept by the head teacher. Training will be updated at least once a year.

1. There should be an individual Risk Assessment and Consent Form, in place for each child. These should be readily available. They will be completed before the training session in conjunction with parent(s), school staff and doctor/nurse.
2. Ensure that the Epipen is in date. The Epipen should be stored at room temperature and protected from heat and light. It should be kept in the original named box.
3. The Epipen should be readily accessible for use in an emergency and where children are of an appropriate age; the Epipen can be carried on their person.
4. Expiry dates and discoloration of contents should be checked by the school nurse termly. If necessary she may ask the school doctor to carry out this responsibility. The Epipen should be replaced by the parent(s) at the request of the school nurse/school staff.
5. The use of the Epipen must be recorded on the child's Risk Assessment, with time, date and full signature of the person who administered the Epipen.
6. Once the Epipen is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administering the Epipen. The used Epipen must be given to the ambulance personnel. It is the parent's responsibility to renew the Epipen before the child returns to school.
7. If the child leaves the school site e.g. school trips, the Epipen must be readily available.

GUIDELINES FOR MANAGING EPILEPSY

FIRST AID
 Stay calm
 Protect student from injury but do not restrain movements
 Help the student lie down and turn on one side if possible
 Loosen all tight clothing
 Do not put anything in the mouth
 Do not give medicines or fluids until the child is completely awake
 Stay with the student until he or she is fully alert and oriented
 Provide reassurance and support after the seizure episode
 CPR should not be given during a seizure
 Record the duration and describe the seizure on the epilepsy log
 Report the seizure to the appropriate person: parents, school nurse and/or administrator

EMERGENCY FIRST AID
Call 999 if:
• First known seizure
• Seizure lasts more than 5 minutes
• Another seizure begins soon after the first
• The student stops breathing or has difficulty breathing after the seizure
• Student cannot be awakened after the seizure
• There are specific orders to call 999 from the doctor or parent 10

Guidelines for defibrillators – sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning.
If this does happen, quick action (in the form of early CPR and defibrillation) can help save lives.
A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe. o Schools are advised to consider purchasing a defibrillator as part of their first-aid equipment. DfE has put arrangements in place to assist schools in purchasing defibrillators at reduced cost. If schools install a defibrillator, they should notify the local NHS ambulance service of its location. Staff members appointed as first-aiders should already be trained in the use of CPR and may wish to promote these techniques more widely in the school, amongst both teachers and pupils alike.

Training appendix 3: staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____