

SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS POLICY



VANTAGE ACADEMY TRUST

Document Name	Supporting Pupils at School with Medical Conditions
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INTRODUCTION

- 1.1 SS Simon and Jude Primary School wishes to ensure that pupils with medical conditions receive the appropriate care and support at school. All children have an entitlement to a full-time curriculum or as much as their medical condition allows. The policy has been developed in line with the Department for Education's statutory guidance released in April 2014 'Supporting children at school with medical conditions' under a statutory duty form section 10 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014. It has also been developed in line with the Department of Health's 'Guidance on the use of emergency salbutamol inhalers in schools' September 2014.

The school will have regard to the statutory guidance issued. We take account of it; carefully consider it and we make all efforts to comply.

ROLES AND RESPONSIBILITIES

2.1 The Local Advisory Board (LAB)

The LAB is responsible for:

- ensuring that school complies with the duties under the Equality Act 2010 for pupils with medical conditions and disabilities;
- ensuring the principal develops and effectively implements the policy with partners and school staff, including regular review policy;
- ensuring the principal makes all staff aware of this policy on supporting pupils with medical conditions and all staff understand their role in its implementation;
- designating a named individual who is responsible for effective implementation of this policy. The named person is Elaine Davies-SENCO;
- ensuring the policy clearly identifies how the roles and responsibilities of staff who are involved in the arrangements to support pupils at school with medical conditions are made clear to both staff, parents/ carers and the child;
- ensuring that all relevant staff are aware of an individual pupil's medical conditions and needs;
- ensuring that sufficient numbers of staff receive appropriate training to fulfil roles and responsibilities of supporting pupils with medical conditions i.e., school is able to deliver against all Individual Healthcare

Plans (IHCPs) and implement policy, including for example in contingency or emergency situations and management of the staff absence;

- ensuring that a system is in place which identifies procedures to be followed on receipt of notification of a pupil's medical needs; procedures should cover any transitional arrangements or when pupil needs change
- ensuring that cover arrangements are always available in the event of staff absence or staffing changes including briefing for volunteers, supply teachers and appropriate induction for new members of staff;
- ensuring that Individual Healthcare Plans (IHCPs) are in place, where appropriate, and developed in consultation with parents/ carers, healthcare professionals, relevant staff and (if appropriate) the child or young person;
- ensuring that Individual Healthcare Plans (IHCPs) are monitored and are subject to review, at least annually, or sooner if needs change. They should be developed with the pupil's best interests in mind and ensure that the school assesses and manages risk to the pupil's education, health and social well-being and minimises disruption;
- ensuring that risk assessments relating to the school environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations;
- ensuring that risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations;
- ensuring that the policy does not discriminate on any grounds, including, but not limited to protected characteristics; ethnicity/ nationality/ origin, religion or belief, sex, gender reassignment, pregnancy and maternity, disability or sexual orientation;
- ensuring that appropriate insurance is in place to support staff to undertake this role;
- ensuring that a complaints procedure is in place and is accessible.

2.2 The Principal

The Principal is responsible for:

- ensuring that all staff are aware of the policy and understand their role in the implementation;

- ensuring that procedures are understood and implemented by all staff, volunteers and pupils;
- ensuring the day-to-day implementation and management of the policy;
- ensuring a sufficient number of trained members of staff are available to implement the policy and deliver Individual Health care Plans (IHCPs) in normal, contingency and emergency situations;
- ensuring that the notification procedure is followed when information about a pupil's medical needs is received;
- ensuring that parents/ carers provided full up to date information about their child's medical needs by completion of 'Parent/ Carer Information about a Child's Medical Condition' form (Appendix 3);
- deciding on receipt of a 'Parent/ Carer Request and Agreement for School to Administer Medicine(s)/ Medical Intervention(s)' form (Appendix 1), on case-by-case basis, whether any medication or medical intervention will be administered, following consultation with staff;
- deciding on receipt of a 'Parent/ Carer Request for the Child's Self-administration of Medication/ Medical Intervention' (Appendix 2), on a case-by-case basis, whether any medication will be carried by the child, will be self-administered by the child, following consultation with staff, if appropriate;
- assigning appropriate accommodation for medical treatment and/ or care;
- ensuring the defibrillator is in good working order and providing staff training every year;
- Voluntarily holding 'spare' Salbutamol inhalers for emergency use (see section on Asthma for more details).

2.3 Staff

Any member of staff may be asked to provided support for a pupil with a medical condition, including the administration of medicine(s) and medical intervention(s) although they cannot be required to do so; this is a voluntary role.

School staff will receive sufficient and suitable training and achieve competency before they take on responsibility for supporting pupils with medical conditions.

Where children have an Individual Healthcare Plan (IHCP) the roles and responsibilities of staff will be clearly recorded and agreed.

Staff members are responsible for:

- taking appropriate steps to support pupils with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with medical conditions needs help;
- being aware of how a pupil's medical condition will impact on their participation, but ensuring there is enough flexibility for all pupils to participate according to their own abilities and with reasonable adjustments as required, unless evidence from a clinician states that it is not possible;
- informing parents if their child has been unwell in school.

2.4 Parents/ Carers Responsibilities

Parent/ Carers are required to:

- provide the school with sufficient and up to date information about their child's medical needs and to update it at the start of each school year or, if needs change, by completion of 'Parent/ carer Information about a Child's Medical Condition' form (Appendix 3);
- complete, if appropriate, a 'Parent/ Carer Request and Agreement for School to Administer Medicine(s)/ Medical Intervention(s)' form (Appendix 1) to gain consent for medicines/ medical interventions to be administered at school;
- complete, if appropriate, a 'Parent/ Carer Request for the Child's Self-Administration of Medicine(s)/ Medical Intervention(s)' form (Appendix 2) to gain consent for medicines/ medical interventions to be administered by the child;
- provide up to date contact information so that parents/ carers or other nominated adults are contactable at all times;
- participate in the development and reviews of their child's Individual Healthcare Plan (IHCP);
- carry out any action they have agreed to as part of the implementation of an Individual Healthcare Plan (IHCP);
- provide any medication in its original packaging, with the pharmacy label stating the following:
 - a) the child's name
 - b) the child's date of birth

- c) name of medicine/ medication
 - d) frequency/ time medication administered
 - e) date of dispensing and expiry date
 - f) dosage and method of administration
 - g) special storage arrangements (if appropriate)
- ensure that medicines or resources associated with delivery of a medical intervention have not passed the expiry date;
 - collect and dispose of any medicines held in school at the end of each term or as agreed;
 - provide any equipment required to carry out a medical intervention e.g., catheter tubes;
 - collect and dispose of any equipment used to carry out a medical intervention e.g., sharps box.

2.5 Healthcare Professionals

Healthcare Professionals are responsible for:

- collaborating on developing an Individual Healthcare Plan (IHCP) if appropriate;
- notifying the school when a pupil has been identified as requiring support in school due to a medical condition at any time in their school career;
- supporting staff to implement an Individual Healthcare Plan and participating in reviews as required;
- assisting the school in identifying training needs and providers of training.

2.6 Pupils

Pupils are responsible for:

- providing information on how their medical condition affects them;
- contributing to their Individual Healthcare Plan where appropriate;
- complying with their Individual Healthcare Plan and self- managing their medication or health needs including carrying medicines or devices, if appropriate to do so by a healthcare professional and agreed by parents;
- informing staff if they know they are feeling unwell.

PUPIL INFORMATION

- 3.1 Parents/ Carers are required to give the following information about their child's medical condition and to update at the start of each school year or sooner, if needs change, by completion of 'Parent/ Carer Information about a Child's Medical Condition' form (Appendix 3);
- a) Details of pupil's medical conditions and associated support needed at school
 - b) Medicine(s), including any side effects
 - c) Medical Intervention(s)
 - d) Name of GP/ Hospital and Community Consultants/ Other Healthcare Professionals
 - e) Special requirements e.g., dietary needs
 - f) Who to contact in an emergency
 - g) Cultural and religious views regarding medical care

Details of the pupil's medical condition and any relevant information is then added to the school's management information system (Arbor).

MANAGING MEDICINES/ MEDICAL INTERVENTIONS ON SCHOOL PREMISES

4.1 Administration of Medicines/ Medical Intervention

Medicine/ medical interventions will only be administered in school when it would be detrimental to the pupil's health or attendance not to do so. It is expected that parent/ carers will normally administer medication/ medical interventions to their child during their time at home, where at all possible.

No medication/ medical intervention will be administered without prior written permission from the parents/ carers. This is to be completed on the 'Parent/ Carer Request and Agreement for School to Administer Medicine(s)/ Medical Intervention(s)' form (Appendix 1).

The Principal will decide whether and by whom any medication or medical intervention will be administered in school, following receipt of the above form and after consultation with staff.

No changes to administration method or dosage of medication or changes in procedures relating to medical interventions will be carried out without written authority from parent/ carers and recorded amendment to the 'Parent/ Carer

Request and Agreement for School to Administer Medicine(s)/ Medical Intervention(s)' form (Appendix 1).

The Principal will decide whether a pupil is able to carry and self-administer any medication or self-administer any medical intervention, following consultation with staff as appropriate. This is completed on the 'Parent/ Carer Request for the Child's Self- Administration of Medicine(s)/ Medical Intervention(s)' form (Appendix 2).

All medicines/ medical interventions will normally be administered during school breaks and/ or lunchtime. If, for medical reasons, medicine has to be taken at other times of the day or a medical intervention delivered at a different time, arrangements will be made for the medicine/ medical intervention to be administered at other prescribed times.

Pupils will be told where their medication/ medical intervention equipment and resources are kept and who will administer them. Each classroom will have a designated first aid cupboard which is clearly labelled with a first aid cross for any medication which can be stored in the classroom.

Any member of staff, on each occasion, giving medicine / medical intervention should check:

- a) Name of pupil
- b) Written instructions provided by parent/ carers or healthcare professionals or as agreed in the Individual Healthcare Plan (IHCP)
- c) Prescribed dose, if appropriate
- d) Expiry date, if appropriate

Any member of staff, on each occasion, will make a written record of medication/ medical intervention administered on the 'SSSJ Record of Medicine Administered to an Individual pupil' (Appendix 5).

No pupil will be given medicine containing **aspirin** unless prescribed by a doctor.

4.2 **Pupil's Role in managing their own Medical Needs**

After discussion with parents/ carers, pupils who are competent will be encouraged to take more responsibility for managing their own medicines and medical interventions. Pupils who take medicines or manage medical interventions independently will still require a level of adult support, particularly in the event of an emergency. In this situation agreed procedures will be documented in an IHCP.

Written permission from the parent/ carers will be required for pupils to self-administer medicine(s)/ medical intervention(s). Written permission from the

parent/ carers will be required for pupils carry medicine(s) or resources associated with a medical intervention(s). These are completed on the 'Parent/ Carer Request for the Child's Self- Administration of Medicine(s)/ Medical Intervention(s)' form (Appendix 2).

4.3 Refusing Medication/ Medical Intervention

If a pupil refuses to take their medication/ medical intervention, staff will not force them to do so. Refusal to take medicine will be recorded and dated on the pupil's record sheet. Reasons for refusal to take medication /medical intervention must also be recorded as well as the action then taken by a member of staff. Any refusal to take medication will be reported the principal or member of SLT and parent/ carers will be informed as soon as possible. Where the child is potentially placing themselves at risk by refusal, parent/ carers will be informed immediately.

4.4 Storage of Medicines/ Medical Intervention equipment and Resources

All pupils will know where their medicines/ medical intervention equipment/ resources are at all times and will be readily available as required.

3.4.1 Controlled Drugs

A pupil who is prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another pupil for use is an offence.

Where controlled drugs are not an individual pupil's responsibility, they will be kept in a non-portable locked cabinet in the principal's office. Only named staff will have access.

Controlled drugs will be easily accessible in an emergency, as agreed by parent/ carers or detailed in the pupil's IHCP.

Where controlled drugs are not an individual's responsibility, records will be kept of any doses used and the amount kept on the premises (Appendix 5).

3.4.2 Non-controlled Drugs and Medical Resources

All medicines and medical equipment/ resources will be stored safely as agreed with parent/ carers or described in the pupils IHCP.

4.5 Records

School will keep a record of all medicines / medical interventions administered to individual pupils on each occasion, including the following:

- a) Name of Pupil
- b) Date and time of administration

- c) Who supervised the administration?
- d) Name of medication
- e) Dosage
- f) A note of any side effects/ reactions observed
- g) If authority to change protocol has been received and agreed.

SSSJ Record of Medicine Administered to an Individual Pupil (Appendix 5) or SSSJ Record of Medicine Administered to pupils without an Individual Healthcare Plan (IHCP) (Appendix 6).

TRAINING

- 5.1 Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A First Aid Certificate does NOT constitute appropriate training in supporting pupils with medical conditions.

All staff will be made aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy through for example whole school awareness training, involvement in the development of IHCPs, staff briefing sessions etc.

Specialist training and advice will be provided by appropriate healthcare professionals e.g., specialist epilepsy nurse, specialist diabetes nurse, school nurse etc. for staff involved in supporting pupils with medical conditions including the administration of relevant medicines/ medical interventions.

Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.

Supporting a pupil with a medical condition during school hours is not the sole responsibility of one person.

Training will ensure that sufficient members of staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in Individual Healthcare Plans (IHCP).

Induction training will raise awareness of school policy and practice in supporting pupils with medical conditions.

School will make every effort to ensure that specialist training will be completed as quickly as possible to ensure that the pupil is able to attend school safely.

A record of staff training carried out will be kept, identifying the review date or the date refresher training will be required. 'SSSJ Staff Training Record-Administration of Medicine(s)' (Appendix 7).

Information about types of training required for administration of medicines and medical interventions commonly found in school is contained in Appendix 8.

INDIVIDUAL HEALTHCARE PLANS (IHCP)

6.1 Where appropriate, an Individual Healthcare Plan (IHCP) will be drawn up in consultation with the school, parents/ carers, health professionals and any other relevant professional. Appendix 11 contains a model letter for parents to attend an IHCP development meeting.

The content of an IHCP will be dependent on the complexity of the pupil's needs and may include the following:

- a) an overview (Pen portrait/ One Page profile) of the pupil's needs and provision in place in school to manage those needs;
- b) a description of the medical condition, its presentation (signs, symptoms, triggers etc.) and impact on access to the school environment and learning opportunities;
- c) arrangements around administration of medication(s)/ medical intervention(s);
- d) arrangements around management of medical emergency situations;
- e) arrangements around management and support for personal care needs, including intimate and invasive care e.g., catheterisation, toileting support, gastro- tube feeding etc;
- f) risk assessment for access to the school environment and curriculum;
- g) arrangements or procedures required for school trips or other school activities outside the normal school timetable that will ensure the pupil can participate;
- h) arrangements for evacuation in the event of an emergency;
- i) the level of support required in school, who will provide this support, their training needs and cover arrangements when they are unavailable;
- j) how, if agreed, the pupil is taking some responsibility for their own health needs;
- k) who in school needs to be aware of the pupil's medical conditions and a reference to staff confidentiality.

Appendix 10 contains a flow chart to guide school through planning an individual Healthcare Plan (IHCP).

The format of the IHCP may vary to ensure that the most effective plan is used to meet the specific needs of each pupil. Appendix 9 contains a sample IHCP plan.

Individual Healthcare Plans will be reviewed annually or sooner if needs change.

Where a pupil is returning from a period of hospital education or alternative provision (including home tuition), collaboration between the local authority/ AP

provider and school is needed to ensure that the IHCP identifies the support the pupil needs to reintegrate effectively.

Not all pupils with medical conditions will require an IHCP. The school, healthcare professionals and parents will agree, based on evidence, when a IHCP would be inappropriate or disproportionate. If consensus cannot be reached, the principal will take the final view.

6.2 Intimate and Invasive Care

Cases where intimate and invasive care is required will be agreed on an individual basis. Decisions made about procedure and practice will be recorded within the pupil's IHCP and take account of safeguarding issues for both staff and pupils.

OFF-SITE AND EXTENDED SCHOOL ACTIVITIES

- 7.1 Pupils with medical conditions will be actively supported in accessing all activities on offer including school trips, sporting activities, clubs and residential/holiday.

Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully.

School will consider what reasonable adjustments need to be put in place to enable pupils with medical conditions to participate safely and fully.

School will carry out a thorough risk assessment to ensure the safety of all pupils and staff. In the case of pupils with medical needs the risk assessment process will involve consultation with the child, parent/ carers and relevant healthcare professionals to ensure the pupil can participate safely. Please refer to Health and Safety Executive (HSE) Guidance on School Trips for further information (<https://www.hse.gov.uk/services/education/school-trips.htm>).

In some circumstances evidence from a clinician, such as a hospital consultant, may state that participation in some aspects offered is not possible. When this happens school will make alternative arrangements for the pupil.

Arrangements will be in place to ensure that an IHCP can be implemented fully and safely when out of school. Risk assessment will identify how IHCPs will be implemented effectively off-site and where additional supervision or resources are required.

MANAGING EMERGENCIES AND EMERGENCY PROCEDURES

- 8.1 The Principal will ensure that all staff are aware of the school's general risk management processes and planned emergency procedures.

Other pupils will be informed in general terms of what to do in an emergency, such as telling a member of staff immediately if they think help is needed.

Where a pupil has an IHCP this will clearly define what constitutes an emergency and describes what to do. This may include:

- a) an Emergency Medical Protocol that details the actions to be taken by staff and supported by specialist training where relevant;
- b) a Personal Emergency Evacuation plan (PEEP) that details the actions to be taken by staff to support the pupil's evacuation from the building, supported by specialist training where relevant. The PEEP should also detail the actions to be taken by staff to support how staff will manage the child's medical needs during an evacuation e.g., ensuring appropriate medication is taken outside and is available whilst at the assembly point. A sample PEEP can be found in Appendix 13.

School has a procedure for contacting emergency service (Appendix 12) which is displayed in the school office.

If a pupil needs to be taken to hospital, two members of staff should stay with the pupil until the parent/ carer arrives, or accompany the pupil to hospital by ambulance.

PROTOCOL FOR PUPILS WITH ASTHMA

- 9.1 Children with asthma must have their own prescribed inhaler in school to treat symptoms and for use in the event of an asthma attack.

Parents must complete a 'Parent/ Carer Request for the Child's Self-Administration of Medicine(s)/ Medication Intervention (s) form' if their child has been prescribed with an inhaler (Appendix 2).

This is added to the school's management information system (Arbor) along with the expiry date.

Where ever possible the inhaler should be kept by the child, if not, it should be easily accessible to them. Each classroom has a green first aid bag which is stored in the cupboard marked by a green first aid cross.

- 9.2 **The signs of an asthma attack are: -**

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest),
- Difficulty breathing (the child could be breathing fast and with effort, using all necessary muscles in the upper body)

- Nasal flaring
- Unable to talk or complete sentences or being very quiet
- Reporting that their chest 'feels tight' (younger children may report they have 'tummy ache'). (Appendix 14- How to recognise an asthma attack)

An ambulance will be called immediately and the asthma attack procedure will commence without delay if the child: -

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

In the event of an asthma attack the following procedure will be followed (Appendix 15- What to do in the event of an asthma attack):

- To keep calm and reassure the child
- To encourage the child to sit up and slightly forward
- Use the child's own inhaler- if not available, use the emergency inhaler (see protocol for using emergency inhalers)
- To remain with the child while the inhaler and spacer is brought to them
- To immediately help the child to take two separate puffs of Salbutamol via the spacer.
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- To stay calm and reassure the child. To stay with the child until they feel better. The child can return to school activities once they feel better
- If the child does not feel better or you are worried at ANYTIME before you reach 10 puffs, call 999 for an ambulance
- If an ambulance does not arrive in ten minutes give another 10 puffs in the same way
- This should be carried out in conjunction with emergency procedure detailed above.

9.3 Use of emergency Salbutamol inhalers

The emergency salbutamol inhaler should only be used with children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or have been prescribed an inhaler as reliever medication. This is completed on 'Consent form- Use of Emergency Salbutamol Inhaler in School' (Appendix 16).

A child who is prescribed an inhaler which contains an alternative reliever medication to salbutamol (such as terbutaline) may still use the salbutamol emergency inhaler if their own inhaler is not accessible.

A copy all children who have permission to use the emergency inhaler will be stored with the emergency inhaler.

Once written permission has been given the emergency inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken or empty).

Where a child with asthma has an individual healthcare plan the use of an emergency inhaler will be included.

A record will be kept of children who have used the emergency inhaler and parents will be informed (Appendix 17 – Letter to Parent/ Carers about Emergency Salbutamol Inhaler use in school)

School will have named members of staff responsible for ensuring the asthma protocol is followed (Paula Coleman & Molli Crompton).

These members of staff will be responsible for ensuring that: -

- On a monthly basis the inhalers and spacers are present and in working order, and the inhaler has sufficient number of doses available (recording chart to be located in all emergency inhaler boxes)
- That replacement inhalers are obtained when the expiry date approaches
- Replacement spacers are available following use
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to the storage following use, or that replacements are available if necessary.
- School will buy an emergency inhaler from a pharmaceutical supplier
- The emergency kit will be stored in the main office in an easily accessible cupboard but out of sight and reach of children. It should not be locked away.
- The emergency inhalers and spacers will be stored separately to the child's own inhaler.

The emergency kit will be clearly labelled and will consist of: -

- A salbutamol metered dose inhaler
- At least two single-use plastic spacers compatible with the inhaler
- Instructions on using the inhaler and spacer/ plastic chamber
- Instructions on cleaning and storing the inhaler
- Manufacturer's information
- A checklist of inhalers, identified by their batch number and expiry date, with monthly records recorded
- A note of the arrangements for replacing the inhaler and spacers
- A list of children permitted to use the emergency inhaler

- A record of administration

An emergency inhaler will be primed when first used (e.g., spray two puffs) and should be regularly primed by spraying two puffs

To avoid possible risk of cross infection, the plastic spacer should not be reused. The inhaler can be reused as long as it cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place. If there is any risk of contamination with blood (for example if the inhaler has been used without the spacer), it should also not be reused but disposed of.

Spent emergency inhalers are to be returned to the pharmacy to be recycled.

An additional emergency inhaler kit will be provided for use on trips, if required. This will be stored in the school office when not in use.

For more information see Appendix 18- Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

CONFIDENTIALITY AND SHARING OF INFORMATION WITHIN SCHOOL

- 10.1 School is aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the pupil and family at all time.

School will disseminate information to key members of staff in the pupil's care on a needs-to-know basis, as agreed with parents/ carers.

In the case of conditions with potentially life-threatening implications the information may need to be shared with all staff, but this will be agreed with parents.

When the pupil has an IHCP this will be shared with key staff with regular scheduled re-briefings.

School will ensure that there are procedures in place to inform new members of staff of the pupil's medical needs.

School will ensure that arrangements are in place to transfer information on a pupil's medical needs to staff during any transition.

LIABILITY AND INDEMNITY

- 11.1 School insurance policies provided liability cover relating to the administration of medicines.

In the case of medical interventions, individual cover may be arranged for any specific healthcare procedures, including information about appropriate staff training and other defined requirements of the insurance policy.

COMPLAINTS PROCEDURE

12.1 In the first instance parents/ carers dissatisfied with the support provided should discuss their concerns directly with the Principal or SENCO.

If for whatever reason, this does not resolve the issue then a formal complaint can be made in writing to the school's Local Advisory Board (LAB).

Further information is detailed in the school's Complaints Policy.

UNACCEPTABLE PRACTICE

13.1 Each case will be judged individually but in general school considers that the **following constitute unacceptable practice:**

- requiring parent/ carers or otherwise making them feel obliged to attend school to administer medicines/ medical interventions or provide medical support to their child, including around toileting issues- no parent/ carer should have to give up working because the school is failing their child's medical needs;
- preventing a pupil from participating or creating unnecessary barriers to pupils participating in any aspect of school life, including trips;
- preventing a pupil from easily accessing and administering their medicines as and where necessary;
- assuming that every pupil with the same condition requires the same treatment;
- ignoring the views of the pupil and/or parent/ carers (although this may be challenged);
- ignoring medical advice or opinion (although this may be challenged);
- sending pupils with medical conditions home frequently;
- preventing pupils with medical conditions from staying at school for normal school activities, including lunch, unless this is stated in their IHCP;
- if the pupil becomes ill, sending them to the school office or first aider unaccompanied or with someone unsuitable;
- penalising pupils for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- preventing pupils from eating, drinking or taking toilet/ other breaks whenever they need to in order to manage their medical condition effectively.

POLICY INFORMATION AND REVIEW

14.1 Information about ratification of policy, signatures and review dates can be found on the front cover of this policy document.

APPENDICES