THE ST. BART'S ACADEMY TRUST

Supporting Pupils with Medical Needs

February 2019

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The St. Bart's Academy Trust

Supporting Pupils with Medical Needs

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1. Introduction

The St. Bart's Multi Academy Trust (SBMAT) is committed to protecting the health, safety and welfare of all employees and others to whom they have a duty of care towards. This policy has been created in line with the DfE 'Supporting pupils at school with medical conditions' guidance.

Most pupils will have at some time, a medical condition that may affect their participation in some activities. For many this will be short-term, perhaps finishing a course of medication. Other pupils have long-term medical conditions that, if not properly managed, could limit their access to education.

Most pupils with medical needs are able to attend regularly and with some support from the academy, they can take part in most normal activities. However, staff may need to take extra care in supervising some activities to make sure that these pupils and others are not put at risk.

There will be some pupils whose access to the curriculum is impaired, not so much by the need to take medication, but that their condition brings with it a level of dependency on adult support to meet their needs. This policy seeks to include these pupils and their needs.

Some children with medical needs are protected from discrimination under the Equalities Act 2010 and thus responsible bodies for schools must not discriminate against disabled pupils in relation to their access to education and associated services. SBMAT support the view that all pupils should have the maximum access to the curriculum. A pupils medical condition should be considered against the demands of the curriculum, and wherever possible, the necessary arrangements put in place to allow maximum access.

Staff who provide support for pupils with medical needs, or who volunteer to administer medication, should receive support from the Principal. The Principal should also provide access to information, training, and reassurance about their legal liability. Staff should consult with their respective professional associations whenever they feel it necessary.

2. Responsibilities

Supporting a pupil with a medical condition during the day is not the sole responsibility of one person. The ability to provide effective support will depend on working co-operatively with other agencies. Partnership working between SBMAT staff, healthcare professionals, social care professionals, local authorities, parents and pupils will be critical.

Local Governing Committee will:

- Ensure arrangements are in place to support pupils with medical conditions.
- Ensure the Principal implements this policy.
- Ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- Ensure that members of staff who provide support to pupils with medical conditions have access to information and other teaching support materials needed.

Principal will:

- Ensure this policy is implemented effectively.
- Ensure the necessary resources in terms of people, money and facilities are authorised or approved and equipment is maintained to a high standard.
- Appoint a competent person to assist if required.
- Ensure staff receive appropriate instruction, information and are trained regularly and monitor staff are following policy and procedures.
- Ensure all staff are made aware of the pupils condition.
- Ensure individual care plans are developed for pupils where required and monitor.
- Ensure there is suitable cover arrangements in case of absence or staff turnover.
- Maintain a list of staff that have undertaken training and when refresher is needed.
- Ensure specific risk assessments are carried out if required and action any items required.
- Ensure new staff or supply staff are informed of any needs immediately.
- Retain all relevant documentation required by this policy at local level, in accordance with General Data Protection Regulations (GDPR).

Academy Staff will:

- Read and adhere to this policy
- Undertake any relevant training to assist them in administering medicine.
- Read and adhere to Specific Risk Assessments, Individual Care Plans made available
- Ensure consent forms are received from parents/guardians when medication is brought in for administering **(Appendix 1).**
- Ensure medication is stored accordingly and securely to prevent unauthorised access

  Maintain clear records of any medication administered **(Appendix 2).**
- Raise all concerns with the Principal regarding the administration, storage and disposal of medication, medication records, Specific Risk Assessments and Individual Care Plans

- Review expiry dates and available quantities of medication and notify parents/carers when further supplies are required.
- Dispose of unused medication, needles or other sharps in accordance with the disposal arrangements
- If a medical emergency develops, activate the relevant procedures and call 999 **– See Section 4.22.**
- Retain all relevant documentation required by this policy at local level, in accordance with General Data Protection Regulations (GDPR).

Parents/Guardian Responsibility will:

- Provide information specifically relating to the pupils condition and medication requirements.
- Engage with the development of individual healthcare plans.
- Ensure reasonable quantities of medication are supplied.
- Provide immediate notification of changes in medication/medical requirements.
- Collect and dispose of unused medication.
- Ensure contact information is kept up to date.

School Nurses will:

- Notify the academy when a pupil has been identified as having a medical condition that requires support.
- Provide liaison with lead clinicians locally where appropriate.
- Offer advice and training options where possible.

GPs/Consultant/Medical Professional Responsibility:

- Notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Prescriptive labelled drugs must contain:
  - Pupils name
  - Name of medication
  - Dosage
  - Frequency of administration
  - Date of dispensing
  - Storage requirements (if important) i.e., refrigeration
  - Expiry date

3. Individual Healthcare Plans

Individual healthcare plans can 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 professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Principal is best

placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in **Appendix 3**.

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. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

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 that 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 a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or 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.

Details of medication requirements (dose, side effects and storage) should be detailed in the Individual Care Plan

The local governing committee 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 pupils best interests in mind and ensure that the school assesses and manages risks to the pupils education, health and social wellbeing, and minimises disruption.

4. Management Procedures

4.1 Training & Support

Staff will receive the appropriate training, instruction, information and support to meet the needs of pupils that will fall within their care. The selection of this training, instruction, information and support will be identified by the Principal or other senior members of staff, alongside the findings from each individual healthcare plan (IHP). The training, instruction, information and support identified should be proportionate to risk and in line with any specific requirements detailed in pupil's individual health care plans (IHP) and will be refreshed at the appropriate intervals and organised locally by the Principal.

Where staff support pupils with medical needs, they will be included in any relevant meetings where the condition is reviewed or discussed. No staff must administer prescription medicines or undertake healthcare procedures without appropriate instruction, information and training. This should be proportionate to risk and in line with any specific requirements detailed in pupil's individual health care plans (IHP).

In order to continue to meet the care needs of individual pupils the Principal should consider cover arrangements and the potential impact of staff absence, offsite visits, extra-curricular activities etc. when determining the numbers of staff to be trained.

The Principal will ensure that all staff are made aware of the arrangements for supporting pupils and their role in implementing them. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

4.2 Notification of Medical Condition

When the academy is notified that a pupil has a medical condition, the process laid out in **Appendix 3** will be followed to ensure the correct support is made available.

The academy will liaise with other educational providers where necessary, in the event of a pupil transferring in/out of their current setting. For pupils starting at a new school, arrangements should be in pace in time for the start of the new term. In other cases, such as a new diagnosis or pupils moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

Academies 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 the right support can be put in place.

Medicines will only be administered at school when it would be detrimental to a pupil's health or attendance not to do so and where parental consent is granted.

We will only accept prescribed medication if they are in-date, labelled with the pupils name and name of medication , provided in the original container as dispensed by a pharmacist and include instructions for administration, details of potential side effects, dosage, storage and expiry date. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

4.3 Administering

BEFORE ANY MEDICATION IS ADMINISTERED, THE FOLLOWING POINTS SHOULD BE FOLLOWED:

1. **CHECK THAT A VALID CONSENT FORM IS HELD FOR THE PUPIL**
2. **ENSURE CORRECT MEDICATION IS IDENTIFIED**
3. **CHECK CONSENT FORM AND MEDICATION TO PREPARE CORRECT DOSAGE**
4. **HAVE A SECOND MEMBER OF STAFF TO VERIFY THE DOSAGE PREPARED TO ADMINISTER WHERE PRACTICABLE - DO NOT WITHOLD MEDICATION IF IT IS IN AN EMERGENCY 5. ADMINISTER MEDICATION**
6. **BOTH MEMBERS OF STAFF COMPLETE THE RELEVANT SECTIONS ON ADMINISTRATION FORM (APPENDIX 2)**

No pupils should be given any medication without written parental consent.

4.4 Short-Term Treatment

We will work with parents and carers to support keeping pupils in school when they are well enough to attend. When short-term medicines such as antibiotics are prescribed, it may be possible for doctors to arrange antibiotic dose frequencies, to enable the medication to be taken outside school hours. If this is not possible, then parents and carers must complete a consent form and give clear details of the medication to be given. Pupils must be well enough to attend, it is considered that for most pupils requiring antibiotics, during the first 3 days of taking antibiotics they would probably be unwell and should not attend.

4.5 Pain Killers

We will only administer non-prescribed pain relief with written consent from the parent or carer detailing clearly, why it is required. Pain relief prescribed by a Medical Practitioner will be given for the duration of the prescription once written consent has been given.

Consent must clearly state the time that medication will be given at home and when any further doses are due. For residential visits, a consent form for pain relief is requested in advance.

The administration of non-prescribed medication should be recorded in the same manner as for prescribed. Staff must also check the maximum dosage and when any previous dose was given.

4.6 Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act. Some of the drugs that may be prescribed as medication, for use as emergency medication, are in a category where the pharmacy registers the drug and the amount prescribed. Therefore, these may be deemed as a controlled drug (i.e. Pethidine, Midazolam, Diazepam, Paraldehyde, and Methylphenidate).

A pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Academies should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency.

The amount of controlled drugs stored on site should be kept to a minimum along with a record of any controlled drugs on the premises, doses used and the amount of the controlled drugs held. When there is no longer a need for a controlled drug to remain on site, these should be returned back to the parent and a record made of when it was given back, the amount and to whom. In the event a school has a pupil requiring controlled drugs, the following recording book should be purchased to ensure compliance.

https://www.eureka4schools.co.uk/Medical-Consumables/Controlled-Drug-Recording-Book

4.7 Long-Term Treatment

It is important for the pupils emotional and academic development that the school should be fully aware of a pupils medical condition. The school will draw up, where appropriate and in conjunction with the parent and other relevant health professionals, a written Health Care Plan. Where medication is to be administered for the long-term needs of the child, e.g. Epilepsy, the parents or guardians of the pupil will need to complete a written agreement form prior to the medication coming onto the premises.

4.8 Record Keeping

All medication administered should be recorded using the template in **Appendix** 2. There is a potential difficulty when the child is responsible for their own treatment e.g. an inhaler held by the child, staff should remind pupils that they need to inform them if they have taken their inhaler. Staff should check the following before administering medication:

- Pupils name
- Name of medication
- Written instructions from parent/guardian
- Prescribed dose
- Frequency of administration
- Expiry date
- Check information with a colleague and seek a counter signature before administering. If in any doubt, the member of staff should check with the parent.

In emergency situations you should never withhold medication, seek advice from Principal, First Aiders, 111 or 999.

4.9 Pupils Controlling Medication (E.g. Inhalers.)

After discussion with parents, pupils who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Wherever possible, pupils should be allowed to carry their own medicines and relevant devices, or should be able to access their medicines for self-medication quickly and easily. Pupils who can take their medicines themselves or manage procedures may require an appropriate level of supervision.

If it is not appropriate for a pupil to self-manage, relevant staff should help to administer medicines and manage procedures for them.

The school should also hold spare emergency medication (e.g. asthma inhaler, adrenaline pen etc.) centrally in case the original is mislaid.

If a pupil misuses their medication, or anyone else's, their parent/carer must be informed as soon as possible and the school's disciplinary procedures are followed.

4.10 Non-Prescription Medicines

We will only give non-prescription medicines to pupils where consent is clearly documented and valid reasons are given.

E.g. For some conditions, such as Eczema, doctors may have recommended soothing ointments in the event of a 'flare up' of the child's condition.

4.11 Refusing Medication

If a pupil refuses to take medication or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan and note the occurrence on the childs medical records. Parents should be informed so that alternative options can be considered.

4.12 Safe Storage of Medicines

All medication is to be stored in the original container issued and stored safely. Large volumes of medication should not be stored on the school premises. Pupils should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to pupils and not locked away. This is particularly important to consider when outside of the premises (e.g. on trips).

Those pupils who can administer their own medication under supervision should know where it is stored and how they can access it.

Medicines that require refrigeration will be labelled with the pupils name and kept in a fridge.

Under no circumstances should medicines be kept in first-aid boxes.

Staff should review expiry dates and available quantities of medication and inform parents that the medicine needs to be replenished or replaced, if a parent forget to do this.

4.13 Discarded and Waste Medicine

Spillage of liquid medication must be cleaned up immediately, recorded on the pupils medication sheet with an estimated amount and signed by a witness.

Any wasted or damaged tablets that cannot be administered are to be disposed of, recorded on the pupils medication sheet and signed by a witness.

4.14 Emergency Medication for Anaphylactic Shock

Anaphylaxis can be triggered by allergens such as insect stings, and certain drugs, but the most frequent cause is food. Pupils known to have an allergy to insect stings or food will have an Individual Health Plan/Emergency Action Plan that must be completed by the prescribing Consultant/Doctor.

Before a pupil with anaphylaxis is accepted into school, staff will be trained to deliver medication via an 'Epi Pen' in an emergency. Academy staff will always ring 999 in these emergency situations.

From 1st October 2017, the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) without prescription.

These can be purchased from a pharmaceutical supplier, such as a local pharmacy. A supplier will need a request signed by the Principal, a template letter can be found in **Appendix 4**. These are not supplied free of charge and are charged as a retail item. Supplies can also be purchased from the following supplier.

https://www.eurekadirect.co.uk/Medical-Consumables/Adrenaline-Auto-Injectors

If you decide you wish to purchase these items, you should buy the doucments pack and follow the guidance in them to remain compliant.

https://www.eurekadirect.co.uk/Medical-Consumables/Adrenaline-Auto-Injectors/AAI-School-PolicyFolder

This should only be administered if the pupil is at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided in **Appendix 5**.

The academy AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly immediately.

Further administration information for AAI can be found in **Appendix 6**.

4.15 Inhalers

Pupils should be trained how to access their inhaler and the importance of adult supervision. If they have any difficulty, a First Aider can be called to assist. Pupils needing a nebuliser are supported by the First Aider. When pupils go out for sports or on visits, staff must ensure that inhalers are taken with them.

From 1st October 2014, the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without prescription, for use in emergencies. The emergency salbutamol inhaler should only be used by pupils, for whom written parental consent for use of emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication – **Appendix 7**.

An example kit can be found here https://www.eurekadirect.co.uk/Medical-Consumables/Inhalers-ForSchools/Emergency-Asthma-Kits/Emergency-Asthma-Inhaler-Kit

An Asthma Log Folder should also be purchased to provide the necessary documentation required to stay complaint.

https://www.eurekadirect.co.uk/Medical-Consumables/Inhalers-For-Schools/Accessories/Asthma-LogFolder

The emergency asthma inhaler kit should include:

- A salbutamol metered dose inhaler
- At least two plastic spacers compatible with the inhaler
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- Manufacturer's information
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded
- A list of pupils permitted to use the emergency inhaler.

If the emergency inhaler is administered, this should be recorded on the Medication Administration Form **Appendix 2** and a letter will be sent home to advise the parents **Appendix 8.**

The emergency kit should be maintained by nominated members of staff who will have the responsibility of ensuring that:

- The kit is checked on a monthly basis and the inhalers/spacers are present and in working order
- The inhaler has sufficient number of doses available
- Replacement inhalers are obtained when expiry dates approach
- Replacement spacers are available following use
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available is necessary.

The emergency inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

The inhalers itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed; the plastic inhaler housing and cap should be washed in warm running water. It should then be left to dry in a clean and safe place. The canister should then be returned to the housing when it is dry, the cap replaced and the inhaler returned to its designated storage place.

However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

Manufacturers' guidelines usually recommend that spent inhalers be returned to the pharmacy to be recycled, rather than being thrown away. Academies should be aware that to do this legally, they should register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. Registration only takes a few minutes online, it is free, and does not normally need to be renewed in future years.

https://www.gov.uk/waste-carrier-or-broker-registration

Information on asthma attacks can be found in **Appendix 9**.

Further information can be found in the SBMAT Asthma Policy.

4.16 Injections

Pupils with Diabetes or with other medical conditions needing an injection are supported by trained staff members to do so. If the pupil is unable to administer themselves and it is deemed that adult support is required, the care plan should clearly detail this and staff will have been given appropriate training prior to assisting. In the event of an emergency, an ambulance will be called and staff will follow any instructions given. All medication administered will be fully recorded.

4.17 Liquid Medicine

Liquid medicines are generally taken at lunchtimes, either before or after their meal, according to their doctor's instructions, but may also be taken at other times during the day.

The dose is measured out with the measuring syringe/spoon provided by the parent and wherever possible, the syringe/spoon is then handed to the pupil for them to take the dose. The syringe/spoon is then wiped clean with a tissue and stored with the medicine. All medication administered will be fully recorded.

4.18 Tablets

Pupils needing tablets generally take them at lunchtime, either before or after their meal, according to their doctor's instructions, but may also be taken at other times during the day.

They will be given the tablet to take, all medication administered will be fully recorded. The pupil is given water to drink if required. Academy staff will make every effort to remind pupils to take their medicine at the correct time.

Tablets must not be crushed or hidden in food.

4.19 Day Trips, Residential Visits and Sporting Events.

Staff should be aware of how a pupils medical condition will impact on their participation, but there should be enough flexibility for all pupils to participate according to their own abilities and with any reasonable adjustments.

Academies should make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

- Risk assessments are completed before, with risks for pupils with known medical conditions considered, as well as any potential risk to others.
- In advance staff make contact (either in writing or in person) with the parents of pupils with medical conditions. They ensure that they are as fully briefed as possible, that adequate quantities of medication are available, that the pupils condition is stable and which emergency details are required should the pupil need to have additional support.
- If any adjustments to activities or additional controls are required these should be detailed via an individual risk assessment or in daily use texts such as schemes of work / lesson plans to reflect differentiation / changes to lesson delivery.
- Medicine will be given to the pupil to take and supported by a member of staff. Staff will record that medicine has been given.
- Group Leaders will ensure that staff keep the inhalers for pupils allocated to them.
- Some pupils may need to take precautionary measures before or during exercise and may need to be allowed immediate access to their medicines. (e.g. asthma inhalers). Staff supervising sporting activities should be aware of all relevant medical conditions and emergency procedures.

4.20 Seizures

All pupils with the condition diagnosed, must have relevant and up to date care plans, detailing the appropriate actions and interventions required to support the pupil, in the event of a seizure. Any training requirements will be actioned by the Principal.

4.21 Disposal of Unused Medication, Needles and Other Sharps

Where staff use syringes and needles, it is their responsibility to ensure the safe disposal of these items into a sharps box. Where pupils are self-administering insulin, or any other medication with a syringe, they must be assisted by staff in the proper disposal.

A sharps box will be provided, but kept safe by staff and locked away. Arrangements should be made at local level to dispose of the sharps box where required with local providers.

Any unused medication should be recorded as being returned back to the parent/carer when no longer required. If this is not possible, it should be returned to a pharmacist for safe disposal.

4.22 Defibrillators

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 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.

AEDs, as work equipment, are covered by the Provision and Use of Work Equipment Regulations 1998 (PUWER), and as such this places duties on employers in respect of employee training and the provision of information and instructions in the use of such equipment. However, AEDs are designed to be used by someone without any specific training and by following step-by-step instructions on the AED at the time of use.

It should therefore be sufficient for schools to circulate the manufacturer's instructions to all staff and to provide short general awareness briefing sessions in order to meet their statutory obligations. (DfE Guidance of AEDs)

Academies can purchase a defibrillator at a reduced cost through the DfE arrangements, which can be found at
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679980/AED_guide_for_schools_Feb_2018.pdf

Defibrillators should be checked to ensure they are in working order at intervals no less than weekly
Appendix 10

4.23 Emergency Procedures

As part of general risk management processes, all Principals should ensure there are arrangements in place for dealing with emergencies for all activities, including on educational trips.

Where a pupil has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. All other pupils should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

In the event that an ambulance needs to be called

Following template F of the Department for Education guidance.

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

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

- Your telephone number
- Your name
- Your location as follows
- State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
- Provide the exact location of the patient
- Provide the name of the pupil and a brief description of their symptoms
- Inform operator of the best entrance to use and state that the crew will be met and taken to the patient

Following the above

- Endeavour to make contact with the parent/carer
- Accompany the child in the ambulance
- Take a copy of all medical details and medication with you
- Remain with the child until the parent/carer arrives

Staff should not take pupils to hospital in their own car.

Where an ambulance needs to be called, there are several roles that staff take on. The responsibility for these roles is fluid, since at any one time that particular member of staff may not be available. These are the general procedures to be followed, in more detail, with a suggested member of staff who will carry out that procedure.

ROLE	WHO
The decision that the child needs emergency medical care	First Aider
Directing Admin staff to call an ambulance and call the parents on another line.	Principal or most senior manager
Passing on information to the Paramedics	First Aider
Going in the ambulance with the child in the absence of the parents.	First Aider or member of staff
Transferring the member of staff from the hospital back to academy when the parents have arrived at the hospital.	Any available member of staff insured to do so

5. Errors/Incidents in Administration Procedure

In the event that medication has been administered incorrectly, the following steps should be followed:

- Ensure the safety of the pupil using First Aid if required and monitoring pulse and respiration.
- Call for an ambulance if the pupils condition is a cause for concern.

- Notify the Principal immediately.
- Document any immediate adverse reactions.
- Contact the pupils parent/GP/Pharmacist or NHS 111 for advice.
- Record the incident on the APT Health & Safety reporting form.
- The health and safety rep must complete the report form and carry out an investigation in-line with the procedures laid out by APT Health & Safety.
- The medication administration sheet should reflect the incident.
- The pupils parent should be informed formally in writing.

It is recognised that despite the high standards of good practice and care, mistakes may occasionally happen for various reasons. Every employee has a duty and responsibility to report errors to his/her Principal. The Principal should encourage all staff to report any incident or error in an open and honest way in order to prevent any potential harm to the pupil.

The Principal must handle such reporting of errors in a sensitive manner with a comprehensive assessment of the circumstances. In any case, where controlled drugs are unaccounted for, the police should be informed.

A thorough and careful investigation should be conducted before and disciplinary action is taken.

6. Unacceptable Practice

Although academy staff should use their discretion and judge each case on its merits with reference to the pupils individual healthcare plan, it is not generally acceptable practice to:

- Prevent pupils from easily accessing their inhalers/medication and administering their medication when/where necessary.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents, or ignore medical evidence or opinion (although this may be challenged).
- Send pupils with medical conditions home frequently for reasons associated with their medical condition, or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.
- If the pupil becomes ill, send them to the office or medical room unaccompanied, or with someone unsuitable.
- Penalise pupils for their attendance record if their absences are related to their medical condition (e.g. hospital appointments).
- Prevent pupils from drinking, eating, taking toilet breaks, 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 and provide medical support to their child, including with toilet issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including academy trips (e.g. by requiring parents to accompany the child).

7. Liability and Indemnity

SBMAT is a member of the Department for Education Risk Protection Arrangement (RPA). The RPA is a scheme provided specifically for academies.

The RPA will provide liability cover relating to the administration of medication, but individual cover may to be arranged for any healthcare procedures. This should be discussed and checked when

developing individual healthcare plans. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

8. Complaints

Should parents be dissatisfied with the support provided they should discuss their concerns directly with the Principal. If for whatever reason this does not resolve the issue, they make a formal complaint via the SBMAT Complaints Policy.

Making a formal complaint to the Department for Education should only occur if it comes within the scope of section 496/497 of the Education Act 1996 and after all other attempts at resolution have been exhausted.

Ultimately, parents will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

9. Advice on Medical Conditions

Asthma	www.asthma.org.uk Helpline – Tel: 0300 222 5800
Epilepsy	www.epilepsy.org.uk Helpline - 0808 800 5050
Managing Common Infections: Guidance For Primary Care	www.gov.uk/government/publications/managing-common-infections-guidance-for-primary-care
Anaphylaxis	www.anaphylaxis.org.uk
Cystic Fibrosis	www.cysticfibrosis.org.uk
Diabetes	www.diabetes.org.uk
Cardiac Risk in the Young	http://www.c-r-y.org.uk/

Appendix 1

TO BE COMPLETED ON ACADEMY HEADED PAPER

Administering Medication

Parental Agreement Form

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

Date for review to be initiated by	
Name of school	
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	
Time/s administered at home	
Time/s to be administered in school	
Special precautions/other instructions	
Are there any side effects that the school needs to know about Self-administration	
Procedures to take in an emergency	☐ **YES** ☐ **NO**

NB: Medicines must be in the original

container as dispensed by the pharmacy. Contact Details Name

Daytime telephone no.	
Relationship to child	
Address	

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

Signature(s) _____ **Date** _____

Appendix 2

MEDICATION ADMINISTRATION RECORD

FULL PUPIL NAME		CLASS	

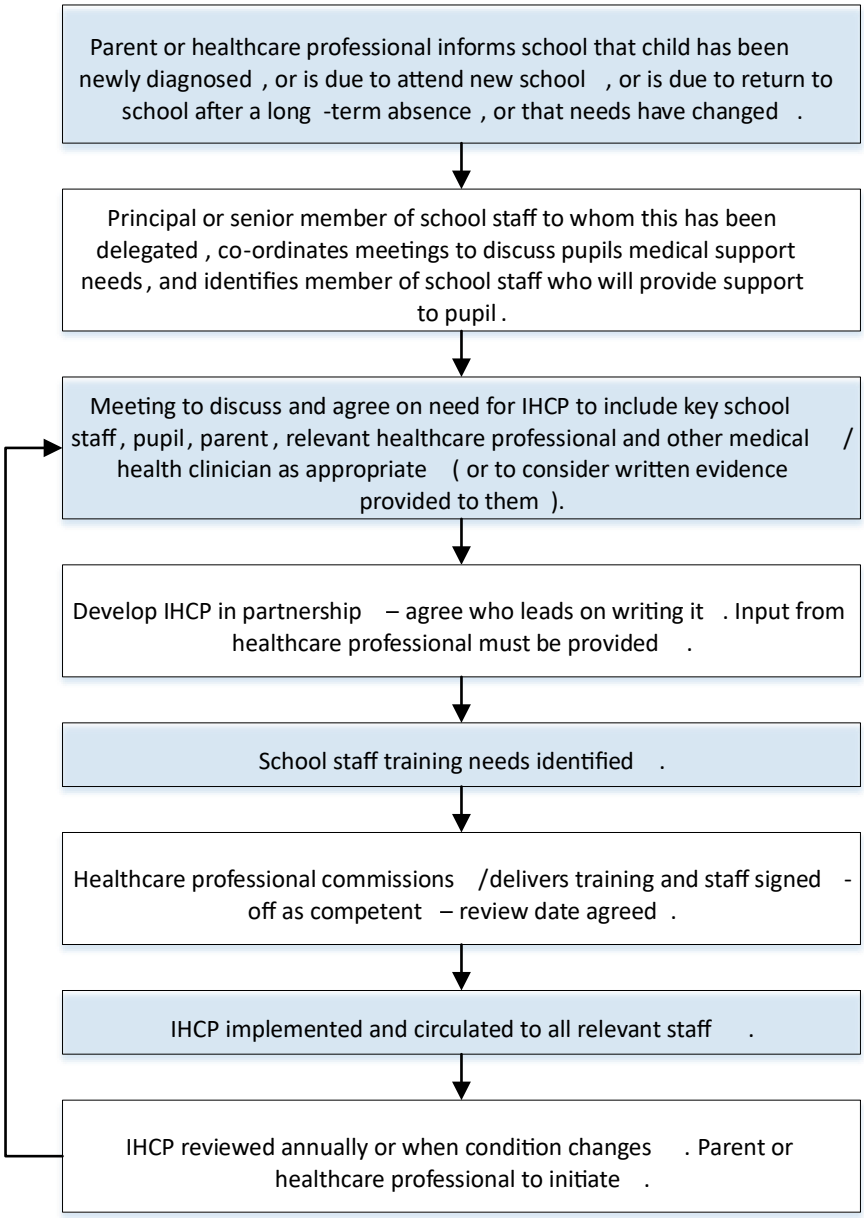
IMPORTANT – YOU MUST ENSURE THAT YOU HAVE CHECKED THE CONSENT FORM HAS BEEN RECEIVED. THE CORRECT DOSAGE IS PREPARED, FOLLOWING THE CONSENT FORM AND MEDICATION INFORMATION LABEL. A SECOND MEMBER OF STAFF CHECKS THE PREPARED DOSAGE BEFORE ADMINISTERING.

DATE	PERSON ADMINISTERING	PARENTAL CONSENT CHECKED	TIME	MEDICINE GIVEN	MEDICINE IN DATE	DOSAGE GIVEN	SECONDARY STAFF CHECK SIGNATURE	REACTIONS	ADMINISTERS SIGNATURE
		☐YES ☐ NO			☐YES ☐ NO			☐YES ☐ NO	
NOTES									
DATE	PERSON ADMINISTERING	PARENTAL CONSENT CHECKED	TIME	MEDICINE GIVEN	MEDICINE IN DATE	DOSAGE GIVEN	SECONDARY STAFF CHECK SIGNATURE	REACTIONS	ADMINISTERS SIGNATURE
		☐YES ☐ NO			☐YES ☐ NO			☐YES ☐ NO	
NOTES									
DATE	PERSON ADMINISTERING	PARENTAL CONSENT CHECKED	TIME	MEDICINE GIVEN	MEDICINE IN DATE	DOSAGE GIVEN	SECONDARY STAFF CHECK SIGNATURE	REACTIONS	ADMINISTERS SIGNATURE
		☐YES ☐ NO			☐YES ☐ NO			☐YES ☐ NO	
NOTES									
DATE	PERSON ADMINISTERING	PARENTAL CONSENT CHECKED	TIME	MEDICINE GIVEN	MEDICINE IN DATE	DOSAGE GIVEN	SECONDARY STAFF CHECK SIGNATURE	REACTIONS	ADMINISTERS SIGNATURE
		☐YES ☐ NO			☐YES ☐ NO			☐YES ☐ NO	
NOTES									

DATE	PERSON ADMINISTERING	PARENTAL CONSENT CHECKED	TIME	MEDICINE GIVEN	MEDICINE IN DATE	DOSAGE GIVEN	SECONDARY STAFF CHECK SIGNATURE	REACTIONS	ADMINISTERS SIGNATURE
		☐YES ☐ NO			☐YES ☐ NO			☐YES ☐ NO	
NOTES									
DATE	**PERSON ADMINISTERING**	**PARENTAL CONSENT CHECKED**	**TIME**	**MEDICINE GIVEN**	**MEDICINE IN DATE**	**DOSAGE GIVEN**	**SECONDARY STAFF CHECK SIGNATURE**	**REACTIONS**	**ADMINISTERS SIGNATURE**
		☐YES ☐ NO			☐YES ☐ NO			☐YES ☐ NO	
NOTES									

Appendix 3

Model DfE process for developing individual healthcare plans.



Appendix 4

TO BE COMPLETED ON ACADEMY HEADED PAPER

CONSENT FORM:
USE OF EMERGENCY ADRENALINE AUTO-INJECTOR IN

[Insert academy name]

Child showing symptoms of anaphylaxis.

1. I can confirm that my child has been diagnosed with anaphylaxis and has been prescribed an adrenaline auto-injector.

2. My child has a working, in-date adrenaline auto-injector, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of anaphylaxis, and if their adrenaline auto-injector is not available or is unusable, I consent for my child to receive an adrenaline auto-injector held by the school for such emergencies.

Signed: _____ **Date:**_____

Name (print): _____

Child's name: _____ **Class:**_____

Parent's address and contact details:

_____

_____

_____

Telephone: _____ **E-mail:** _____

Appendix 5

TO BE COMPLETED ON ACADEMY HEADED PAPER

(DATE)

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school.

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase "spare" back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf) Please supply the following devices:

Brand name		Dose* (state milligrams or micrograms)	Quantity Required
	Adrenaline auto-injector device		
	Adrenaline auto-injector device		

Signed:_____ Dated:_____

Print name:_____

Head Teacher/ Principal

PLEASE READ AND THEN DELETE:

AAIs are available in different doses and devices. Schools may wish to purchase the brand most commonly prescribed to its pupils (to reduce confusion and assist with training). Guidance from the Department for Health to schools recommends:

For children age under 6 years:	For children age 6-12 years:	For teenagers age 12+ years:
Epipen Junior (0.15mg) **or** Emerade 150 microgram **or** Jext 150 microgram	Epipen (0.3 milligrams) **or** Emerade 300 microgram **or** Jext 300 microgram	Epipen (0.3 milligrams) **or** Emerade 300 microgram **or** Emerade 500 microgram **or** Jext 300 microgram

Appendix 6

The signs of an allergic reaction are:

Mild-moderate allergic reaction:

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

ACTION:

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

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

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

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

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

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

After giving Adrenaline:

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

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

Appendix 7

TO BE COMPLETED ON ACADEMY HEADED PAPER

CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER

[Insert academy name]

Child showing symptoms of asthma / having asthma attack.

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: _____ **Date:**_____

Name (print): _____

Child's name: _____ **Class:**_____

Parent's address and contact details:

_____

_____

_____

Telephone: _____ **E-mail:** _____

Appendix 8

TO BE COMPLETED ON ACADEMY HEADED PAPER

SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name: _____

Class: _____

Date: _____

Dear _____,

[*Delete as appropriate]

This letter is to formally notify you that _____

has had problems with his/her* breathing today. This happened when

_____

_____

_____

A member of staff helped them to use their asthma inhaler.*

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ____ puffs.*

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ____ puffs.*

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely,

Appendix 9

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child.
- Encourage the child to sit up and slightly forward.

- Use the child's own inhaler – if not available, use the emergency inhaler.
- Remain with the child while the inhaler and spacer are brought to them.
- 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.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If the child does not feel better or you are worried at **ANYTIME** before you have reached 10 puffs**, CALL 999 FOR AN AMBULANCE**.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.

Appendix 10

AED Weekly Checklist

(INSERT ACADEMY NAME)

Model/Type		Serial Number		Location	

	Month/Year																				
	Date																				
	Initials																				
Check for damage and general condition of AED																					
Check for any fault indicators showing/flashing																					
Check electrode pads are present and in date																					
Check infant/child pads or key are present and in date																					
Is the AED showing as ready for use																					
Check battery is still in date																					
Prep kit is present, correct and in date*																					

AED signage is present and clear																				
AED storage bracket, container is in good condition																				

***this should include disposable gloves, razor, face shield, tuff cut scissors, towel and wipes.**

It is important that you ensure any corrective actions are reported and actioned ASAP after discovery.

THE ST. BART'S ACADEMY TRUST

St. Bart's Multi-Academy Trust c/o
Belgrave St. Bartholomew's Academy,

BTSA Britannia Teaching School Alliance

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National Teaching School designated by National College for Teaching & Leadership

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