MEDICAL CONDITIONS, INTIMATE CARE & FIRST AID POLICY

(INCLUDING ASTHMA AND ANAPHYLAXIS)

Approved by	CEO
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To note by the Trust Board	7th December 2023
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1. Introduction

1.1. The Trust is an inclusive community that welcomes and supports pupils, students, trainee teachers and staff with medical conditions.

1.2. The Trust provides all pupils, students, trainee teachers and staff with any medical condition the same opportunities as others at each school within the Trust.

1.3. No pupil will be denied admission or prevented from taking up a place in a Trust school because arrangements for their medical condition have not been made.

2. Application

2.1. This policy applies to pupils, students, SCITT trainee teachers and staff.

3. Objectives

3.1. To clarify the support the Trust will offer pupils, students, trainee teachers and staff with special medical needs.

3.2. To set out the responsibilities of all parties (pupils, parents, students, trainee teachers, staff, relevant local health services).

3.3. To ensure that the support is administered effectively to allow those with medical conditions an active and inclusive role in school life.

3.4. To ensure that all staff understand their duty of care to children and young people in the event of an emergency and that staff feel confident in knowing what to do in an emergency.

3.5. To ensure compliance with statutory legislation and ensure first aid provision is always available to staff, pupils, students and visitors on school premises and during school visits.

4. Responsibilities

4.1. The CEO will:

4.1.1. Provide assurance to the Trust Board regarding the application of the policy.

4.1.2. Ensure compliance monitoring processes are in place to quality assure the application of the policy including those procedures which are part of the health and safety and safeguarding quality assurance processes.

4.1.3. Ensure there is the appropriate level of insurance and liability cover in place.

4.1.4. Have responsibility for this policy.

4.2. The Local Committee will:

4.2.1. Review the application of the policy and associated procedures as part of the health and safety and safeguarding quality assurance processes.

4.3. The Headteacher will:

4.3.1. Make the decision as to who is the most appropriate member(s) of staff to administer medication and first aid.

4.3.2. Ensure appropriate guidance is given to members of staff.

4.3.3. Ensure all school staff are made aware of the medical conditions at their school and understand their duty of care to pupils.

4.3.4. Ensure that the policy and roles and responsibilities within are communicated to the relevant staff.

4.3.5. To ensure that all staff providing support to a pupil and other relevant teams have received suitable guidance and ongoing support, to ensure they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's individual healthcare plan.

4.3.6. To ensure that there is more than one member of staff who can administer the medication and meet the care needs of an individual pupil, including in times of staff absence, staff turnover and any other contingencies.

4.3.7. Ensure staff and students are aware of their responsibilities and procedures for accessing first aid when required.

4.3.8. Ensure a list of the qualified staff and the date their training expires is kept at the school offices.

4.3.9. Nominate an appointed person to lead on first aid arrangements

4.3.10. Ensure HSE approved first aid training is provided to staff to ensure statutory requirements and assessed need are met.

4.3.11. Ensure first aid supplies and equipment are adequate to treat illnesses and injuries as much as possible within school.

4.4. The SENDCO will:

4.4.1. Ensure local procedures are in place in accordance with this policy.

4.4.2. Arrange specialist training by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent where appropriate. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence, and each school keeps an up-to-date record of all guidance undertaken and by whom.

4.5. The nominated Health and Safety co-ordinator will:

4.5.1. Co-ordinate the school's approach to procedures within this policy to ensure compliance: Establishing, maintaining, and reviewing systems and procedures.

4.5.2. Liaise with the external health and safety support team to ensure periodic reviews of medical conditions and first aid are carried out.

4.5.3. Support members of staff in the production of relevant risk assessments.

4.6. All staff will:

4.6.1. Take precautions to avoid infection and must follow basic hygiene procedures.

4.6.2. Be aware of the medical conditions at their school and understand their duty of care to pupils.

4.7. Staff responsible for administering medication will:

4.7.1. Follow school policy and procedures.

4.7.2. Ensure the individual healthcare plan and/or consent to administer medicine information has been completed and signed/evidenced by the parent/guardian prior to administering the medicine.

4.7.3. Follow the instructions on the individual healthcare plan and/or consent to administer medicine information.

4.7.4. Record details of when the medicine was administered, by whom and any adverse reactions.

4.7.5. Check the maximum dosage and when the previous dose was given.

4.7.6. For primary schools - informing parents when the medicine has been administered, in most instances this information will be passed on at the end of the school day.

4.7.7. Raising any concerns regarding the effects of the medication.

4.7.8. Keep up to date with relevant training.

4.7.9. Ensure that a storage space is provided for adrenaline auto-injector devices (AAIs) & the school spare AAIs (e.g. at Student Services/main office) and the school's first aider has responsibility for storage.

4.8. First Aiders will:

4.8.1. Give immediate help to casualties with common illnesses and injuries arising from incidents at school.

4.8.2. When necessary, call an ambulance or other professional medical help.

4.8.3. Use hand washing facilities and where appropriate single use disposable gloves taking care when dealing with blood and other bodily fluids and the safe disposal of dressings or equipment.

4.8.4. Keep up to date with relevant training.

4.9. The school nurse service will:

4.9.1. Regularly update staff on the administering of asthma medication and the use of epi-pens.

4.9.2. Liaise with the SENDCO or other nominated staff for the administering of relevant immunisation programmes which may be carried out on school premises.

4.10. Staff and SCITT Trainees with medical needs will:

4.10.1. Keep all medication products for their own individual healthcare needs safely stored and away from pupils.
4.10.2. Inform staff they are working with, where medication is stored.
4.10.3. Inform HR/SCITT Director/Placement Mentor of their medical need.

4.11. Pupils with medical needs will:

4.11.1. Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

4.12. Parents* will:

4.12.1. Be fully involved where possible in discussions about the medical support needs of their child and contribute to the development of the individual healthcare plan.
4.12.2. If necessary, ensure school has an in-date prescribed AAI/Inhaler etc for their child.

4.13. HR will:

4.13.1. Establish and log a member of staff or trainee teacher's disclosed medical need on the personal record and (confidentially) on the management information system.
4.13.2. Ask questions to determine if any reasonable adjustments should be made. This might include an adapted working environment or additional flexibility.
4.13.3. Liaise with the member of staff or trainee teacher if it is thought that the condition might affect their ability to carry out their job and feeding back to the Headteacher or other line manager.

*The term 'parent' implies any person or body with parental responsibility such as a foster parent, carer, guardian or local authority.

5. Medical conditions

5.1. Certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood and that all those with the same medical condition will not have the same needs.
5.2. Care should be taken in the administration of medication as directed by healthcare professionals and parents. Pupils and parents feel should feel confident in the care they receive from their school and the level of care should meet their needs.
5.3. All pupils, parents, relevant local healthcare staff, and other external stakeholders should be informed of and reminded about and support the medical conditions policy through clear communication channels.
5.4. All staff, including temporary or supply staff, should understand the medical conditions that affect pupils and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn. Relevant staff will receive guidance on the impact medical conditions can have on pupils.

6. Medical condition triggers

6.1. Identifying and reducing triggers both at school and on out-of-school visits is important.
6.2. All staff will be given guidance and written information on medical conditions which includes avoiding/reducing exposure to common triggers.
6.3. Schools will maintain a list of the triggers for pupils with medical conditions, a trigger reduction schedule and actively work towards reducing/eliminating these health and safety risks.
6.4. Individual healthcare plans will give details of an individual pupil's triggers and how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities.

7. The administration of medicines

7.1. Enrolment forms ask for information about any medical conditions. If a condition presents itself while the pupil is already enrolled, it is the responsibility of the parent or Trainee Teacher to let the relevant school/SCITT know of the new condition.

7.2. All children with serious long-term medical conditions must have an Individual Healthcare Plan– See section 18

7.3. Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

7.4. Each school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff. If a pupil refuses to take their medicine parents will be informed at that time. A designated person within the school will be responsible for ensuring the records are up to date.

7.5. Where possible, parents should arrange that medication is given at home and not at school, particularly in the case of short- term medical needs such as a course of antibiotics where they are to be taken three times per day and can be taken outside of school hours.

7.6. It is the responsibility of the named person delegated by the headteacher in the school to gain enough information about the illness and circumstances to judge whether it is necessary for the child to take medicines in school. This may involve requesting information from health professionals such as the school health advisor or paediatrician. This will be shared with relevant staff.

7.7. For short term medication, if the medicine must be administered in school, then the parent must give permission, for example through the care plan or a formal consent form (APPENDIX 4 - Pupils with Medical Conditions and/or Medication in School). Each school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, e.g. where the medicine has been prescribed to the child without the knowledge of the parents, and every effort will be made to encourage the pupil to involve their parent, while respecting their confidentiality.

7.8. Where medication is considered by the parent to be able to be self-administered by the competent pupil, it is requested that the parent inform the school of the position and the individual healthcare plan should reflect the arrangement. If storage is required in school for the medicines, this should be recorded, and the school must provide a place for the pupil to take the medicine in private if required. Children should know where their medicines are at all times and be able to access them immediately. It is the responsibility of the parent to ensure that the child carries only enough medication for the school day.

7.9. Wherever possible, children 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. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

7.10. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips.

7.11. Each school understands the importance of medication being taken and care received as detailed in the pupil's individual healthcare plan.

7.12. Each school will only administer prescribed medicines as prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber or as instructed by parents, for example for ibuprofen or paracetamol (these would be provided by the parent).

7.13. Schools should only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist or authorised by a parent and include instructions for administration, dosage and storage. 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.

7.14. The Trust will not give a pupil under 16 aspirin products unless prescribed by a doctor.

7.15. Medication, e.g. for pain relief should never be administered without first checking maximum dosages and when the previous dose was taken. Medication will only be administered where parents have given prior consent.

7.16. It is unlawful for staff to administer prescribed medication by injection unless for saving life in an emergency, and invasive procedures will only be undertaken if included in an individual healthcare plan. Suitable training will be given if these procedures are likely to be required.

7.17. If a pupil misuses their medication, or anyone else's, their parent is informed as soon as possible, and the school's behaviour policies are followed.

8. The storage of medication and equipment at school

8.1. All medicines should be stored safely in a well-defined place within school.

8.2. All staff must understand what constitutes an emergency for an individual child and make sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities.

8.3. Pupils should carry their own medication/equipment where possible if this is appropriate, or they should know exactly where to access it. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers should be always readily available to children and not locked away. Blood glucose testing meters and adrenaline pens will be available to children in secondary schools and in primary schools they will be kept in a secure but accessible location as all staff are aware of where they are stored.

8.4. Each school will keep controlled drugs stored securely, but accessible, with only named staff having access. Staff can administer a controlled drug to a pupil once they have had guidance on this.

8.5. For primary schools, each child should have a box (plastic, with lid and clearly labelled with child's name) for storing commonly used medicine such as inhalers and eczema creams along with completed individual healthcare plans. These will be kept safely in classrooms and easily accessible to children.

8.6. Each school will store medication that is in date in its original container and labelled with pupil's name, medicine name, dosage and date where possible, with the dispensing pharmacy's label in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump. Asthma inhalers are labelled with the owner's name and kept allowing pupils easy access. Pupils are encouraged to bring spare inhalers into school for emergency use. Pupils should carry an inhaler with them in school.

8.7. Occasionally it may be necessary for medicine to be stored in a refrigerator. In these circumstances the medicine must be in the original container that is clearly labelled and stored in a locked medical room refrigerator. Antibiotics which are required to be administered will also be stored in the medical room to minimise the risk of a person with an allergy coming into contact with them.

9. The disposal of medications

9.1. When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

9.2. The school named representative will take any medication that is out of date to the nearby pharmacist for safe disposal. They should never be thrown into the general waste or down a toilet.

9.3. Schools should dispose of needles and other sharps using sharps boxes which are kept securely at school and will accompany a child on off-site visits. They are collected and disposed either by parents for individually prescribed student bins, collected by the licensed waste removal facility or taken to A and E by a member of staff. In some areas the council will collect. Schools can check if this service is available on the council website.

10. Pupils with health needs who cannot attend school

10.1. Each school is committed to keeping in touch with a pupil when they are unable to attend school because of their condition.

10.2. Where a child cannot attend school for 15 days or more, the school will provide suitable full-time education as determined by lead professionals and families, through the health care plan, addressing the individual needs of the child.

10.3. There should be minimum delay to ensure the prompt provision for the child.

10.4. Schools will not withhold or reduce provision for reasons due to physical or mental health.

10.5. Where, due to the physical or mental health of the child a full-time equivalent timetable is not suitable, the education health care plan will address the individual needs and priorities.

10.6. Schools will work with relevant agencies, CAMHS, School Nurses, Education Psychologists in order to ensure that the level of education provided is appropriate for the child's needs.

10.7. Schools should ensure that academically, provision is pitched at the right level and includes a broad and balanced curriculum.

10.8. The nature of the provision must be responsive to the demands of changing health status of a child.

10.9. The provision of education should be reviewed regularly to ensure that it continues to be appropriate.

10.10. Use of electronic media, virtual classes, should complement face to face education where appropriate and where practicable.

10.11. Alternative provision must address an individual's needs including social and emotional and are able to stay in contact with classmates or have access to activities in line with their peers, where practicable.

11. Pupils return to school following a period of hospital education or alternative provision

11.1. Each school works in partnership with all relevant parties including the pupil (where appropriate), parent, all school staff, and healthcare professionals to ensure that the child receives the support they need to reintegrate effectively.

11.2. Some complex and long term health issues might be considered disabilities and reasonable adjustments should be made

12. Intimate Care

12.1. Parents/carers of children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), will be asked to sign a consent form. For children whose needs are more complex and where the school can meet their needs, an intimate care plan will be created in discussion with parents/carers.

12.2. Where there is not an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

12.3. If the school is unable to get in touch with parents/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents/carers afterwards.

12.4. Where schools are able to meet a child's specific needs, and an intimate care plan is required, it will be agreed in discussion between the school, parents/carers, the child (when possible) and any relevant health professionals.

12.5. Where a school is able to meet a child's specific needs, the school will work with parents/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs, and child's preferences (as appropriate) sensitively and appropriately.

12.6. Intimate care plans will be risk assessed for staff numbers, gender appropriateness.

12.7. Intimate care plans will be reviewed twice per year even if no changes are necessary and updated regularly as well as whenever there are changes to a pupil's needs.

12.8. Any staff roles who may carry out intimate care will be given appropriate specific training in the types of intimate care they undertake, including manual handling as necessary and the specific safeguarding arrangements.

12.9. Any concerns about safeguarding including about physical changes in a child's appearance should be reported to the designated safeguarding lead.

12.10. Any incidents or allegations should be reported to the SENDCO and/or DSL as appropriate.

13. Asthma

13.1. Parents/carers of children who suffer from asthma should complete an asthma medication card or form obtainable from the school office. This should detail the medication and any incidences of attacks and factors which may trigger an attack.

13.2. It is the responsibility of the parents/carers to provide the school with an up-to date asthma inhaler for their child.

13.3. Asthma UK states that asthma is the most common long-term childhood medical condition. One in 10 children in the UK has asthma.

13.4. Asthma UK states that asthma is the most common long-term childhood medical condition. One in 10 children in the UK has asthma.

13.5. Asthma varies considerably in its severity and can be episodic. Asthma is caused by a reversible narrowing on of the airways to the lungs. It restricts the passage of air both in and out as you breath. The usual symptoms of asthma are:

a. Coughing
b. Shortness of breath
c. Wheezing

d. Tightness in the chest
e. Difficulty speaking in full sentences

These symptoms are rapidly reversable with appropriate medication

13.6. There are 2 types of treatment for asthma, Relievers and Preventers: This policy refers only to Relievers as Preventers do not have an immediate effect during an attack.

13.7. Reliever inhalers are commonly blue. They give immediate relief by opening up air passages.

13.8. Some children use a spacer device to deliver their inhaler. The aerosol in pressed into the spacer and the child breaths slowly and steadily for approximately 10 seconds.

13.9. The administration of the inhaler should be on the child's own perception of whether or not they need it.

13.10. Possible Triggers:

13.10.1. The four key environmental factors that can affect asthma symptoms at school are: Materials, animal fur and hair, grass pollen and sport.

13.10.2. The school should as far as possible, avoid the use of art and science materials that are potential triggers for asthma.

13.10.3. Children with asthma should be encouraged to participate in sport buts teachers need to be mindful that exercise may trigger asthma.

13.11. Treating an asthma attack:

13.11.1. Children should carry and self-administer their own inhaler devices

13.11.2. If an asthmatic pupil becomes breathless, wheezy or starts to cough let them sit in a comfortable position and ensure they have 2 puffs of their normal inhaler.

13.11.3. If the student does not have this with them give 2 puffs of their spare or the school's spare inhaler

13.11.4. You should stay with the child. The reliever should work within 5-10 minutes.

13.11.5. If the symptoms have improved but not disappeared, give 1 puff of the reliever inhaler every minute for 5 minutes and stay with the child.

13.12. Treating a severe attack. An attack is severe if:

13.12.1. The reliever has no effect after 5-10 minutes

13.12.2. The child is distressed and / or unable to talk

13.12.3. The child is getting exhausted

13.12.4. You have any doubts about the child's condition.

13.13. In the case of a severe attack, stay with the child, call 999 and inform them a child is having a severe asthma attack and required immediate attention.

13.14. Using the child's reliever and spacer device give 1 puff into the spacer. After one minute give another puff. Repeat at not more than 1-minute intervals until the ambulance arrives.

13.15. Contact the parents and inform them of what has happened.

13.16. In the event of an uncertainty about a child's symptoms being due to asthma TREAT AS FOR ASTHMA.

13.17. Training and procedures:

13.17.1. The school nurse regularly updates staff on the administering of asthma medication.

13.18. Staff/trainee teachers who suffer from asthma should notify HR and their line manager.

13.19. Schools will hold spare asthma inhalers for emergency use when a child with asthma cannot access their own. Headteachers must ensure that the most relevant and up-to-date government guidance is adhered to: e.g. Guidance on the use of emergency salbutamol inhalers in schools, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

13.20. Parents/carers are required to provide written consent for school to administer medication in an emergency.

14. Allergies

14.1. Allergies should be clearly stated on the data collection sheet which is issued to each child on their admittance to school and updated annually. If a child requires medication, the parent must complete and sign a consent form.

14.2. In the case of a possible severe reaction e.g. to nuts, where a child may need an injection, it is the parent's responsibility to ensure that school staff are made aware of this. Staff across all sites will be given training by the school nurse service on the administering of these medications where necessary.

14.3. If a child is thought to be suffering from an allergic reaction, a first aider should examine the child and follow the instructions on their individual care plan which is kept with any medication e.g. epi-pen.

14.4. Staff/Trainee teachers who suffer from allergies should notify HR.

15. Anaphylaxis

15.1. Anaphylaxis is a severe allergic reaction requiring immediate medical treatment. The body's immune system over-reacts to the presence of a substance that it perceives to be a threat by producing the antibody IgE. The result is a fall in blood pressure, swelling of blood vessels and difficulty in breathing which can be fatal.

15.2. Anaphylaxis can be caused by:

15.2.1. Insect stings.

15.2.2. Food, particularly nuts, fish and dairy products.

15.2.3. Inhaled substances.

15.2.4. Injected or absorbed substances.

15.2.5. In rare cases, an unknown cause.

15.2.6. The allergic reaction is likely to be more severe if there is a history of:

15.2.7. Previous or increasingly severe reaction.

15.2.8. Asthma.

15.2.9. Treatment with beta-blocker drugs e.g. Propranolol sometimes prescribed for migraine.

15.3. When a child has been diagnosed with a severe allergy it is likely they will be prescribed an adrenaline auto-injector (AAI) such as an EpiPen. AAIs contain a measured dose of adrenaline which is injected into the front, upper outer quadrant of the thigh.

15.4. Spare AAIs are available in schools. From October 2017 the Human Medicines (Amendment) Regulations 2017 allowed all schools to buy AAI devices without a prescription for emergency use in children who are at risk of anaphylaxis, but whose own device is not available, broken or out of date. Medical and/ or parental consent for this must have been provided for the spare AAI to be administered.

15.5. School First Aiders will only administer the spare AAI on a student at risk of anaphylaxis who has not been prescribed an AAI on the instruction of a 999-emergency call handler. Again, medical and parental consent must have been provided.

15.6. The school should assist pupils, students, trainee teachers, staff, and visitors in avoiding the allergen and managing the risk of a severe allergic reaction by:

15.6.1. Ensuring information about pupils, students and staff with allergies is read and reviewed annually by all school staff especially on-site caterers, first aiders, and those responsible for trips and sporting activities.

15.6.2. In school restaurants, avoiding reliance on food containing common allergens such as peanut oil.

15.6.3. Ensuring information about common allergens in school meals is made available on request.

15.6.4. Regularly checking AAIs have instructions with them and are in date. It is the parents' responsibility to ensure school has an in-date AAI for their child.

15.6.5. Providing a storage space for pupil's AAIs & the school spare AAIs (e.g. at Student Services/main office) and the School's First Aider has responsibility for storage.

15.6.6. Keeping a register of students who have been prescribed an AAI (or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis). Each of these students should have an individual health care plan agreed with parents, indicating what the allergen is, signs and symptoms, how to administer the AAI and who has been trained to do so. It should contain written consent from the pupil's parent / legal guardian for use of the spare AAI.

16. Anaphylaxis symptoms

16.1. Symptoms can vary depending on the allergen and it is important to identify what a child's previous symptoms have been.

16.2. Reactions can start within 1- 5 minutes but may take up to 2 hours in the case of some foods. Some children experience an initial mild reaction followed by a severe attack, which may occur up to 6 hours after exposure.

16.3. Mild Symptoms:

16.3.1. Burning sensation in mouth.
16.3.2. Itchy lips, mouth, throat and eyes.
16.3.3. Mild swelling of the lips and skin.

16.4. Mild Symptoms Action:

16.4.1. Contact first aider and give oral antihistamine if prescribed
16.4.2. Observe for further symptoms
16.4.3. If symptoms get worse (see severe symptoms) – ring 999, state anaphylaxis.
16.4.4. Administer AAI as per protocol if symptoms persist.

16.5. Moderate Symptoms

16.5.1. Coughing/wheezing/hoarseness.
16.5.2. Vomiting or diarrhoea.
16.5.3. Sweating.
16.5.4. Irritability.
16.5.5. Pallor /flushed appearance.

16.6. Moderate Symptoms action:

16.6.1. Contact first aider and give oral antihistamine if prescribed.
16.6.2. Give inhaler if there is a cough or wheeze
16.6.3. Ring 999, and state anaphylaxis
16.6.4. Administer AAI as per protocol if symptoms persist.

16.7. Severe Symptoms

16.7.1. Mild or moderate symptoms may occur.
16.7.2. Swelling of skin, throat and tongue.
16.7.3. Severe wheeze.
16.7.4. Drowsiness
16.7.5. Loss of consciousness.
16.7.6. Vomiting (associated with other serve symptoms).
16.7.7. Very profuse diarrhoea.
16.7.8. The student may only have some of the above symptoms and early action is vital. If in doubt it is better to administer the adrenalin rather than wait and this will not cause the pupil any harm.

16.8. Severe symptoms action:

16.8.1. Ring 999. state anaphylaxis and send for a school First Aider
16.8.2. Administer the AAI as per protocol.
16.8.3. If the child is not breathing or without a pulse, commence basic life support.
16.8.4. If there is no improvement after 5 minutes administer the second AAI.
16.8.5. Contact parents.
16.8.6. Even if the pupil recovers they must still go to hospital.

17. Administration of AAI

17.1. Place the child in a comfortable position and try to keep them still.
17.2. Place the black tip of the AAI on to the front upper outer quadrant of the thigh at right angles. The back of the thigh should always be avoided.
17.3. Take off the grey safety cap.
17.4. Press hard towards the thigh until a click is heard, this triggers the pump action and should be pressed in for a full ten seconds.
17.5. Note the time that the AAI was given.
17.6. If a second injection is required, it is suggested that the other thigh be used.

17.7. Keep the used AAIs in a safe place and give them to the paramedics.

18. Individual Healthcare Plans

18.1. An individual healthcare plan details exactly what care a child needs in school, when they need it and who is going to give it.

18.2. The process for developing and individual healthcare plan can be found at APPENDIX 2 – Process for developing an Individual Healthcare Plan.

18.3. Individual healthcare plans should also include information on the impact any health condition may have on a child's learning, behaviour or classroom performance.

18.4. Individual healthcare plans should be drawn up with input from the child (if appropriate) their parent/carer, relevant school staff and healthcare professionals, ideally a specialist if the child has one.

18.5. Schools in the Trust can conclude on whether individual healthcare plans are actioned for other conditions depending on the pupil's requirements.

18.6. Each school in the Trust must keep a centralised register of individual healthcare plans and ensure that an identified member of staff has the responsibility for this register.

18.7. Individual healthcare plans are regularly reviewed, at least every year or whenever the pupil's needs change. Any permanent changes to the pupil's needs must be documented immediately on the plan and the management information system.

18.8. The pupil (where appropriate), parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the individual healthcare plan. School staff are made aware of and have access to the individual healthcare plans for the pupils in their care.

18.9. The Trust makes sure that the pupil's confidentiality is protected and the schools in the Trust seek permission from parents before sharing any medical information with any other party.

18.10. The school will meet with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and plan for any extra care requirements that may be needed. This is recorded in the pupil's individual healthcare plan which accompanies them on the visit.

19. Communication

19.1. Staff need to be made aware of the specific medical needs of pupils in their classes through either copies of the individual healthcare plans or information recorded on school management information systems to which staff have access.

19.2. It is vital that the information on pupils is kept up to date by the named member of staff in school responsible and any changes reported to staff through school regular communication channels.

19.3. Updates of pupils with serious medical conditions should be circulated to all staff half termly or when changes arise.

19.4. It is a parental responsibility to inform the school of any changes to pupil's circumstances. Changes must be recorded immediately on individual healthcare plans, on the school management systems and on any medical preparation guidance notes.

19.5. Reviews of pupils with significant medical needs and support will be held at regular review meetings.

20. Emergencies

20.1. For pupils with an individual healthcare plan, it should clearly define what constitutes an emergency and explain what to do. The plan will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the individual healthcare plan for sharing with emergency care settings. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

20.2. Emergencies should be treated as far as is possible at school.

20.3. An ambulance should be called for emergency situations that cannot be treated at school.

20.4. Any medication already taken at school must be recorded and ambulance staff informed.

20.5. Parent/carer contacted, if pupil is required to go to hospital parent/carer to meet them there.

20.6. Pupil is accompanied in the ambulance by a member of staff, who remains with the pupil until parent/carer arrives.

20.7. Accident Form completed as necessary.
20.8. Parent/carer contacted for information regarding the pupil's condition.
20.9. Staff will follow school procedures if they need to take pupils to hospital in their own car.
20.10. Each school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school procedures according to these reviews.
20.11. Staff emergencies should be dealt with by a first aider who should seek advice from the HR representative if necessary in relation to any medical condition.

21. First Aid

21.1. A list of the qualified staff and the date their training expires is kept at the school offices. All sites within the Trust have an appointed person to lead on first aid arrangements. In an emergency however first aid should be provided by whichever qualified staff member is first able to do so.
21.2. The main duties of a first aider are to give immediate help to casualties with common illnesses and injuries arising from incidents at school.
21.3. When necessary, call an ambulance or other professional medical help
21.4. Examples of situations which require the attention of a first aider include:
21.4.1. Someone has sustained a bump on the head.
21.4.2. Someone has difficulty breathing due to asthma or choking.
21.4.3. Excessive bleeding.
21.4.4. Eye injuries / stings.
21.4.5. Falls resulting in skeletal / muscle injury.

21.5. First Aid risk assessment

21.5.1. Each school's health and safety nominated person should carry out a first aid risk assessment which should be reviewed on a regular basis and by the external health and safety adviser.

21.6. Illness in School

21.6.1. In primary schools, if a child is unwell the class teacher (or another staff member who is first aid trained) will assess to see if the child is well enough to continue in school. The staff member or office/nominated person will notify parent/carers if their child is so unwell that they require immediate collection from school.
21.6.2. In secondary school, if a student is unwell, they must attend the designated first aid room with a note from their teacher and if necessary, accompanied by an appropriate person. The first aider will assess them and take appropriate action. First aiders in school cannot diagnose medical conditions but will make an assessment about whether the child should remain in school, contacting parents for advice where necessary.
21.6.3. The first aider will notify parent/carers if their child is so unwell that they require immediate collection from school. Students are not permitted to make this decision - they must not phone or text parent/carers and request to be collected. Parents are permitted to drive onto the school site if they are required to collect their child.

21.7. Minor injuries

21.7.1. In primary schools, a child who is injured in a minor capacity e.g. graze on the knee will usually be treated by the nearest first aider.
21.7.2. In Secondary school, the First Aider at Student Services will treat the student.
21.7.3. Injuries should be cleaned with water and lint. Creams of any kind should not be applied. Bandages and sterile dressings should be used if appropriate after a wound has been cleaned to ensure it stays clean. Lint securely fastened with surgical tape may be used to cover the wound if necessary. Plasters should only be used after checking that the child is not allergic to them.

21.8. Head injuries

21.8.1. In cases of bumps to the head these will be cleaned if necessary and a cold compress or ice pack applied to the area.

21.8.2. In primary schools, the first aider will check the injury and inform the class teacher. The child will be closely monitored in class and the first aider will send a SLIP home with a letter containing advice for parents to monitor their child for symptoms of a possible serious head injury.

21.8.3. In Secondary School, the student will be taken to student services where the first aider will clean the head if necessary and apply a cold compress or ice pack to the area.

21.8.4. The first aider will then inform parents by telephone and advise them to keep an eye on their child once they get home from school.

21.9. Emergency Procedures

21.9.1. In the case of serious injuries, the injured party should not be moved if there a chance of any head, back or spinal injuries.

21.9.2. Assistance from a first aider should be sought as quickly as possible. The emergency should be treated as far as possible in school.

21.9.3. If the first aider considers the injury not to be a medical emergency but to require further investigation s/he will contact the parent/ carer to inform them of the injury and to request that they take the child to hospital if appropriate.

21.9.4. First aid staff should have access to single use disposable gloves and hand washing facilities and should take care when dealing with blood and other bodily fluids and the safe disposal of dressings or equipment.

21.10. Calling 999

21.10.1. The first aider (or nominated person) will call 999 to request the attendance of an ambulance if after assessment it is considered that someone is seriously ill or injured.

21.10.2. If the patient is a child, the first aider will contact the parent. If the child is required go to the hospital, the first aider will accompany the child in the ambulance and wait at hospital until the parent arrives.

21.10.3. Any medication already taken at school must be recorded and ambulance staff informed and given a copy of the individual health care plan where applicable.

21.11. First aid administered to staff

21.11.1. The school has a responsibility to provide first aid to all staff. In case of an accident / incident staff should seek first aid from any of the qualified first aiders.

21.11.2. The first aider who treats the staff member must record details of the incident using the accident at work forms and must be reported to a the headteacher or nominated line manager e.g. the deputy or a member of the senior leadership team.

21.11.3. A nominated person will notify the health and safety support team of relevant incidents/accidents.

21.11.4. Some accidents / incidents are required to be reported by law. The headteacher or health and safety nominated person will review the accident / incident and will decide if it needs to be reported via RIDDOR. http://www.hse.gov.uk/riddor/reportable-incidents.htm http://www.hse.gov.uk/riddor/

21.12. Recording of first aid incidents

21.12.1. In primary schools, accidents will be recorded in accident books by a member of staff who witnessed the accident/administered first aid. The staff member will detach the incident slip and send it home with the child. A duplicate copy remains in the book. Accident books must then be returned to their location.

21.12.2. In secondary school, the first aider must record all visits to the first aid room and incidents which require medical attention against the students record on SIMS.

21.12.3. All accidents in school must be recorded on SIMS/school MIS and logged on an Accident / Incident Form (see Health and Safety Policy). Accident forms will be monitored by the nominated person responsible for health and safety.

21.12.4. Some accidents / incidents are required to be reported by law. The headteacher or health and safety nominated person will review the accident / incident and will decide if it needs

to be reported via RIDDOR. http://www.hse.gov.uk/riddor/reportable-incidents.htm http://www.hse.gov.uk/riddor/

21.13. First Aid Supplies

21.13.1. Each school will ensure a sufficient quantity of, and appropriate locations for, boxes for the storage of first aid materials and equipment. Where possible these are wall mounted and/or out of the reach of pupils. Their position is clearly visible for all staff and visitors including supply staff.

21.13.2. The headteacher will nominate a first aider who will be responsible for keeping stock up to date. Schools should regularly (as determined by their risk assessment) ensure that items that require replenishing or that have expired be re-ordered. Care should be taken to discard items safely after an expiry date has passed.

21.13.3. Headteachers may choose to stock emergency inhalers, see section 13.19

21.13.4. There are also defibrillators in accessible locations on all school sites.

22. Trips and visits

22.1. The appropriate medication and associated individual healthcare plans will be taken on school trips. This will be carried by a designated member of staff. The same procedures and responsibilities apply as on the school premises.

22.2. Each school will carry out risk assessment before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions will be considered during this process and plans will be put in place for any additional medication, equipment or support that may be required.

22.3. Each school will consider the needs of pupils with medical conditions to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.

22.4. School trips are accompanied by staff who are first aid trained and have specific training to support children with serious medical conditions who are participating in the trip (e.g. asthma & severe allergies) where appropriate.

22.5. First aid kits will be taken on trips unless the EVC risk assessment specifies alternative arrangements. The kit may need to include spare medication for students with serious medical conditions (e.g. adrenaline auto-injector, inhaler).

22.6. An overall risk assessment will be done for each trip and a specific risk assessment will be completed for any student where there is heightened risk for example due to a physical or mental health condition.

23. School environment and physical activities

23.1. The Trust is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. The Trust is also committed to an accessible physical environment for out-of-school activities.

23.2. All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the relevant school's Anti-Bullying Policy, to help prevent and deal with any problems. They use opportunities in lessons to raise awareness of medical conditions to help promote a positive environment.

23.3. Each school understands the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports.

23.4. All relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

23.5. Each school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity.

23.6. All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. Schools will not disadvantage pupils for their attendance if their absences relate to their medical condition.

23.7. Each school will refer pupils with medical conditions who below target to the Special Educational Needs Advisor who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.

24. Home to School Transport

24.1. The responsibility for home to school transport sits with the Local Authority. Schools should consider notifying the Local Authority of individual healthcare plans for pupils with life-threatening conditions and/or to put in place a specific transport healthcare plan for a pupil.

25. Unacceptable Practice

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

25.1.1. prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;

25.1.2. assume that every child with the same condition requires the same treatment;

25.1.3. ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);

25.1.4. send children 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;

25.1.5. if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;

25.1.6. penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;

25.1.7. prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;

25.1.8. require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or

25.1.9. prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

26. Complaints

26.1.1. 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 Trust's Complaints Policy.

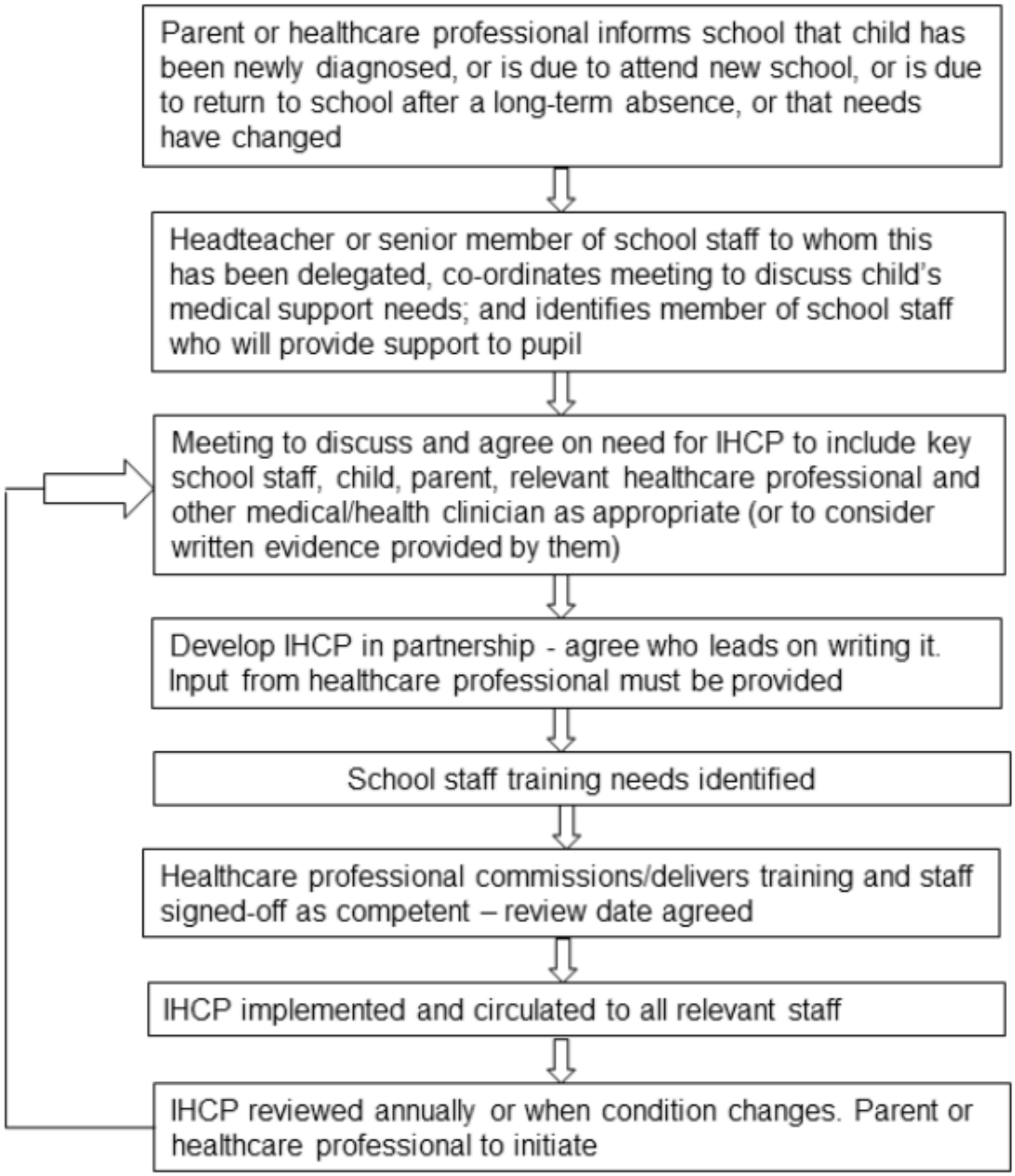
27. Cross references

- Safeguarding Policy
- Health and Safety Policy
- Fire Evacuation Policy
- Risk Assessment Policy
- Trips and Educational Visits Policy

APPENDIX 1 - Common Medical Problems and Medication Guidance

Medical Problem	Medication	Reason	Kept in School	Guidance
Anaphylaxis	Adrenaline auto-injectors	Emergency medication for exposure to allergens.	YES	Cannot be locked away, kept within easy access for pupils. Must be given to ambulance staff when used in an emergency. Individual healthcare plan to be completed to include parental consent
Asthma	Relievers	Emergency medication for asthma attacks	YES	Cannot be locked away, kept within easy access for pupils. Individual healthcare plan to be completed to include parental consent
Epilepsy	Various types	Emergency medication for relieving or controlling seizures	YES	Where the agreement is for school to administer and store the drugs, training must be given to relevant staff and drugs must be kept very securely and locked away. Needs emergency instructions to be kept with medication. Individual healthcare plan to be completed to include parental consent
Diabetes	Insulin – blood test equipment	Ongoing medication and control required	YES	Advances in diabetes medication mean that most, if not all, secondary students with diabetes now carry their own medication on their person via automatic pumps and monitors. However where the school is required to store medication, it must be kept securely locked away. Needs emergency instructions to be kept with medication. Individual healthcare plan to be completed to include parental consent. Any supplies to treat hypos should be provided and restocked by parents and accessible to students on request
General Pain	Painkillers	May be prescribed for illnesses and injuries.	YES	Consider whether pupil is in too much pain to attend. Otherwise parents to ensure that medication is taken outside of school where possible. A single dose of medication should be stored away at school, for the length of the prescription. Parents confirm medication storage requirements and individual healthcare plan if medication is to be administered
Infection	Antibiotics	Short term illness.	YES	Parents should consult a doctor as to when pupils can safely come back to school. Most antibiotics can be taken outside school hours. If parents request for medication to be kept at school be aware that most antibiotic syrups require cold storage. Parents should give their written consent, confirm medication storage requirements and individual healthcare plan where appropriate, if medication is to be administered.
Migraine	Painkillers, migraine tablets	To be taken at the first sign of a migraine.	YES	This may be reviewed if migraines begin to cause serious attendance or standards problems for a particular child. Parents confirm medication storage requirements and individual healthcare plan if medication is to be administered

APPENDIX 2 – Process for developing an Individual Healthcare Plan



APPENDIX 3 - Cranmer Education Trust Individual Healthcare Plan

School will not give your child medicine unless you complete and sign this form

Once the designated member of staff is satisfied that the school is able to support your child in the administration of his/her medication you will be sent a signed copy of this form

All medicines must be in the original container as dispensed by the pharmacy

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Contact 1 Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Contact 2 Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Person responsible for providing support in school	

Description of pupil's medical needs
Give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Medication

Name of medication (as described on the container)	
Period of medication	
Frequency of Dosage/ Level of dosage	
Side effects, contra-indications after care	
Administration - method of administration	
Administration – Administered by/self-administration with/without supervision	

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Emergency procedures

Describe what constitutes an emergency, and the action to take if this occurs	
Who is responsible in an emergency (state if different for off-site activities)	
Emergency contact details if different from the contact details above	

Staff training needed/undertaken – who, what, when

Other information

Administration

Persons involved in development of the plan	
Date plan implemented/reviewed	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the Trust policy. I will inform the school immediately if there is any change in dosage or frequency of the medication or if the medicine is stopped. I understand and accept that administering my child's medication is a service which the school is not obliged to undertake.

Parent/guardian's signature:_____

Name:_____ Relationship to pupil : _____

Date:_____

Confirmation of the Designated Persons agreement to administer medication

I agree that the school will administer medication as supplied by the parent / carer of _____ in accordance with the instructions detailed on this form.

Signed: _____

Position: _____

Date:_____

School:
Pupils name:
Name of medication (as described on the container)
Period of medication
Frequency of Dosage/ Level of dosage
Administration - method of administration
Administration – Administered by/self-administration with/without supervision

APPENDIX 4 - Pupils with Medical Conditions and/or Medication in School

Information Sheet

Name …… Form /Class ……

Date Informed …… Informed by ……

Emergency Contact ……

Phone Numbers ……

1) Medical Problem

Medically Diagnosed YES / NO Undergoing Treatment YES / NO

2) Action Required

Work Sent Home YES / NO

3) Length of Time Problem is Expected to Continue

Date of Return to School

4) Staff Informed

Briefing YES / NO Bulletin YES / NO

5) Medication in School

Medication Required YES / NO Kept in… ……..

Type …….. Time Required …….

Quantity …….. Period Required …….

Prescribed YES / NO Parental Consent Attached YES / NO

Special Training Required YES / NO (if yes, please fill in Section 7 below)

6) Leg injuries

Crutches Required YES / NO Parental Consent/Info Given YES / NO

Number of Weeks Immobile ……..

Working in Library YES / NO Attending Lessons YES / NO

7) Administering Emergency Medication

Medication Type ……. Dose Required …….

What constitutes an emergency situation?

Who has received training to administer the medicine?

Emergency directions for administering the medicine

APPENDIX 5 – Template intimate care plan

Parents/Carers	
Name of child	
Type of intimate care needed	
How often care will be given	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
child	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	

APPENDIX 6 – Template parent/carer consent form for intimate care

permission for school to provide intimate care		
Name of child		
Date of birth		
Name of parent/carer		
Address		
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)		☐
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)		☐
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns		☐
I do not give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident). Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed). I understand that if the school cannot reach me or my emergency contact, if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.		☐
Parent/carer signature		
Name of parent/carer		
Relationship to child		
Date		