Supporting Pupils with Medical Conditions Policy

Policy Details	
Person Responsible for this Policy	**Angela Ransby**
Policy Author	**Angela Ransby**
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CEO Signature	**Angela Ransby**
Trust Board Signature	**Alan Whittaker**

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Site based MNIS Leads:	
Alderwood Academy	Tom Baker
First Base Bury St Edmunds Academy	Stacey Laws
First Base Ipswich Academy	Stacey Laws
Parkside Academy, including Ipswich Hospital School	Kirsty Osborne
St Christopher's Academy	Kate Kingsford
The Albany Academy, including West Suffolk Hospital School	Angela Ransby
Westbridge Academy	Emily Duque

1. Aim of this policy

1.1 As proprietor of one or more academies, the Raedwald Trust has a legal duty to make arrangements for supporting pupils at the academy with medical conditions. The board of Trustees has delegated this responsibility to the CEO.

1.2 The Trust has adopted this policy to set out the arrangements it has put in place for its pupils with medical conditions.

1.3 The Trust has adopted a separate standalone Allergy Safety Policy, which sets out the arrangements to reduce the risk for individuals coming into contact with their known allergens (e.g. food or contact allergens) and sets out emergency response plans. The Allergy Safety Policy sits alongside this policy. Where a pupil has an allergy, the Allergy Safety Policy must also be cross-referenced, including when making any decision or taking any action.

2. Overriding principles

Children and young people with medical conditions are entitled to a full education. The Trust is committed to ensuring that pupils with medical conditions are properly supported in school so that they can play a full and active role in school life, remain healthy, and achieve their academic potential. We want all pupils, as far as possible, to access and enjoy the same opportunities at school as any other child. This will include actively supporting pupils with medical conditions to participate in school trips/visits and/or in sporting activities.

3. Definition of medical condition

3.1 For the purposes of this policy, a "medical condition" is any illness or disability which a pupil has. It can be:

- Physical or mental.
- A single episode or recurrent.
- Short-term or long-term.
- Relatively straightforward (e.g., the pupil can manage the condition themselves without support or monitoring) or complex (requiring ongoing support, medicines or care whilst at school to help the pupil manage their condition and keep them well).
- Involving medication or medical equipment.
- Affecting participation in school activities or limiting access to education.

3.2 Medical conditions may change over time in ways that cannot always be predicted.

3.3 Allergy is a medical condition and is defined in the Trust's Allergy Safety Policy.

3.4 Intolerance to foods or an ingredient that the body is unable to digest is different to allergy, and does not cause a serious allergic reaction. It can cause long term health problems if not avoided. Common food

intolerances include lactose and gluten. Coeliac disease is intolerance to gluten, found in rye, barley and wheat.

4. Roles and responsibilities

4.1 The Trust Board

The Trust Board has ultimate responsibility to make arrangements to support pupils with medical conditions. The Trust Board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

4.2 Head Teacher

The Head Teacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in an appropriate manner.
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

4.3 Medical Lead

Each Raedwald Trust site will have a named member of staff who will be the Medical Lead. The Medical Lead will be responsible for:

- Maintaining a list of all pupils who have Medical Needs/IHPs
- Collaborating with parents, pupils and medical professionals, where appropriate, to write and review IHPs and Risk Assessments/Safety Plans
- Uploading medical needs information to Compass
- Ensuring the systems in place for storing, recording and administering medicines are robust and adhered to
- Reporting to Trustees on medical needs
- Having a good understanding of the policies, protocols and legislation around supporting children with medical needs
- Undertaking advanced training for common and more complex medical conditions as required
- Raising awareness and supporting staff with the knowledge of how to support children with medical needs in their classes

4.4 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person; any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.
Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

4.5 Parents

Parents will:

- Provide the school with sufficient and valid information about their child's medical needs.
- Be involved in the development and review of their child's IHP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment.

- Discuss with the School where they may feel that changes should be made to the provision of care offered.

4.6 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils are fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

5. Notification that a pupil has a medical condition

5.1 Ordinarily, the pupil's parent/carer will notify the academy that their child has a medical condition. Parents/carers should ideally provide this information in writing addressed to the Head Teacher. However, they may sometimes pass this information on to a class teacher or another member of staff. Any staff member receiving notification that a pupil has a medical condition should notify the Head Teacher as soon as practicable.

5.2 A pupil may disclose themselves that they have a medical condition. The staff member to whom the disclosure is made should notify the Head Teacher soon as practicable.

5.3 Notification may also be received directly from the pupil's healthcare provider or from a school from which a child may be joining the academy. The academy may also instigate the procedure themselves where the pupil is returning to the academy after a long-term absence.

6. Procedure following notification that a pupil has a medical condition

6.1 Except in exceptional circumstances where the pupil does not wish their parent/carer to know about their medical condition, the pupil's parents/carers will be contacted by the Head Teacher or someone designated by them as soon as practicable to discuss what, if any, arrangements need to be put into place to support the pupil. Every effort will be made to encourage the child to involve their parents while respecting their right to confidentiality. If a decision is made not to inform a parent/carer then the reasons for this should be documented and the decision should be reviewed by a senior member of staff.

6.2 Unless the medical condition is short-term and relatively straightforward (e.g., the pupil can manage the condition themselves without any support or monitoring), a meeting will normally be held to:

- Discuss the pupil's medical support needs.
- Identify a member of school staff who will provide support to the pupil where appropriate.
- Determine whether an individual healthcare plan (IHP) is needed and, if so, what information it should contain

6.3 Where possible, the pupil will be enabled and encouraged to attend the meeting and speak on their own behalf, taking into account the pupil's age and understanding. Where this is not appropriate, the pupil will be given the opportunity to feed in their views by other means, such as setting their views out in writing.

6.4 The healthcare professional(s) with responsibility for the pupil may be invited to the meeting or be asked to prepare written evidence about the pupil's medical condition for consideration. Where possible, their advice will be sought on the need for and the contents of an IHP.

6.5 In cases where a pupil's medical condition is unclear or where there is a difference of opinion, the Head Teacher will exercise their professional judgement, based on the available evidence, to determine whether an IHP is needed and/or what support to provide.

6.6 For children joining the Trust at the start of the school year, any support arrangements will be made in time for the start of the school term, where possible. In other cases, such as a new diagnosis or a child moving to the academy mid-term, every effort will be made to ensure that any support arrangements are put in place within two weeks.

6.7 In line with our safeguarding duties, the Trust will ensure that pupil's health is not put at unnecessary risk from, for example, infectious diseases. The Trust will not accept a pupil into the school at times where it will be detrimental to the health of that child or others.

7. Pupils with health needs who cannot attend school

7.1 Where a pupil cannot attend school because of health needs, unless it is evident at the outset that the pupil will be absent for 15 or more days, the academy will initially follow the usual process around attendance and mark the pupil as ill for the purposes of the register.

7.2 The academy will provide support to pupils who are absent from school because of illness for a period shorter than 15 days. This may include providing pupils with relevant information, curriculum materials and resources.

7.3 In accordance with the Department for Education's statutory guidance[1], as soon as it is clear that a pupil will be away from school for 15 days or more (either consecutive or over the course of a school year) because of their health needs, the local authority should:

7.3.1 Be ready to take responsibility for arranging suitable full-time education for that pupil.

7.3.2 Arrange for this provision to be in place as soon as it is clear that the absence will last for more than 15 days.

The Trust will inform and work collaboratively with the local authority to support these responsibilities.

7.4 The Trust will work collaboratively with the local authority, relevant medical professionals, relevant education provider, parents and, where appropriate, the pupil to identify and meet the pupil's educational needs throughout the period of absence, and to remain in touch with the pupil throughout.

7.5 When a pupil is considered well enough to return to full-time education at the Trust, the Head Teacher, or someone designated by them will develop a reintegration plan in partnership with the appropriate individuals/organisations.

8. Individual healthcare plans (IHP)

8.1 Where it is decided that an IHP should be developed for the pupil, this shall be developed in partnership between the academy, the pupil's parents/carers, the pupil, and the relevant healthcare professional(s) who can best advise on the particular needs of the pupil; this may include the school nursing service. The local authority will also be asked to contribute where the pupil accesses home-to-school transport, to ensure that the authority's own transport healthcare plans are consistent with the IHP.

8.2 The aim of the IHP is to capture the steps which the academy needs to take to help the pupil manage their condition and overcome any potential barriers to getting the most from their education. It will be developed with the pupil's best interests in mind. In preparing the IHP, the academy will need to assess and manage the risk to the pupil's education, health and social wellbeing and minimise disruption.

8.3 IHPs may include:

- Details of the medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements. and environmental issues e.g.. crowded corridors or travel time between lessons
- Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons. or counselling sessions/
- The level of support needed (some children will be able to take responsibility for their own health needs), including in emergencies; if a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role. and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional and cover arrangements for when they are unavailable
- Who in the Trust needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents/carers for medication to be administered by a member of staff or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g., risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including whom to contact and contingency arrangements; some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP.

[1] Arranging education for children who cannot attend school because of health needs (December 2023)

8.4 The IHP will also clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the Trust should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a pupil (regardless of whether they have an IHP) needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives or accompany a pupil taken to hospital by ambulance.

8.5 Except in exceptional circumstances or where the healthcare provider deems that they are better placed to do so, the academy will take the lead in writing the plan and ensuring that it is finalised and implemented.

8.6 Where a pupil is returning to the Trust following a period of hospital education, the Trust will work with the local authority and education provider to ensure that the IHP identifies the support the pupil will need to reintegrate effectively.

8.7 Where the pupil has a special educational need identified in an Education Health and Care Plan (EHCP), the IHP will be linked to or become part of that EHCP.

8.8 Where a pupils has an allergy, their Allergy Action Plan and/or Asthma Action Plan will be attached to their IHP.

9. Reviewing individual healthcare plans (IHP)

9.1 Every IHP shall be reviewed at least annually. The Head Teacher(or someone designated by them) shall, as soon as practicable, contact the pupil's parents/carers and the relevant healthcare provider, to ascertain whether the current IHP is still needed or needs to be changed. If the academy receives notification that the pupil's needs have changed, a review of the IHP will be undertaken as soon as practicable.

9.2 Where practicable, staff who provide support to the pupil with the medical condition shall be included in any meetings where the pupil's condition is discussed.

10. Staff training

10.1 The Head Teacher is responsible for:

- Ensuring that all staff (including new staff) are aware of this policy for supporting pupils with medical conditions and understand their role in its implementation.
- Working with relevant healthcare professionals and other external agencies to identify staff training requirements and commission training required.
- Ensuring that there are sufficient numbers of trained staff available to implement the policy and deliver against all IHPs, including in contingency and emergency situations.

10.2 In addition, all members of school staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

10.3 The academy has in place appropriate levels of insurance regarding staff providing support to pupils with medical conditions, including the administration of medication. Copies of the academy's insurance policies can be made accessible to staff as required.

11. Administering medication

11.1 Written permission from parents/carers and is required for prescription or non-prescription medication to be administered by a member of staff or self-administered by the pupil during school hours. Medicines will only be administered at the Trust when it would be detrimental to a pupil's health or school attendance not to do so. Where clinically possible, medicines should be administered in dose frequencies which enable them to be taken outside of school hours.

11.2 If a pupil requires medicines or medical devices, such as asthma inhalers, blood glucose testing meters or adrenaline pens in school, it is vital that the parent/carer advises the academy accordingly so that the process for storing and administering medication can be properly discussed.

11.3 The Trust will only accept medicines that are in date, labelled, provided in the original container, 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 inside an insulin pen or a pump rather than its original container.

11.4 The medication must be accompanied by a complete written instruction form signed by the pupil's parent/carer. The academy will not make changes to dosages labelled on the medicine or device on parental instructions.

11.5 The pupil and staff supporting the pupil with their medical condition should know where their medicines are at all times and be able to access them when needed. The most appropriate method for storing medicines and

medical devices will be discussed with the pupil's parent/carer but the academy will ultimately decide the approach to be taken.

11.6 Wherever possible, pupils will be allowed to carry their own medicines and relevant devices or be able to access their medicines for self-medication quickly and easily. Where it is appropriate to do so, pupils will be encouraged to administer their own medication, under staff supervision if necessary. Staff administering medication should do so in accordance with the labelled instructions. Staff who volunteer to assist in the administration of medication will receive appropriate training and guidance before administering medication.

11.7 The academy will keep a record of all medicines administered to individual pupils, stating what, how and how much was administered, when and by whom. Any side-effects of the medication will be noted.

11.8 If a pupil refuses to take their medication, staff will not force them to do so and will inform the parent/carer of the refusal as a matter of urgency. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

11.9 It is the parent/carers' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

11.10 It is the responsibility of parents/carers to notify the academy in writing if the pupil's need for medication has ceased. When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles.

12. Spare adrenaline auto-injectors (AAIs)

12.1 The Trust will maintain a supply of spare, clearly labelled AAIs for use in an emergency.

12.2 All AAIs will be stored at room temperature and not locked away or kept in any location where access is restricted.

12.3 Spare AAIs held by the Trust are for emergency use only and are not a substitute for a pupil's own prescribed AAI.

12.4 Spare AAIs will be stored in a clearly marked, accessible and safe location known to all relevant staff. They will be contained in an 'Emergency Anaphylaxis Kit' clearly marked as such and separate from the first aid kit. They will be stored in pairs along with instructions for use.

13. Serious incidents and near misses

13.1 The Trust recognises that however effective its policies and procedures are in relation to pupils and staff or visitors with medical conditions, they can never completely remove the risk of a serious incident happening.

13.2 Serious incidents and 'near misses' will be treated seriously and in accordance with the Trust's health and safety policies and procedures.

14. Information sharing

14.1 A pupil's health information is considered special category data. The Trust has a lawful basis to hold, use, and share a child or young person's special category health data. The Trust will need to hold, use, and share this information in order to ensure the pupil receives the support they need to stay safe and be included in education.

14.2 All individual pupil health data will be stored and processed in accordance with the Trust's student privacy notice.

15. Support for the wellbeing of pupils with medical conditions

15.1 Measures the Trust will take to support the wellbeing of pupils with medical conditions and/or allergy and allergy awareness may include:

15.1.1 The Trust will involve the pupil's parents and, where appropriate, the pupil themselves in developing and reviewing their IHP.

15.1.2 The Trust will ensure regular communication with members of the academy community about medical conditions and the awareness and appreciation of ongoing risks, as appropriate.

15.1.3 The Trust will address and respond to any bullying related to medical conditions under its anti-bullying policy.

15.1.4 The Trust will consider any appropriate support to the pupil and their parent/carer following any serious incident.

16. Unacceptable practice

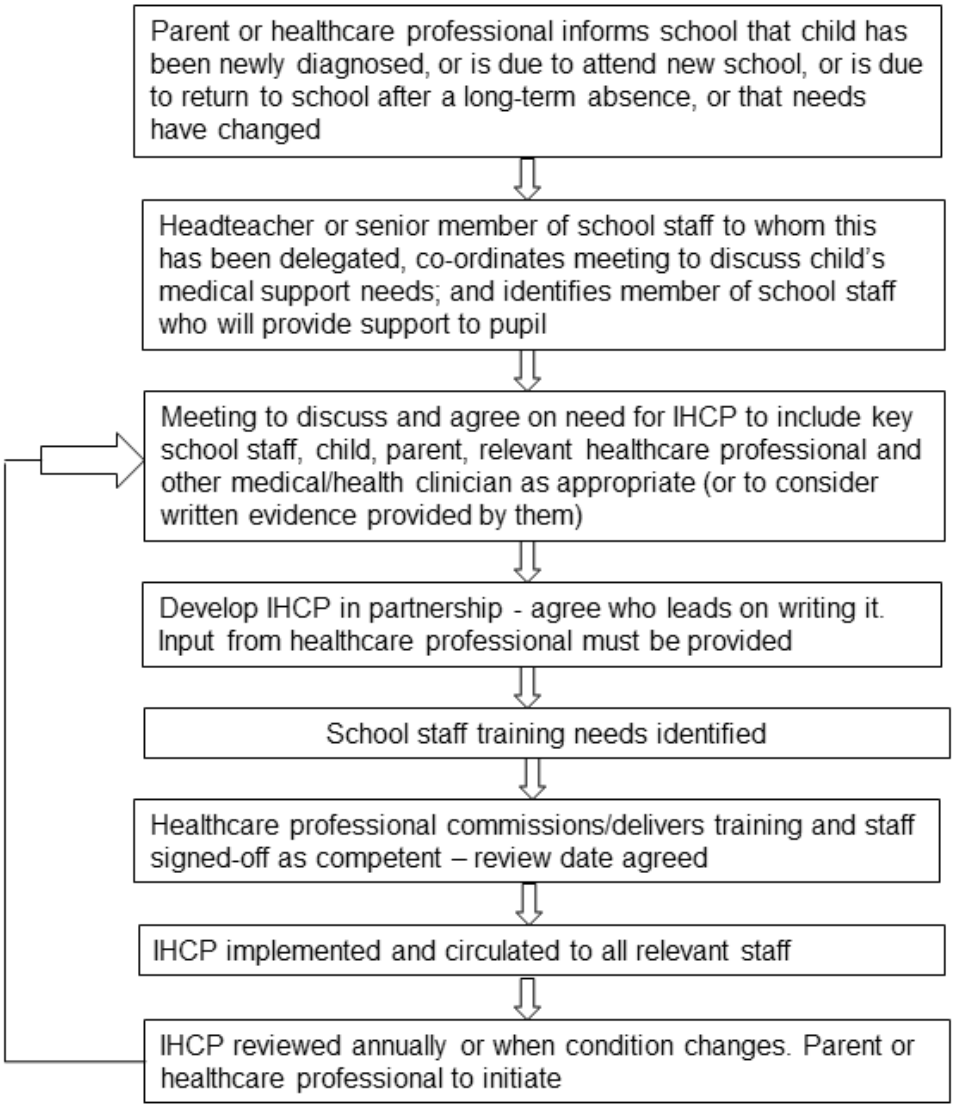
Although the Head Teacher and other school staff should use their discretion and judge each case on its merits with reference to the pupil's IHP, it will not be generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents/carers or ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP.
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise children for their attendance record if their absences are related to their medical condition, e.g., hospital appointments.
- Prevent pupils from drinking, eating, or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents/carers 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/carer should have to give up working because the academy is failing to support their child's medical needs.
- Prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g., by requiring parents/carers to accompany the child.

17. Complaints

Complaints regarding this policy or the support provided to pupils with medical conditions should be raised under the Trust's usual complaints procedure.

Appendix 1: Process for developing individual healthcare plans (IHPs)



Appendix 2: IHP Template

Child's name	
Tutor group	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Email	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Email	

Clinic/Hospital Contact

Name and role	
Phone no.	
Email	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school and especially the role of the staff member responsible for support in school?	

Describe medical needs and give details of;

Symptoms	

Triggers	
Signs	
Treatments	

Name of medication	
Dose	
Method of administration	
When to be taken	
Side effects	
Contraindications	
Administered by/self administered with/without supervision	

Daily care requirements

Specific support for the pupil's education needs

Specific support for the pupil's social and emotional needs

Arrangements for school visits/trips etc, how does the trip/activity safety plan link with the individual safety plan?

Other information

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)*

Plan developed with

Staff training needed/undertaken – who? What? When?

Form copied to

Risk Assessment / Safety Plan attached? Yes / No

Appendix 3: Parental Agreement for Setting to Administer Medicine

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

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions, storage instructions, other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

GP Contact Details	
Signature of Healthcare Professional (if required)	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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

Signature(s) _____ Date_____

Appendix 4: Record of Medicine Administered to an Individual Child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date:	Time given:	Dose given:	Staff sign:	Child sign:	Witness sign:

Appendix 5: Record of Medicine Administered to all Children

Name of school/setting

Date	Child's Name	Time	Name of medicine	Dose Given	Any reactions	Signature	Print Name

Appendix 6: Staff Training Record, Administration of Medicine

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

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

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix 7: Model letter inviting parents to contribute to individual health care plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix 8: Protocol for Administering Medicines, Checklist for Staff

Protocol for the administration of medicine

- Check name on medication (never give medication to anyone other than the person named on the prescription)
- Check dosage method and timings of the previous dose
- Check expiry date
- Check medicine is in its original container and clearly labelled (do not accept medication that has been decanted into another container)
- Check details on possible side effects are included with medication (usually a leaflet)
- Check storage requirements (refrigeration)
- Follow any specialist requirements/other instructions e.g. take on an empty stomach, do not crush tablets etc. If applicable consult individual health care plan. In addition if administering non-prescription paracetamol follow WSCC protocol
- Keep records of administration – parental consent template B and admin of medicines template C & D
- If giving a controlled drug ensure administration is witnessed and signed by witness on template B.

Before administering medication
Check you are giving the:

- RIGHT MEDICATION to the RIGHT CHILD
- Medication is the RIGHT STRENGTH
- You are giving the RIGHT DOSE
- You are administering via the RIGHT ROUTE (i.e. oral, apply to skin etc.) and are following any specific instructions i.e. take with food
- You are administering at the RIGHT TIME of day – with the correct interval between doses
- And the medication is IN DATE

Appendix 9: Medical Emergency Procedures

Medical Emergency Procedures

PLEASE PUT A COPY OF THIS FORM BY ALL SCHOOL PHONES.

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

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

Your telephone number	
Your name	
Your location – school / setting address	
State the postcode *(please note that postcodes for satellite navigation systems may differ from the postal code)*	
Provide the exact location of the patient within the school setting	
Provide the name of the patient and a brief description of their symptoms	
Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient	

Appendix 10: Record of Medicines Received and Returned

Pupil			D.O.B			Year group		
Date of receipt	Name of medicine	Quantity received	Prescription label attached (if no then contact parent and do not record medicine as received)	Expiry date Batch number	Received by	Date returned	Quantity returned	Returned by
			Yes/No					
			Yes/No					
			Yes/No					
			Yes/No					
			Yes/No					
			Yes/No					
			Yes/No					

Appendix 11: Asthma Procedure

1. Introduction

Raedwald Trust is an inclusive community that aims to support and welcome pupils with asthma. We ensure that the whole school environment, which includes physical, social, sporting and educational activities, is inclusive and favourable to children with asthma.

Raedwald Academy's asthma procedure is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings. We ensure all staff understand their duty of care to children and young people in the event of an emergency. All staff feel confident in knowing what to do in an emergency. All new school staff receive asthma awareness training.

Raedwald Trust has clear guidance on the administration and storage of medicines at school. We have clear guidance about record keeping. Each member of the Trust and health community know their roles and responsibilities in maintaining and implementing an effective medical condition policy. The asthma policy is regularly reviewed, evaluated and updated. Updates occur every year.

2. Guidelines

Raedwald Trust is an inclusive community that aims to support and welcome children with asthma.

- Every Asthmatic child should have an inhaler in school at all times – one reliever inhaler for daily use, stored in the class
- Children with asthma are encouraged to take control of their condition
- Children feel confident in the support they receive from the school to help them do this
- Children with asthma are included in all school activities
- All staff feel confident in knowing what to do in an emergency
- The Trust asthma procedure is understood and supported by the whole Trust
- All inhalers are kept in a box or rucksack in each class
- If the class goes out, the inhalers must be taken in a rucksack
- All inhaler boxes/bags will be taken out in the event of a fire alarm
- All inhaler boxes/bags must be taken on all trips – including Swimming
- Emergency inhaler also available in the school office

We ensure that the whole school environment, which includes physical, social, sporting and educational activities, is inclusive and favourable to children with asthma.

Raedwald Trust ensures all staff understand that pupils with asthma should not be forced to take part in activity if they feel unwell.

We ensure all staff are aware of the potential triggers for pupil's asthma when exercising and are aware of ways to minimise these triggers.

Raedwald Trust ensures all children have the appropriate medicines with them during physical activity and that children take them when needed.

Risk assessments are carried out for any out of school visits and activities and asthma is always considered during this process. Factors considered include how routine and emergency medicines will be stored and administered and where help could be obtained in an emergency.

There may be additional medicines, equipment or factors to consider when planning residential visits. These may be in addition to any medicines, facilities and healthcare plans that are normally available in school.

All staff understand asthma and posters are visible in each room outlining procedures in the event of an asthma emergency.

Staff at Raedwald Trust understand their duty of care to children in the event of an emergency.

In an emergency situation, school staff are required under common law duty of care, to act like any reasonably prudent parent. This may include administering medicines.

Raedwald Trust uses Health Care Plans to inform the appropriate staff of children in their care who may need emergency help.

If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the pupil knows.

From 1st October 2014 the Human Medicines Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.
The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.
The inhaler can only be used if the pupil's inhaler is not available.
TO AVOID POSSIBLE RISK OF CROSS INFECTION THE PLASTIC SPACER IS NOT TO BE RE-USED AND MUST BE SENT HOME WITH THE CHILD (FOR FUTURE PERSONAL USE)

3. Staff Responsibilities:
● A named member of staff ensures Inhalers are checked termly and parents notified if expiry date is within a term
● Inhalers sent home ideally termly or at least once per year for parents to check
● Replacement spacers are cleaned after use
● Empty/out of date inhalers are returned to parents
● School office to re-order emergency inhaler when required
● Staff must record usage in the inhaler usage logbook (kept with emergency inhaler)

● Parents must be notified when a child has used their inhaler, (if the school's emergency inhaler has been used, investigate why it was needed instead of child's own and follow up.)

4. School Asthma Card
If a child is identified as having asthma, parents are asked to fill out the pupil's school Asthma Card. (Appendix 12) Parents then return these completed forms to the school. Parents may need to liaise with their child's health care professionals to complete the form. Raedwald Trust ensures that a relevant member of school staff is available, if required to help complete the health care plan for children with particularly complex healthcare needs. It may be necessary to consider an Individual Healthcare Plan for pupils whose asthma is not well managed.

5. Other record keeping
The parents at Raedwald Trust have a responsibility to:

- Tell the school if their child has asthma
- Ensure the school has a complete and up-to-date school asthma card for their child
- Inform the school about the medicines their child requires during school hours
- Inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports
- Tell the school about any changes to their child's medicines, what they take and how much
- Inform the school of any changes to their child's condition
- Ensure their medicines and medical devices are labelled with their full name
- Ensure that their child's medicines are within their expiry dates
- Keep their child at home if they are not well enough to attend school

- Ensure their child catches up on any school work they have missed
- Ensure their child has regular reviews with their doctor or specialist healthcare professional
- Ensure their child has a written self-management plan from their doctor or specialist healthcare professional to help them manage their child's condition

All staff at Raedwald Trust have a responsibility to:

- Be aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency
- Understand the Trust's asthma policy
- Know which children have asthma and be familiar with the content of their individual health plan and/or asthma cards
- Allow all children to have immediate access to their emergency medicines
- Maintain effective communication with parents including informing them if their child has been unwell at school
- Ensure children who carry their medicines with them, have them when they go on a school trip or out of the classroom
- Be aware that long term conditions can affect a pupil's learning and provide extra help when children need it
- Be aware of children with asthma who may need extra social support
- Liaise with parents, the child's healthcare professionals, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition
- Use opportunities such as PSHE to raise pupil awareness about asthma
- Understand asthma and the impact it can have on children. (Children should not be forced to take part in activity if they feel unwell)
- Ensure all children with asthma are not excluded from activities they wish to take part in
- Ensure children have the appropriate medicines with them during activity or exercise and are allowed to take it when needed

Appendix 12: Asthma Card Template

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth D D M M Y Y

Address

Parent/carer's name

Telephone – home

Telephone – mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

D D M M Y Y

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature

Parent/carer's signature Date

D D M M Y Y

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

☐ Yes ☐ No

Does your child need help taking his/her asthma medicines?

☐ Yes ☐ No

What are your child's triggers (things that make their asthma worse)?

☐ Pollen ☐ Stress

☐ Exercise ☐ Weather

☐ Cold/flu ☐ Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

☐ Yes ☐ No

If yes please describe

Medicine	How much and when taken

Dates card checked

Date	Name	Job title	Signature / Stamp

To be completed by the GP practice

What to do if a child is having an asthma attack

1. Help them sit up straight and keep calm.
2. Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
3. **Call 999 for an ambulance if:**
   - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
   - they don't feel better after 10 puffs
   - you're worried at any time.
4. You can repeat step 2 if the ambulance is taking longer than 15 minutes.

Any asthma questions?
Call our friendly helpline nurses
0300 222 5800
(Monday-Friday, 9am-5pm)
www.asthma.org.uk

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