



Kirkbie Kendal School Academy Trust

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**“Kirkbie Kendal School promotes the safeguarding and welfare of children in its
care; all policies and procedures support the Child Protection Policy.”**

Review Sheet

The information in the table below details earlier versions of this document with a brief description of each review and how to distinguish amendments made since the previous version date (if any).

<u>Version</u>	<u>Date</u>	<u>Description</u>
1.2	SLT 16 Nov 17 (Curriculum Cttee noted: 5 Dec 17)	Changes to Section 3.5, 3.6, 3.11 & 3.12
1.3	SLT 28 Jan 19 (Curriculum Cttee noted: 12 Feb 19)	Update to Section 3 – new sections 3.9 & 3.10 relating to allergens and use of emergency adrenaline
1.4	SLT 20 Jan 20 (Curriculum noted: 11 Feb 20)	Updates in line with LA statutory guidance 'Ensuring a good education for children who cannot attend school because of health needs
1.5	SLT 25 Jan.21 Curriculum 9 Feb 21	No changes
1.6	SLT 10.05.23 Curriculum to note 10.05.23	Complete Review – using Kym Allan's policy November 2021 and September 2022 (V13)
1.7	SLT 29.04.24 Curriculum to note 08.04.24	

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Form A: [Individual Healthcare Plan \(IHCP\)](#)

Form B: [Staff Training Record – Supporting Pupils with Medical Conditions](#)

Form C1: [Parental Consent to Administer a Medicine \(without a medical practitioner’s signature\)](#)

Form D1: [Record of Medicine Administered to an Individual](#)

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Form E1: [Record of Medicines Administered: All children](#)

Form E2: [Record Card: All Children: Emergency Salbutamol Inhaler Administration](#)

Form E3: [Record Card: All Children: Emergency Adrenaline Administration](#)

Appendix A: Anaphylaxis Management Procedures

Appendix B: Asthma Attack Management Procedures

1 Definitions

For the purposes of this document a child, young person, pupil, or student is referred to as a 'child' or a 'student' and they are normally under 18 years of age.

Wherever the term 'parent' is used this includes any person with parental authority over the child concerned e.g., carers, legal guardians etc.

Wherever the term 'Head teacher' is used this also refers to any Manager with the equivalent responsibility for children.

Wherever the term 'school' is used this also refers to academies and Pupil Referral Units (PRU) and references to Governing Bodies include Proprietors in academies and the Management Committees of PRUs and will usually include wrap around care provided by a setting such as After School Clubs and Breakfast Clubs.

2 Statement of Intent

The governing body of Kirkbie Kendal School has a statutory duty (under section 100 of the Children and Families Act 2014), to ensure arrangements are in place to support students with medical conditions.

The aim of this Policy and procedures is to ensure that all students with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education including physical education, schools sports, and physical activity (PESSPA), and achieve their academic potential. It is based on the Department for Education (DfE) document ['Supporting students at school with medical conditions'](#) will be reviewed regularly, and made accessible to students, parents, staff, and other adults as appropriate.

This school is committed to ensuring parents feel confident that effective support for their child's medical condition will be provided and that their child will feel safe at school.

We recognise that there are also social and emotional implications associated with medical conditions and that students can develop emotional disorders, such as self-consciousness, anxiety, and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some students with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. This school has a duty to comply with the Act in all such cases.

Some students with medical conditions may also have Special Educational Needs and/or Disabilities (SEND) with an Education, Health, and Care (EHC) plan in place bringing together provision to manage all of them. For these pupils, this Policy should be read in conjunction with our SEND Policy and the DfE statutory guidance document ['Special Educational Needs and Disability: Code of Practice 0-25 Years'](#).

To ensure that the needs of our students with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, students, and their parents.

3 Organisation

3.1 The governing body

The whole governing body and not any one person is legally responsible and accountable for fulfilling the statutory duty to make arrangements to support students with medical conditions in school. Governors will ensure that:

- students with medical conditions can access and enjoy the same opportunities as any other student.
- no student with a medical condition is denied admission because arrangements to manage their medical condition have not been made.
- no student's health is put at unnecessary risk and will reserve the right not to accept a student into school at times where it would be detrimental to the health of that students or other to do so e.g., when the student has an infectious disease.
- work with the LA, health professionals, commissioners, and support services to ensure that students with medical conditions receive a full education is effective.
- students are reintegrated effectively following long-term or frequent absence.
- the focus is on the individual needs of each student and what support is required to support them.
- parents/carers and student can be confident in the school's ability to provide effective support.
- all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- policies, plans, procedures, and systems are properly and effectively implemented.

The DSL has overall responsibility for Policy implementation.

3.2 The Head teacher

The Head teacher has a responsibility to ensure this Policy is developed and implemented effectively with partners. They have overall responsibility for the development of IHCPs and will implement arrangements to ensure that:

- this Policy is effectively communicated and implemented with all stakeholders.
- all staff are aware of this Policy and procedures and understand their role;
- enough staff are trained and available to implement this policy, carry out the procedures, and deliver against all individual healthcare plans (IHCPs), including in emergency situations;
- staff are appropriately insured and aware of the insurance arrangements;
- recruitment needs for the specific purpose of ensuring students with medical conditions are properly supported are considered;
- there is a named person (usually the SENDCo) who will liaise with the LA, parents, and other professionals in relation to children with health needs;
- professional medical support is sought where a student with a medical condition requires support that has not yet been identified.

3.3 School staff

Every member of school staff:

- may be asked to provide support to students with medical conditions, including the administering of medicines, but are not required to do so;
- should consider the needs of students with medical conditions in their lessons or other work when managing risks or when deciding whether or not to volunteer to administer medicines;
- will receive enough training to achieve the required level of competency before taking specific responsibility for supporting students with medical conditions;
- will know the signs when a student with a medical condition needs help and what to do in response.

3.4 Students

Students with medical conditions are often best placed to provide information about how they affect them. All students should:

- be fully involved in discussions about their medical support needs if they have any;
- contribute to the development of their IHCP, if they need one, and follow it;
- be sensitive to the needs of all students with medical conditions.

3.5 Parents and carers

Parents and carers are key partners in the success of this Policy and should:

- notify the school if their child has a medical condition;
- provide enough up-to-date information about their child's medical needs;
- be involved in the development and review of their child's IHCP;
- carry out any agreed actions in the IHCP;
- ensure that they, or another nominated adult, are contactable at all times.

3.6 School nurses

The school nursing service should:

- notify school at the earliest opportunity, when a student has been identified as having a medical condition requiring support in school;
- support staff to implement IHCPs and provide advice and training;
- liaise with lead clinicians locally on appropriate support for students with medical conditions.

3.7 Other healthcare professionals

Other healthcare professionals, including GPs and paediatricians should:

- notify the school nurse when a child has been identified as having a medical condition that will require support at school;
- provide advice on developing IHCPs;
- provide or signpost the provision of relevant specific support in the school for children with particular conditions, e.g., asthma, diabetes, anaphylaxis, and epilepsy.

3.8 Providers of health services

Providers of health services will need to cooperate with school, including ensuring good communication, liaising with the school nurse and other healthcare professionals, and participating in outreach training.

3.9 Local authorities

Our Local Authority (LA):

- commissions school nurses for local schools;
- promotes co-operation between relevant partners;
- makes joint commissioning arrangements for education, health, and care provision for pupils with SEND;
- provides support, advice and guidance, and suitable training for school staff, ensuring that IHCPs can be effectively delivered;
- works with the school to ensure that students with medical conditions can attend school full-time.

Where a student is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the student is unlikely to receive a suitable education in a mainstream school.

3.10 Ofsted

Ofsted inspectors will consider how well the school meets the needs of the full range of students, including those with medical conditions.

Key judgements are informed by the progress and achievement of students with medical conditions, alongside students with SEND, and also by students' spiritual, moral, social, and cultural development.

4 Arrangements and Procedures

4.1 Notification that a student has a medical condition

When the school is notified that a student has a medical condition that requires support in school, the SENDCo will be informed and will initiate the procedure described in the Flowchart: Developing an IHCP.

For a student starting at this school in the ordinary September intake, arrangements will be in place before they arrive and will be informed by their previous educational and/or care setting (if any).

For a student who joins this school mid-term or is an existing student with a new diagnosis, we will work to ensure arrangements are put in place.

For students leaving this school to attend another educational setting, we will appropriately inform the setting they are moving to of the student's needs during the transition process.

School does not have to wait for a formal diagnosis before providing support to a pupil because in some cases their medical condition may be unclear or there may be a difference of opinion. The Head teacher will make judgements based on all available evidence (including medical evidence and consultation with parents or carers).

4.2 School attendance and re-integration

After a period of absence through ill health, hospital education or other alternative provision there will be a period of re-integration which will vary for each child, but in principle we will:

- have an early warning system to inform the LA when a child becomes at risk of missing education for 15 days in any one school year due to their health needs e.g., our regular attendance reviews informed by our knowledge of students' potential vulnerabilities;
- take steps to facilitate a child successfully staying in touch with school while they are absent e.g., email, newsletters, invitations to school events, approved and supervised phone, video chat or other direct contact by classmates or staff;
- plan for consistent provision during and after a period of education outside school and who/what services we have available to support us to do this - for example in what ways can we ensure the absent child can access the curriculum and materials that he or she would have used in school;
- work with the LA to set up an individually tailored reintegration plan for each child that needs one, actively seeking extra support to help fill any gaps arising from the child's absence;
- make any *reasonable* adjustments to provide suitable access for the child as required under equalities legislation.

We will also consider the emotional needs of children who require re-integration and that such re-integration may not always be as a result of an absence but could be as the result of a serious or embarrassing incident at school.

4.3 Individual Healthcare Plans (IHCP)

The school, healthcare professionals and parents or carers will agree, based on evidence, whether an IHCP is required for a student, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Head teacher makes the final decision.

The IHCP is a working document that will help school effectively support a student with a medical condition. It will provide clarity about what needs to be done, when and by whom and aims to capture the steps which school should take to help the child manage their condition and overcome any potential barriers to get the most from their education. It will focus on the child's best interests and help ensure that this school can assess and manage identified risks to their education, health and social wellbeing and minimise disruption.

An IHCP will cover:

- the medical condition, its triggers, signs, symptoms, and treatments;
- The student's needs, including medicine (dose, side-effects, and storage) and other treatments, time, facilities (privacy, shower, sleep), equipment (glucose testing, AAls etc.), access to food and drink (when used to manage a condition), dietary requirements, and environmental issues (dust, pollen, crowds, distance between lessons etc.);
- Specific support for the student's educational, social, and emotional needs e.g., how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions etc.;
- the level of support needed, including in emergencies;

- whether a child can self-manage their medicine and how this can be supported;
- who will provide necessary support, their training needs, expectations of their role, and confirmation of their proficiency to carry it out effectively;
- cover arrangements for when named supporting staff are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the Head teacher for medicines to be administered by a member of staff, or self-administered by the pupil during school hours or activities,
- separate arrangements or procedures required for school trips and activities e.g., risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including who to contact, and contingency arrangements.

If a child has an emergency health care plan prepared by their lead Clinician, it will be used to inform development of their IHCP.

IHCPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

IHCPs are reviewed at least annually, when a child's medical circumstances change, or following an incident, whichever is sooner. When an IHCP update is made, the SENDCo should trigger a review of associated information e.g., school insurance arrangements if it is a new medical procedure, or the asthma register recording parental consent to administer the school's emergency inhaler if consent is newly given or withdrawn.

Where a student has an EHCP, the IHCP is linked to it or becomes part of it.

Where a child has SEND but does not have an EHCP, their SEND should be mentioned in their IHCP.

Where a child is returning from a period of hospital education, alternative provision, or home tuition, we work with the LA and education provider to ensure that their IHCP identifies the support the child needs to reintegrate (see section 4).

4.4 Students managing their own medical conditions

After discussion with parents, students who are competent to manage their own health needs are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHCP.

Where possible students will be allowed to carry their own medicines and relevant devices. If not, they will be able to access them quickly and easily.

If a student refuses to take a medicine or carry out a necessary procedure, staff will not force them to do so, but will follow the procedure agreed in the IHCP as well as inform parents. This may trigger a review of the IHCP.

If a student with a controlled drug passes it to another person for use, this is a criminal offence and appropriate disciplinary action will also be taken (see the School Behaviour Policy).

4.5 Training

Any member of school staff providing support to a student with medical needs will receive suitable training to fulfil their role. A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions except for aspects included through specific 'bolt on' training that the provider is competent to deliver e.g., use of adrenaline auto-injectors (AAI).

Staff will not undertake healthcare procedures or administer medicines without appropriate training.

Staff training needs will be assessed through the development and review of IHCPs, on a termly basis for all school staff, and when staff leave, or a new staff member arrives.

Through training, staff will have the competency and confidence to support students with medical conditions and fulfil the requirements of IHCPs. It will help them understand the medical

condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

- current school policy on supporting pupils with medical conditions;
- the role of staff in implementing it;
- whether any of our pupils have been diagnosed with asthma, diabetes, anaphylaxis, epilepsy, or another medical condition they need support with, and our duty to be ready to support as yet undiagnosed pupils;
- how to spot a pupil experiencing an emergency;
- what to do in an emergency;
- how to find more information and resources.

Staff who administer simple oral or topical medicines will be instructed on how to do so by a member of the office staff. It will cover:

- an awareness of school procedures around Fabricated or Induced Illness (FII);
- whether different procedures apply in different locations and where to find the written checklist displayed in each one;
- hygiene requirements e.g., washing hands before handling medicines, using a clean measuring device for oral medicine liquids, ensuring containers are clean before they are stored again; washing hands between each pupil if administering to more than one;
- pre-administration checks e.g., having the correct record sheet and checking the medicine has not already been administered, the child's identity, child's medicine (including that the dosage, frequency etc. on any IHCP matches the prescription label), expiry date of medicine, that storage instructions have been adhered to (i.e., if it should be refrigerated that it was in the fridge) etc.;
- procedures for administration e.g., whether the child self-administers, the minimum assistance or supervision required (as described in the IHCP), what should be done with used administration devices (spoons, oral syringes, sharps etc.), what to do if something goes wrong or a child refuses a medicine etc.;
- recording procedures.

Designated staff will undergo 'specific awareness' training on induction to relevant tasks and regularly to manage a specified condition, administer complex medicines, or carry out medical procedures to be delivered by an appropriately competent healthcare professional.

We will look to ensure it covers:

- responding appropriately to a request for help from another member of our staff;
- administering the medicines or procedures;
- recognising when emergency action is necessary;
- making appropriate records; and
- ensuring parents are informed (see links to letters and the IHCP on the contents page).

If no other record of training is made, we will make one using Form B (see contents page for link).

The family of a child will often be key in providing relevant information about how a child's needs can be met. If families provide specific advice they will never be relied on as the sole source of advice.

4.6 Supply staff

Supply staff will be:

- provided with access to this policy and procedures;
- informed of all relevant medical conditions of pupils they will have a responsibility for;
- covered under the school's insurance arrangements.

4.7 Managing medicines

Medicines are only to be administered at school when we have been instructed to by a relevant medical professional or a parent or carer **and** it would be detrimental to the student's health or school attendance not to do so. Such medicines can be prescription or non-prescription.

Other policy decisions on the administration of medicines which staff must follow include that:

- Students under 16 **must not** be given prescription or non-prescription medicines without their parent's written consent, except when it has been prescribed without parents' knowledge. School will encourage the student to involve their parents while respecting their right to confidentiality.
- Students under 16 must not be given a medicine containing aspirin unless prescribed by a doctor.
- the [NHS](#) recommends that all children avoid all herbal medicines due to the dangers that the unregulated market poses to buyers, so they will not be administered by school staff without the agreement of a medical professional.
- Pain relief should not be administered without first checking maximum dosages and when the previous dose was taken. Every effort will be made to contact parents prior to administration, where necessary, to check this and to inform them that pain relief has been given.
- The repercussions of staff administering an underdose or overdose of a student's medicines to them should be identified from the patient information sheets that come with them and be specifically drawn to the attention of staff to include what they should do next if they are worried a mistake has been made.
- School can only accept medicines that are in-date, labelled, in the original container as dispensed by a pharmacist or sold over the counter and which contain instructions for administration, dosage and storage. Pre-loaded medicines like salbutamol canisters and adrenaline or insulin auto-injectors must still be in date but can be accepted in the dispenser rather than the packaging.
- Parents must be informed any time medicines are administered that is not as agreed in an IHCP.
- All medicines must be stored safely, in their original containers and in accordance with their storage instructions. Medicines can be kept in a refrigerator containing food when in an airtight and clearly labelled container. Access to the fridge holding medicines is restricted and if large quantities will be kept, school will consider purchasing a suitable lockable fridge.
- Students should know where their medicines are at all times and are able to access them immediately, whether in school or off-site. Where relevant, students are informed of who holds the key to the relevant storage facility.
- When medicines are no longer required, they are returned to parents for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- Records must be kept of all medicines administered to individual students.

Controlled drugs

The supply, possession, and administration of some medicines e.g., methylphenidate (Ritalin) is strictly controlled by the Misuse of Drugs Act 1971 and its associated regulations and are referred to as 'controlled drugs'. They will be managed as follows:

- Delivered and collected daily by a parent or carer to or from a named member of staff unless this is unreasonable or managed by agreement through a home-to-school transport provider.
- Stored in a non-portable container which only named staff members have access; however, these drugs will be easily accessible in an emergency.
- Staff can administer a controlled drug to a student for whom it has been prescribed and they should do so in accordance with the prescription instructions and in front of a suitable adult witness.
- A record must be kept of the administration of controlled drugs in the same way as other medicines but with the legible signature/initials of the staff administering them and the witness.

4.8 Record keeping and retention

School will keep a record of all medicines administered to pupils, stating what, how and how much was administered, when and by whom, with a note of any side effects experienced or refusal.

When a student has a course of or on-going medicine(s) they will have an individual record sheet for each medicine completed and signed by a parent when they deliver it (see contents page for link).

When a student's medicine is a controlled drug, their individual record sheets will allow for the signature of a second witness to the administration. Details of receipts and returns of the controlled drug will be accurately recorded on the administration record (see contents page for link).

When a student is given a medicine as a one-off e.g., pain relief, it will be recorded on a general record sheet along with such medicines administered to other children (see contents page for link).

To ensure that only eligible and appropriately identified students are given the school's emergency salbutamol asthma reliever inhaler and/or AAI, a register of such pupils will be kept with each emergency kit.

When a student is given the school emergency inhaler or school emergency AAI, it will be recorded on the relevant general record card (E2: Record Card: All Children: Emergency Salbutamol Inhaler Administration, E3: Record Card: All Children: Emergency Adrenaline Administration). Parents should be informed about the use of an asthma reliever inhaler.

When a student has needed to use the school emergency AAI, parents will be informed immediately by telephone or another agreed instant communication method, and a record made.

Records relating to the administration of medicines by school staff are classed as school records as opposed to student records. Consent forms should be held in a separate file to the student file and can be held together. These consent forms should not be transferred to the next school or setting and is why they should be kept separate from the student personal file.

It is generally recommended that records for the administration of medicines signed by school staff should be held for 2 years from the date of the last entry on the sheet.

Individual child records of medicines administered by school staff, like Forms CD, D1, and D2, can be securely destroyed once the child has left the school and should be held in a file separate to the pupil's personal file. Again, these administration records should not be transferred to the next or subsequent school or other educational setting.

4.9 Emergency procedures

Medical emergencies will be handled under the school's emergency procedures.

Where an IHCP is in place, it should detail:

- what constitutes an emergency; and
- what to do in an emergency.

Students will be involved in age and developmentally appropriate ways in our emergency procedures e.g., fetching help or equipment, and to increase community awareness, build peer-to-peer resilience, promote leadership skills, and reduce stigma or bullying.

If a student needs to be taken to hospital, a member of staff will remain with the student until their parents or carers arrive. This may mean that they will need to go to hospital in the ambulance and may need support with arrangements for their own transport back to school or home.

4.10 Salbutamol inhalers

Asthma is a long-term condition that affects the airways (the tubes that carry air into and out of the lungs) and usually causes symptoms such as coughing, wheezing, and breathlessness. As many as 1 in every eleven children has asthma. If someone with asthma comes into contact with one of their asthma triggers, it can make their symptoms worse and even bring on an asthma attack making it difficult to breathe.

Now that the Human Medicines (Amendment) (No.2) Regulations 2014 allow (but do not require) schools to keep a salbutamol asthma reliever inhaler for use in an asthma emergency, governors have decided that keeping a supply **will** currently benefit students significantly.

In summary:

- The administration of reliever inhalers will be carried out in accordance with staff training.
- A list of children permitted to use the emergency inhaler as detailed in their IHCP or other written parental consent (asthma register).
- Where a pupil has been prescribed a reliever inhaler, this will be recorded on their IHCP with an indication of whether they can responsibly carry the device and self-administer it correctly.
- Whether use of a child's own asthma reliever inhaler should be recorded and reported to parents will be made clear in the IHCP/asthma plan.
- Consideration will be given to preventing and managing an asthma attack when planning all school activities on and off-site.
- School has 2 emergency salbutamol inhaler kits which are kept (one in the pastoral office and the other in reception).
- **Our decision to hold an emergency asthma kit does not in any way release a parent from their absolute duty to ensure that their child attends school with a fully functional inhaler containing sufficient medicine for their needs.**
- A copy of the asthma register including consent to administer the school emergency salbutamol will be held with each school asthma emergency kit.
- Designated staff will be trained in how to administer the school emergency inhaler and other staff will be trained in how to seek their help in an asthma emergency.
- Parents will be informed whenever their child has used the school emergency inhaler.
- 'How to recognise and asthma attack' and 'What to do in the event of an asthma attack' (Appendix B)

4.11 Allergens

Exposure to an allergen can cause an allergic reaction resulting in life threatening anaphylaxis where the resultant swelling can stop someone from breathing. Allergens can be found in foods like shellfish, eggs, dairy etc., objects like dye in clothing, latex etc., insect stings and bites, or in the air like pollen, dust, mould, animal dander etc.

4.11.1 Other food handlers

Other potential food handlers (food technology, classroom baking, cookery club, and other staff serving snacks and treats etc.), will be made aware of information about the 14 Food Allergens, so they can take it into account when planning any food-related activities for children with known allergies. Staff are also trained to be alert to signs that a child may have a previously unknown allergy or has developed a new one.

Staff or volunteers working with food in play, the curriculum, or other school activities will receive sufficient instruction on and follow the good practice outlined in Section 4.11.1 above in managing exposure to allergens.

4.11.2 Steps to reduce anaphylaxis risks

We seek the cooperation of the whole school community in implementing the following to reduce the risk of exposure to allergens.

- If food is purchased from the school canteen, parents should check the appropriateness of foods by speaking directly to the catering manager. The child should also be taught to check allergen information with catering staff, before purchasing.
- Where we provide the food, our staff will be educated on how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Trading and sharing of food, food utensils or food containers will be actively discouraged and monitored.

- Training will include that unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary allergen labelling suggesting a risk of contamination.
- Careful planning for the use of food in crafts, cooking classes, science experiments and special events (e.g., fetes, assemblies, cultural events) with adequate substitutions, restrictions or protective measures put in place (e.g., wheat-free flour for play dough or cooking), non-food containers for egg cartons.
- Careful planning for out-of-school activities such as sporting events, excursions (e.g., restaurants and food processing plants), outings or camps, thinking early about the catering requirements and emergency planning (including access to emergency medication and medical care).
- Careful planning for on-site and off-site activities involving potential exposure to other allergens like animal dander, latex, pollen etc.

4.12 Adrenaline Auto Injectors (AAI)

Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergy. It usually develops suddenly, gets worse very quickly, and can be very serious if not treated quickly with adrenaline because the resultant swelling can stop someone from breathing.

Now that the Human Medicines (Amendment) Regulations 2017 allow (but do not require) schools to keep an adrenaline auto-injector (AAI) for the use in an anaphylaxis emergency, governors have decided that keeping a supply **will** currently benefit students significantly. First Aid procedures to be followed.

In summary:

- The administration of AAIs will be carried out in accordance with professional medical guidance and staff training. First Aiders are trained in how to administer a child's own AAI and other staff will be trained in how to seek the help of designated staff in an anaphylaxis emergency, and also what to do if they believe help will not come fast enough.
- The emergency services will be called when a reaction is severe even if the AAI has been administered or if a student is not diagnosed but seems symptomatic.
- Safe disposal arrangements are in place with sharps containers (**in the medicine cabinet, located in the Office Manager Office.**)
- An AAI register of all pupils prescribed an AAI will be kept on SIMS and will be checked as part of initiating the emergency response.
- Where a student has been prescribed an AAI, this will be recorded on their IHCP with an indication of whether they can responsibly carry the device and self-administer it correctly.
- Every use of a child's own AAI will be recorded and reported to parents including:
 - Where and when the reaction took place
 - How much medicine was given and by whom.
- Consideration will be given to preventing and managing an allergic reaction when planning all school activities on and off-site.
- School has **1** emergency AAI kit.
- **Our decision to hold an emergency AAI kit does not in any way release a parent from their absolute duty to ensure that their child attends school with a fully functional AAI containing sufficient medicine for their needs.**
- All First Aiders are trained in how to administer the school emergency AAI and other staff will be trained in how to seek their help in an anaphylaxis emergency.
- Parents will be informed whenever their child has used the school emergency AAI.
- Anaphylaxis Management Procedures 'How to recognise a mild to moderate allergic reaction' and 'signs of anaphylaxis' (Appendix A)
-

4.13 Day trips, residential visits, and sporting activities

Through development and communication of the IHCP staff will be made aware of how a student's medical condition might impact on their participation in educational visits, sporting, or other activities.

Before an activity takes place, a risk assessment will be conducted to identify what reasonable adjustments should be made to enable students with medical conditions to have equality of access. Advice is also sought from students, parents/carers, and relevant medical professionals.

A student will only be excluded from an activity if the Head teacher considers, based on the evidence, that no reasonable adjustment can make it safe for them or evidence from a clinician such as a GP states that an activity is not possible for that child.

4.14 Other arrangements

4.14.1 Home to school transport

While it is the responsibility of the LA to ensure student safety on statutory home to school transport the LA may find it helpful to be aware of the contents of a student's IHCP that school has prepared.

The LA *must* know if a student travels on home to school transport and has a life-threatening condition and carries emergency medicine so that they can develop an appropriate transport healthcare plan.

Where transport is organised by the school on a private arrangement with parents, the responsibility for ensuring that the transport operator is aware of a student with a life-threatening medical condition rests with school in consultation with the parents. In some cases, it may be appropriate to share elements of a student's IHCP with the transport operator.

4.14.2 Defibrillators

Sudden cardiac arrest is when the heart stops beating, and it can happen to people at any age and without warning. When it does happen, quick action (in the form of early Cardio-Pulmonary Resuscitation - CPR - and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's normal heart rhythm when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe.

This school has 3 Automated External Defibrillator (AED) as part of our first aid equipment located in the PTL Room, Deputy Headteachers Office and the Technology staffroom and the community **does not** have access to it.

4.15 Unacceptable practice

While it is essential that all staff act in accordance with their training, in any given situation they should be confident in using their discretion and judging each case on its merits with reference to a child's IHCP. It is not however, generally acceptable practice at this school to:

- prevent children from easily accessing their inhalers and medicine and administering their medicines when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although staff will be supported to appropriately challenge this where they have genuine concerns);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child 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 students from drinking, eating, or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medicine 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
- 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.

4.16 Insurance

School staff who agree to support students at school with their medical conditions and administer medicines are appropriately insured by the governing body to do so when they are acting in accordance with our policies and their training given the circumstances they faced at the time.

The Insurance Policy provides liability cover relating to the administration of medicines and any required healthcare procedures as identified through the IHCP process.

Every IHCP review must consider whether current insurance arrangements remain compatible with any identified changes required. A significant change, for example an entirely new medical procedure required, will be checked as compatible with current insurance arrangements direct with the school's insurers. If current insurance is inadequate for the new procedure additional insurance will be arranged.

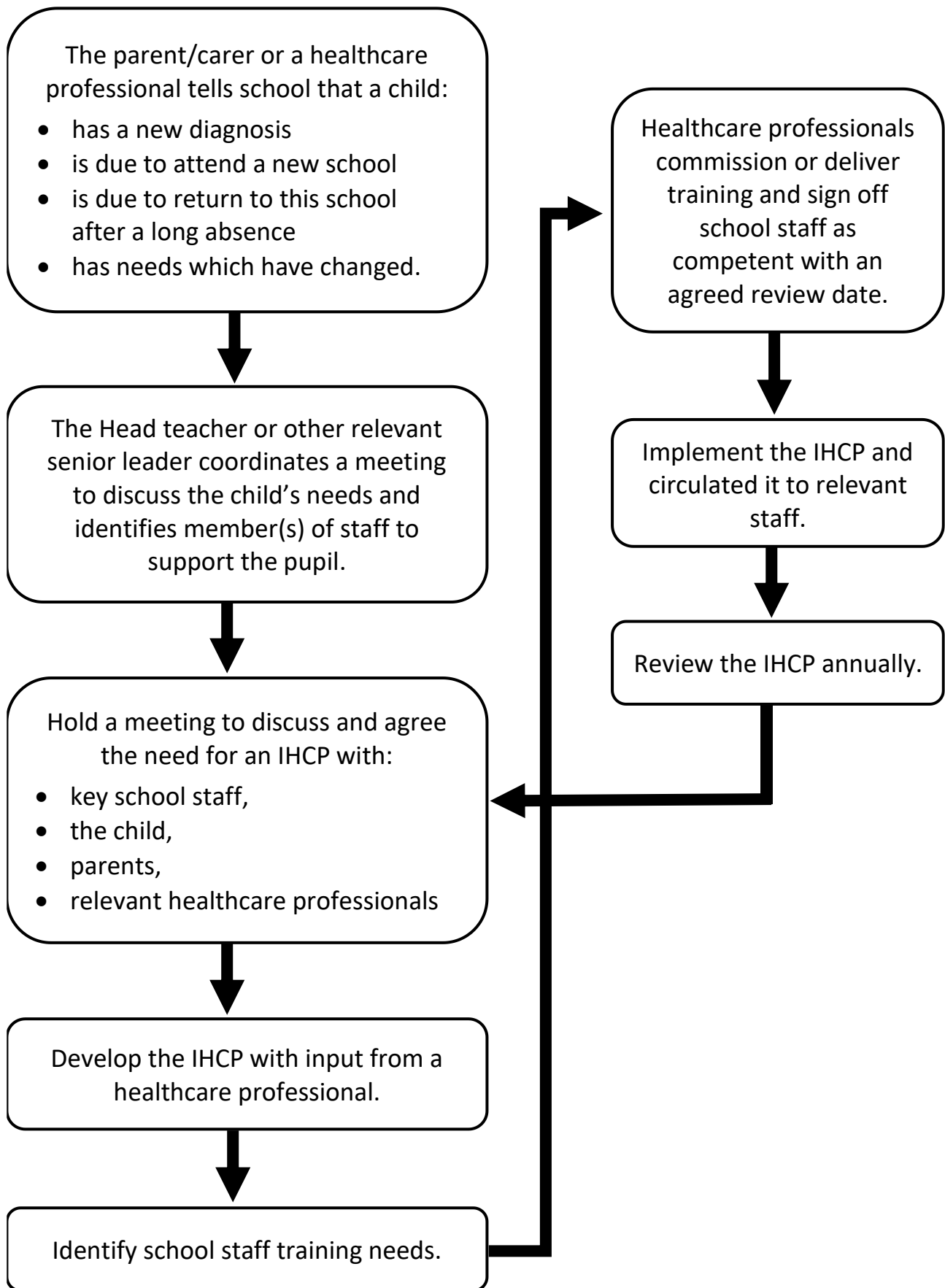
4.17 Complaints

If parents or students are unhappy with the support provided they should discuss their concerns directly with Mr Mike Bousfield (Designated Safeguarding Lead)

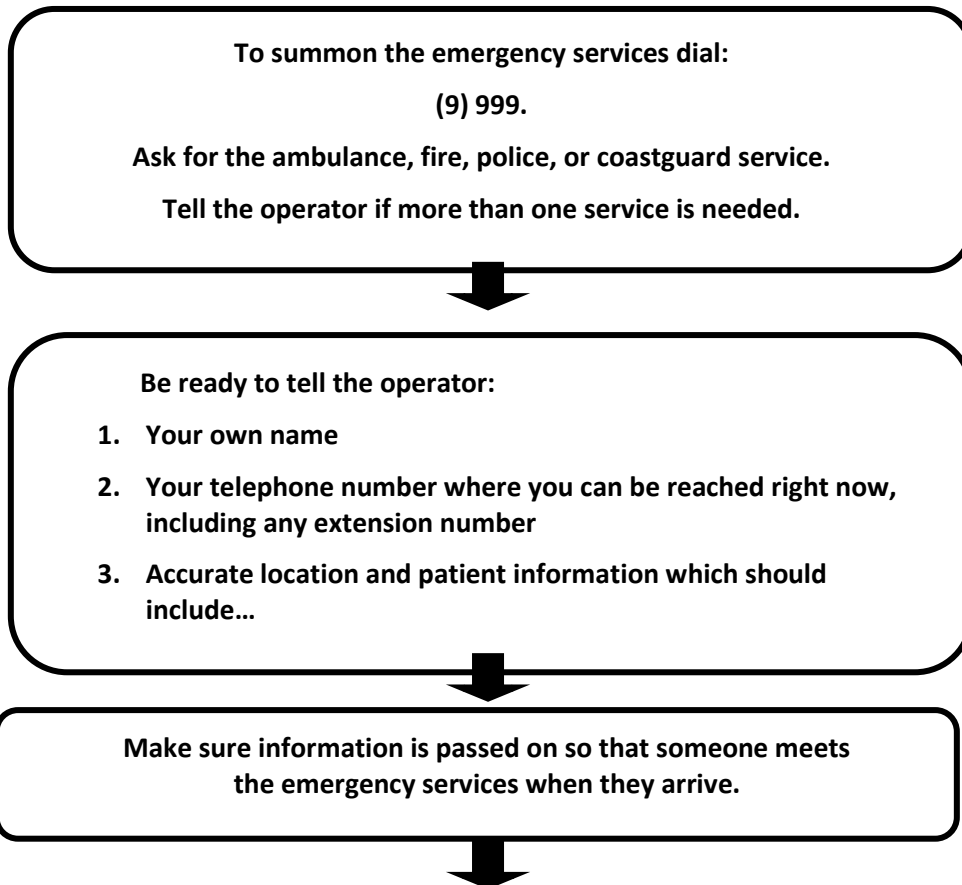
If this does not resolve the issue, they can make a formal complaint through the normal school complaints procedure by contacting the Headteacher preferably in writing. Our complaints procedure can be found on [our website here](#).

If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

**Notification that a pupil has a medical condition:
A Flowchart for developing an individual health care plan (IHCP)**



Summoning Emergency Services: Flowchart



Your location.	Kirkbie Kendal School Lound Road Kendal Cumbria, LA9 7EQ
Your location postcode or other location marker like a what3words.com designation	mostly, unique, bleak
The exact location of the patient on our site.	
The name of the patient and a brief description of their symptoms.	
Confirm the best entrance for the emergency services to use and tell them they will be met and taken to the patient.	

Individual Healthcare Plan (IHCP)

School/Setting:		KIRKBIE KENDAL SCHOOL		PHOTO
Name of Child:				
Date of Birth:				
Address of Child:				
Gender:	MALE / FEMALE	Class/Form:		
Date:		Review Date:		
Medical Diagnosis or Condition				
EMERGENCY CONTACT INFORMATION				
Family Contact 1			Family Contact 2	
Name:			Name:	
Relationship to Child:			Relationship to Child:	
Work Tel. No:			Work Tel. No:	
Home Tel. No:			Home Tel. No:	
Mobile Tel. No:			Mobile Tel. No:	
Clinic or Hospital Contact			GP Contact	
Name:			Name:	
Contact No:			Contact No:	
Describe the child's medical needs (e.g. details of any symptoms, triggers, signs, treatments, facilities, equipment/devices, environmental issues etc.)				

Medicine details (e.g. name of medicine, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision, whether carried by the child and how carried etc.)

Agreed procedure in the event that medicine or procedures are refused by the child

Daily care requirements (e.g. before sports activities, at lunchtime etc.)

Arrangements for educational visits or other activities outside the normal timetable

Other Information

Describe what constitutes an emergency and the action to take if this occurs

Describe any follow-up care required

Who is responsible in an emergency? (Please state if different for different activities e.g. off-site etc.):

Plan developed with: (e.g. child, parents, healthcare professional, school nurse, therapist etc.)

Print Name	Signature	Relationship to child:	Date

Form copied to (Please state who holds copies of this information and where):

All staff
Student File
SIMs

Staff Training Record – Supporting Pupils with Medical Conditions – Form B

This form is for recording all training delivered to staff (and as appropriate volunteers) with the aim of supporting pupils with medical conditions, including the Whole School Awareness briefing.

Name of school/setting:			
Details of training being delivered: Describe in brief what was covered e.g., Whole School Awareness, physiotherapy, administering medicine, tube feeding etc. <u>and</u> the content of it.			
Date training completed:			
Name of trainer:			
Training provider: Organisation, profession, and job title of the trainer.			
I confirm that the above-named member(s) of staff received the training detailed above and they are competent to carry out any necessary treatment.			
Date by which I recommend this training be updated:			
Trainer Signature:		Date:	
I confirm that I have received the training detailed above.			
Trainee full name	Trainee signature	Date of training	

Parental Consent to Administer Medicines Form – Form C1

Staff will not give your child a medicine unless it is in accordance with our Supporting Pupils with Medical Conditions Policy and Procedures, **and** you complete and sign this form.

School/Setting:			
Name of Child:		Class/group	
Date of Birth:		Sex: male <input type="checkbox"/> female <input type="checkbox"/>	Pronouns: he <input type="checkbox"/> she <input type="checkbox"/> they <input type="checkbox"/>
Date for review to be initiated by:			
Medical diagnosis, condition, or illness			
MEDICINE(S)			
Name/type of medicine(s) (As described on containers)			
Names of <u>controlled drugs</u>?			
Expiry date(s):			
Dosage and method of administration:			
Timing(s):			
Special precautions or other instructions: with food etc.			
Side effects that staff must know about:			
Can the child self-administer?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES is supervision required?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Do any medicines need to be carried by the child on their person? YES <input type="checkbox"/> NO <input type="checkbox"/>			
What and where will they keep it?			
Steps to take in an emergency:			

PLEASE NOTE: medicines must be in the original containers as dispensed by the pharmacy.

CONTACT INFORMATION			
Name:			
Relationship to Child:			
Address:		Work Tel. No:	
		Home Tel. No:	
		Mobile Tel. No:	
I understand medicines must be delivered and collected from Reception.		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
I understand my child must have a working, in-date, and sufficiently full inhaler, clearly labelled with their name, which they will bring with them every day.		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
I consent to them receiving, in an asthma emergency, salbutamol not prescribed to them.		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
I understand my child must have the number of working and in-date AAIs that their doctor recommends, clearly labelled with their name, which they bring with them every day.		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
I consent to my child receiving, in an anaphylaxis emergency, adrenaline not prescribed to them.		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
The above information is, to the best of my knowledge, accurate at the time of writing and I consent to school/setting staff administering medicine in accordance with the Policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medicine or if the medicine is stopped.			
Signed:		Date:	

Record of Medicine Administered to an Individual – Form D1

Each medicine administered to an individual on a regular or scheduled basis must be recorded on a separate sheet and administration should be witnessed. If a medicine is a controlled drug, handovers **must** be tracked and administration **requires** a witness signature so, use Form D2 Record of Controlled Medicines Administration to an Individual.

Name of school/setting:								
Name of child:				Date of Birth:		Class/Form:		
Name and strength of medicine:								
Dose and frequency of medicine:	//							
Date medicine received in school:			Expiry date:			Date medicine returned to parent:		
Quantity of medicine received:					Quantity returned to parent:			
Staff Signature:				Parent Signature:				

PLEASE NOTE: a parent/carer must be informed of the non-administration of medicine that is due - record the reason for non-administration under 'Any reaction'

Date:								
Time given:								
Dose given:								
Any reaction?								
Staff name:								
Staff signature:								
Witness sign:								

PLEASE NOTE: a parent/carer must be informed of the non-administration of medicine that is due - record the reason for non-administration under 'Any reaction'

Record of Controlled Medicine Administered to an Individual – Form D2

All handovers of medicines classified as controlled drugs must be recorded on this sheet and all administration witnessed. Print on different coloured paper from sheet D1.

Examples include methylphenidate (Ritalin), Midazolam, Diazepam etc. Witness signatures must be legible enough to identify individuals.

Name of school/setting:										
Name of child:					Date of Birth:			Class/Form:		
Name and strength of medicine/s:										
Dose and frequency of medicine/s:										
Date medicine received	Quantity received	Expiry date	Parent Sign	Staff Sign	Date medicine returned	Quantity returned	Parent Sign	Staff Sign		

PLEASE NOTE: a parent/carer must be informed of the non-administration of medicine that is due - record the reason for non-administration under 'Any reaction'

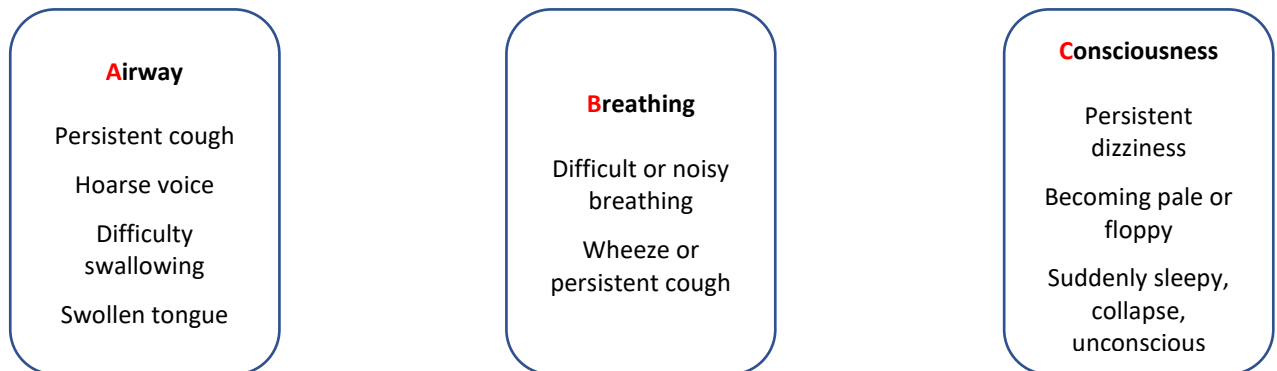
How to recognise a mild to moderate allergic reaction**Symptoms include:**

- sneezing and an itchy, runny or blocked nose (allergic rhinitis)
- itchy, red, watering eyes (conjunctivitis)
- wheezing, chest tightness, shortness of breath and a cough
- a raised, itchy, red rash (hives)
- swollen lips, tongue, eyes or face
- tummy pain, feeling sick, vomiting or diarrhoea
- dry, red and cracked skin

A child will not necessarily experience all these symptoms in the same episode.

ACTION:

- Stay with the person, call for help if necessary
- Locate adrenaline auto-injector(s) in case needed
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact
- **WATCH FOR SIGNS OF ANAPHYLAXIS**

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

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)
2. **Use Adrenaline auto-injector* without delay**
3. Dial 999 to request ambulance and say **ANAPHYLAXIS**

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

After giving Adrenaline:

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

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

How to recognise an asthma attack

Signs that someone may be having an asthma attack include:

- Symptoms that are getting worse e.g. coughing, breathlessness, wheezing, or having a tight chest
 - The reliever inhaler is not helping relieve symptoms or is needed more than every four hours
 - Being too breathless to speak, eat, walk, or sleep
 - The person's breathing is getting faster, and they feel like they cannot catch their breath
 - Their peak flow score is lower than normal
 - They complain of a tummy or chest ache (more commonly a tummy ache in younger children)
- Symptoms will not necessarily occur suddenly. They often come on slowly over a few hours or days.

DIAL 999 FOR AN AMBULANCE IMMEDIATELY IF:

- There is no working reliever inhaler available
- The child feels worse despite using a reliever inhaler
- The child does not improve after taking 10 puffs of their reliever inhaler
- The child:
 - Appears drowsy, confused, exhausted, or dizzy
 - Has blue tinged lips, nails, tongue, gums, skin, or ears
 - Has collapsed

Give paramedics the child's medicines.

What to do in the event of an asthma attack

Do not follow this procedure if the child having the suspected asthma attack is on a MART treatment plan.

Say where MART personal action plans can be found.

- Keep calm and reassure the child
- Encourage the child to sit up straight
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take **one** puff of salbutamol via the spacer
- If there is no immediate improvement, continue to give **one** puff at a time **every 30-60 seconds**, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better and can return to school activities
- If the child does not feel better or you are worried at **ANYTIME** before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**. Give attending paramedics the child's medicines.
- If an ambulance does not arrive within **15 minutes** give another 10 puffs in the same way. Inform parents or carers as agreed (no matter how minor) or as soon as possible (if serious).

