This policy is to be reviewed every year.

Reviewed by Policy Review Committee ____28th April 2021___

Date of next review ____April 2022_____

Signed ____*J Cottam*_____ _

Heron Hill Primary School

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY AND PROCEDURES

2020/2022

At the time of publication the following roles were held:	
Role	**Name**
Health and Safety representatives	Alison Lehane and Sue Quilliam
Deputy Headteacher	Michelle Wilkinson
Inhaler and Other Medication Management	Alison Lehane

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).

Version Number	Version Description	Date of Revision
1	Original	August 2014
2	Amended to take into account new legislation which will allow schools to hold emergency Salbutamol inhalers for pupils diagnosed with asthma	September 2014
3	Updated reference DfE document '*Supporting Pupils at School with Medical Conditions, Dec 15'* resulting in only 1 change in **Section 3.1** a new bullet point about LAs, CCGs and service providers (3rd one down). **Revised Appendix B**: IHP with space for other people involved in the development to sign if they want to or there is a need. **New Appendix C2**: a landscape version of parental consent to administer with space for a medical practitioner to sign if there is a need.	March 2016
4	Links to DfE document '*Supporting Pupils at School with Medical Conditions, Dec 15'* updated.	September 2016
5	Updated to include specific information in relation to Food Allergies and to remove some references to the school nursing service.	May 2017
6	Revised to include the use of adrenaline auto-injectors (AAIs). For ease of use and visual comfort, updated text is highlighted in green. Significant text in Section 4.10 has been updated and Section 4.11 is new. Appendices updated: B, C1, & C2. New Appendix E3.	November 2018
7	Reviewed by AL and TC for Heron Hill	October 2019
8	Policy Review Committee	April 2021

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1 Definitions

For the purposes of this document a child, young person, pupil or student is referred to as a 'child' or a 'pupil' 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 'Headteacher' is used this also refers to any Senior Leader with the equivalent responsibility for children.

Wherever the term 'school' is used this also refers to the school's wrap around care provision (before school, after school and holiday).

2 Statement of Intent

This policy is based on the statutory Department for Education (DfE) guidance document *'Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England' (April 2014; Revised December 2015)* to coincide with the application of section 100 of the Children and Families Act 2014 which came into force on 1 September 2014. Section 100 places a statutory duty on governing bodies to make arrangements to support pupils at school with medical conditions. It will be reviewed regularly and made readily accessible to parents, staff and, where appropriate, other adults working or volunteering in school.

The governors of Heron Hill Primary School (hereinafter referred to as 'the school') believe that all children with medical conditions, in terms of both physical and mental health, should be properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential including access to school trips and physical education (PE).

We understand that the parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school because they may not receive the on-going support, medicines, monitoring, care or emergency interventions that they need while at school to help them manage their condition and keep them well. 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 by putting in place suitable arrangements and procedures to manage their needs. We also understand that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences and our arrangements take this into account. We undertake to receive and fully consider advice from involved healthcare professionals and listen to and value the views of parents and pupils. Given that many medical conditions that require support at school affect a child's quality of life and may even be life-threatening, our focus will be on the needs of each individual child and how their medical condition impacts on their school life, be it on a long or short-term basis.

In addition to the educational impacts, we realise that there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health.

Local Authorities have a duty to arrange suitable full-time education (or part-time when appropriate for the child's needs) for children who are unable to attend a mainstream or special school or registered alternative provision because of their health. We are a Local Authority maintained school so this applies to all our pupils (or where a child is not on the roll of any school) equally whether a child cannot attend school at all or can only attend intermittently. We can find more guidance on the Local Authority duty in DfE statutory guidance 'Ensuring a good education for children who cannot attend school because of health needs'.

We fully understand that reintegration back into school needs to be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition, (which can often be lengthy) also need to be effectively managed and the support we have in place is aimed at limiting the impact on a child's educational attainment and emotional and general wellbeing.

This school also appreciates that some children with medical conditions may be disabled and their needs must be met under the Equality Act 2010. Some children may also have special educational needs or disabilities (SEND) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with special educational needs or disabilities (SEND), this policy should be read in conjunction with our Inclusion and SEND Policy and the DfE statutory guidance document '*Special Educational Needs and Disability: Code of Practice 0-25 Years*'.

3 Organisation

3.1 The Governing Body

The Governing body is legally responsible and accountable for fulfilling the statutory duty to make arrangements to support pupils with medical conditions in school, including the development and implementation of this policy.

Supporting a child with a medical condition and ensuring their needs are met effectively, however, is not the sole responsibility of one person - it is the responsibility of the Governing body as a whole to ensure that:

- no child with a medical condition is denied admission or prevented from taking up a place at this school because arrangements to manage their medical condition have not been made while at the same time, in line with safeguarding duties, ensure that **no** pupil's health is put at unnecessary risk, for example, from infectious diseases;
- there is effective cooperative working with others including healthcare professionals, social care professionals (as appropriate), local authorities, parents and pupils as outlined in this policy;
- there is clear understanding at this setting's strategic level and, where relevant, across all partnership workers that:
    - Local Authorities (LA) and Clinical Commissioning Groups (CCG) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (S26: Children and Families Act 2014);
    - LAs are responsible for commissioning public health services for statutory school-aged children including school nursing, but this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility. When children need care which falls outside the remit of school nurses, e.g. postural support or gastrostomy and tracheostomy care, CCG commissioned arrangements must be adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school; and
    - Providers of health services should co-operate with school including appropriate communication, liaison with healthcare professionals such as specialists and children's community nurses, as well as participating in locally developed outreach and training.
    - Ofsted will consider how well a setting meets the needs of the pupils with medical conditions, making key judgements informed by the progress and achievement of

these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development.

- sufficient staff have received suitable training and are competent before they take on duties to support children with medical conditions;
- staff who provide such support can access information and other teaching support materials as needed.
- funding arrangements support proper implementation of this policy e.g. for staff training, resources etc.

3.2 The Headteacher

The Headteacher of this school has a responsibility to ensure that this policy is developed and implemented effectively with partners, namely the SENCO and a Health and Safety representative.

To achieve this, the Headteacher will have overall responsibility for the development of IHPs and will make certain that school arrangements include ensuring that:

- all staff are aware of this policy and understand their role in its implementation;
- all staff and other adults who need to know are aware of a child's condition including supply staff, peripatetic teachers, coaches etc.;
- where a child needs one, an IHP is developed with the proper consultation of all people involved, implemented and appropriately monitored and reviewed;
- sufficient trained numbers of staff are available to implement the policy and deliver against all IHPs, including in contingency and emergency situations;
- staff are appropriately insured and are aware that they are insured to support pupils in this way;
- appropriate health professionals i.e. the school nursing service are made aware of any child who has a medical condition that may require support at school that has not already been brought to their attention;
- children at risk of reaching the threshold for missing education due to health needs are identified and effective collaborative working with partners such as the Local Authority (LA), alternative education providers e.g. hospital tuition, parents etc, aims to ensure a good education for them;
- risk assessments take account of the need to support pupils with medical conditions as appropriate e.g. educational visits, activities outside the normal timetable etc.

3.3 School Staff

Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although teaching staff cannot be required to do so. While administering medicines is not part of teachers' professional duties, they should still consider the needs of pupils with medical conditions that they teach. Arrangements made in line with this policy should ensure that we attain our commitment to staff receiving sufficient and suitable training and achieving the necessary level of competency before they take on duties to support children with medical conditions.

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The Health and Safety representative has specific responsibility for the development of IHPs which are explained in Section 4.3. Working with the Deputy Headteacher, the Health and Safety representative will ensure staff training needs are met so that staff are competent to support pupils with medical conditions.

3.4 School Nurses and Other Healthcare Professionals

This school has access to a school nursing service which, with parental permission, we can contact for support for any child with a medical condition.

While the school nurse will not have an extensive role in ensuring that this school is taking appropriate steps to support pupils with medical conditions, they are available to support staff on implementing a child's IHP and provide advice and liaison, for example on training. The school nurse can also liaise with lead clinicians or a child's General Practitioner (GP) locally on appropriate support for the child and associated staff training needs.

The school receives support from the community nurses regarding anaphylaxis for pupils with existing conditions.

3.5 Pupils

It is recognised that the pupil with the medical condition will often be best placed to provide information about how their condition affects them. This school will seek to involve them fully in discussions about their medical support needs at a level appropriate to their age and maturity and, where necessary, with a view to the development of their long-term capability to manage their own condition well. They should contribute as much as possible to the development of, and comply with, their IHP.

It is also recognised that the sensitive involvement of other pupils in the school may be required not only to support the pupil with the medical condition, but to break down societal myths and barriers and to develop inclusivity.

3.6 Parents

Parents are key partners in the success of this policy. They may, in some cases, be the first to notify school that their child has a medical condition and where one is required, will be invited to be involved in the drafting, development and review of their child's IHP.

Parents should provide school with sufficient and up-to-date information about their child's medical needs. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

4 Arrangements/procedures

4.1 Procedure for the Notification that a Pupil has a Medical Condition

While it is understood that 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, judgements will still need to be made about the support to provide and they will require basis in the available evidence. This should involve some form of medical evidence and consultation with parents. Where evidence is conflicting, it is for school to present some degree of challenge in the interests of the child concerned, to get the right support put in place.

- The school has almost always received notification of a medical condition from the child's parent/carer.
- If notification is received via another party, due consideration will be given as to the next steps.
- As soon as notification is received, the staff member who receives it should ensure the following staff are informed by email: the SENCO, a Health and Safety representative and the child's class teacher. The email should include information about who gave the notification and based on what evidence.
- A Health and Safety representative and the class teacher will decide if an IHP is needed.

- If considered appropriate, a blank IHP form will be given to the parent/carer to complete and they will be requested to provide confirmation from a medical professional or to show pharmacy-labelled medication (with a recent date and the child's name).
- If the school decides not to initiate the IHP, the class teacher will discuss with the parent/carer the next steps.
- A copy of the completed IHP will be kept in the pupil's personal record, discarded and replaced with the reviewed IHP at the start of the academic year and included in the transfer of documents to the next school.
- The IHP will be shared with wrap around care staff.
- If a child with a medical condition joins the school, every effort will be made to ensure that arrangements for support are put in place within 2 weeks.

4.2 School Attendance and Re-integration

Every LA must have regard to the DfE statutory guidance, '*Ensuring a good education for children who cannot attend school because of health needs*', January 2013 and this school undertakes to liaise with the LA to ensure that everyone is working in the best interests of children who may be affected. Where a pupil would not receive a suitable education at this school because of their health needs, the LA has a duty to make other arrangements, when it becomes clear that a child will be away from school for 15 days or more (whether consecutive or cumulative across the school year).

After a period of absence though ill health, hospital education or alternative provision there will be 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 pupils' 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 you have available to support us to do this - for example in what ways can we ensure as far as possible, that 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 such as a widely witnessed seizure with incontinence.

4.3 Individual Healthcare Plans (IHP)

An IHP is a working document that will help ensure that this school can effectively support a pupil 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 assesses and manage identified risks to their education, health and social well-being and minimises disruption.

An IHP will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, relevant healthcare professional and parent will need to agree, based on evidence, when an IHP would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is considered best placed to and will take the final view. Our flow chart for identifying and agreeing the support a child needs and developing an IHP is at Appendix A.

The level of detail within an IHP will depend on the complexity of the child's condition and the degree of support they need and this is important because different children with the same health condition may require very different support. Where a child has SEND but does not have an Education, Health and Care Plan (EHCP), their special educational needs will be mentioned in their IHP. Where a child has SEN identified in an EHC Plan, the IHP will be linked to or become part of that EHC Plan.

In general, an IHP will cover:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medicine (dose, side-effects and storage) and other treatments, time, facilities eg need for privacy, equipment, testing, access to food and drink (where this is used to manage their condition), dietary requirements and environmental issues eg crowded corridors, travel time between lessons etc. and being added to the register of asthma sufferers who can receive salbutamol where applicable;
- 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, counselling sessions etc.;
- the level of support needed, (some children will be able to take responsibility for their own health needs and this is encouraged), including in emergencies. If a child is self-managing their medicine, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of their proficiency to provide support for the child's medical condition from a relevant healthcare professional (where necessary); and cover arrangements for when they 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 Headteacher for medicines to be administered by a member of staff, or self-administered by the pupil during school hours, including emergency salbutamol in the case of a child suffering an asthma attack without their own inhaler being in working condition;
- any separate arrangements or procedures required for school trips or other activities outside of the normal school timetable that will ensure the child can participate, eg 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 IHP.

IHPs, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with this school.

An IHP will be reviewed at least annually and earlier if there is any evidence that a child's needs have changed. This review should also trigger a re-check of any registers held eg asthma sufferers with permission to receive emergency salbutamol and may require a re-check of school insurance arrangements especially where a new medical procedure is required.

4.4 Pupils Managing their own Medical Conditions

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures and this will be reflected in their IHP.

To facilitate this, wherever possible, children will be allowed to carry their own medicines and relevant devices or will be able to access them for self-medication quickly and easily. Children who can take their medicines or manage procedures themselves may require an appropriate level of supervision and this will be reflected in the IHP too. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

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

4.5 Training

The Headteacher has overall responsibility for ensuring that there are sufficient trained numbers of staff available in school and off-site accompanying educational visits or sporting activities to implement the policy and deliver against all IHPs, including in contingency and emergency situations. This includes ensuring that there is adequate cover for both planned and unplanned staff absences and there are adequate briefings in place for occasional, peripatetic or supply staff. The Deputy Headteacher is the member of staff who has the responsibility to manage this.

Any member of school staff providing support to a pupil with medical needs will receive sufficient training to ensure that they are competent and have confidence in their ability to fulfil the requirements set out in IHPs. They will need an understanding of the specific medical condition(s) they are being asked to deal with; any implications and preventative measures and staff training needs will be identified during the development or review of IHPs. It is recognised that some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not always be required, but staff who provide support will be included in meetings where training is discussed. The family of a child will often be key in providing relevant information about how their child's needs can be met, and parents will be asked for their views - they should provide specific advice but will never be the sole source of advice or training.

A relevant healthcare professional will normally lead on identifying and agreeing with school the type and level of training required, and how training can be obtained usually through the development of IHPs. Healthcare professionals can also provide confirmation of the proficiency of staff in a medical procedure, or in providing medicine and school will keep records of training and proficiency checks.

Staff must not give prescription medicines or undertake health care procedures without appropriate training, which school undertakes to update to reflect any IHPs. A first-aid certificate does not constitute appropriate training to administer medicines, but training does not always need to be externally sourced or accredited in any way.

There are 3 distinct levels of training required:

1. Whole school awareness so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. Induction arrangements for new staff should be included. This would usually be delivered in-house because it is about school policy and procedures. If school has pupils on roll

with specific medical conditions such as asthma, diabetes, anaphylaxis or epilepsy, this training should include some basic information about the conditions staff may have to recognise and deal with, such as 'How to Recognise an Asthma Attack' and 'What to do in the Event of an Asthma Attack' from Department of Health '*Guidance on the use of emergency salbutamol inhalers in school'*, September 2014 (including using the emergency salbutamol inhaler where you have decided to hold one), and 'Guidance on the use of Adrenaline Auto-Injectors in Schools', September 2017, or signposting to where information can be found. For training and awareness raising purposes, the school uses online videos, meetings led by health professionals, the first aid training programme and staff induction.

2. General competence to administer non-complex oral or topical medicines. This would usually be delivered in-house as well because it is about school procedures that must be followed. The school may want to seek medical advice on specific conditions.
3. Specific competence to manage a specified condition and/or administer complex medicines and/or carry out medical procedures – usually delivered by an appropriate healthcare professional.

Arrangements for whole school awareness training:

- an awareness of safeguarding issues around Fabricated or Induced Illness (FII) – summarise your procedures for dealing with suspected FII and base them on guidance provided by the Cumbria Safeguarding Children Partnership (SCP);
- hygiene requirements eg washing hands before handling medicines, using a clean measuring device for oral medicine liquids, ensuring containers are clean before they are stored again etc.;
- pre-administration checks eg having the correct record sheet and checking the medicine has not already been administered, child's identity, child's medicine (including that the dosage, frequency etc. on any IHP 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 eg whether the child self-administers, the minimum assistance or supervision required (or as described in the IHP), what should be done with used administration devices (spoons, oral syringes, self-administered sharps etc.), what to do if a child refuses a medicine etc.;
- recording procedures.

The school will take appropriate advice from a relevant healthcare professional when the development of an IHP determines a need and will update this policy as required.

4.6 Managing Medicines

This school is committed to the proper management of medicines and there are clear procedures that must be followed.

- Medicines are only to be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 is to be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child concerned to involve their parents while respecting the child's right to confidentiality.
- A child under 12 is never to be given medicine containing aspirin unless prescribed by a doctor. Medicine is never to 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/antihistamine etc has been given.

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours, although consideration will be given to timings when the child is in wrap around care provision.
- Only prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and which include instructions for administration, dosage and storage are to be accepted. The exception to this is insulin which must still be in date but will generally be made available to school inside an insulin pen or a pump, rather than in its original container. This may also be the case for certain emergency administration medicines such as a reliever inhaler for the treatment of an asthma attack or adrenalin for the treatment of anaphylaxis. This is to be made clear within a child's IHP as appropriate. The national drive to cut costs across every public service now means that many GPs refuse to prescribe medicines for children which can be bought over the counter eg pain relief.
- The school will accept to administer some non-prescription medications, eg anti-histamines to relieve allergy symptoms. The school will administer non-prescription medication on residential visits. Non-prescription medicines are also only accepted in-date, in their original container with full administration instructions.
- With written parental consent non-prescription medicines can be administered to children eg antihistamines, paracetamol etc in exceptional circumstance eg pain relief in an emergency where there will be a significant delay before medical attention can be sought or during a residential trip or where a child requires regular pain relief which doctors refuse to prescribe or where a child does not benefit from a medicine which others can limit to taking outside normal school hours such as the once a day antihistamine. The Headteacher will make decisions on a case by case basis and may need to liaise with the child's GP or practice nurse to ensure the school will be acting appropriately.
- It is best practice for the parent to bring medicines into school and personally deliver them to the school office/named member of staff and Appendix C – Parental Consent to Administer Medicine, contains a parental declaration to that effect. In exceptional circumstances, this may not reasonable (such as in cases where pupils are transported significant distances to school) and any different course of action should be agreed and form part of the IHP.
- All medicines are to be stored safely, in their original containers and in accordance with their storage instructions. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. Access to a refrigerator holding medicines should be restricted. If large quantities of medicine are kept refrigerated school will consider purchasing a lockable fridge. Children should always know where their medicines are kept and be able to access them immediately they might need them. Where relevant, they should also know who holds the key to any locked storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are to always be readily available to children and not locked away. Off-site this will be especially considered as part of the risk assessment process for educational visits.
- When no longer required, medicines will be returned to the parent for them to arrange safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps. Full sharps boxes will be returned to the child's parent/carer for disposal and they will provide a replacement empty sharps box.

4.6.1 Controlled Drugs

The supply, possession and administration of some medicines eg methylphenidate (Ritalin) are strictly controlled by the Misuse of Drugs Act 1971 and its associated regulations and are referred to as 'controlled drugs'. Therefore, it is imperative that controlled drugs are strictly managed between school and parents.

Ideally, controlled drugs should be brought into school daily by parents and the medicine details and quantity handed over be carefully recorded on the child's own Record of Medicine Administered to an Individual Child sheet (Appendix D). This sheet must be signed by the parent and the receiving member of staff. If a daily delivery is not a reasonable expectation of the parent, supplies should be limited to no more than one week unless there are exceptional circumstances. In some circumstances, the drugs may be delivered to school by a third party eg transport escort. In this case, the medicine should be received in a security sealed container/bag.

We recognise that a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements may be necessary and will be agreed on in the IHP, otherwise school will keep controlled drugs prescribed for a pupil securely stored in a non-portable container to which only named staff will have access. They will still be easily accessible in an emergency and clear records kept of doses administered and the amount of the controlled drug held in school.

School staff may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions and a record will be kept in the same way as for the administration of other medicines. It is considered best practice for the administration of controlled drugs to be witnessed by a second adult. The name of the member of staff administering the drug will be recorded and they will initial under 'Staff initials (1)'. The second member of staff witnessing the administration of controlled drugs will initial under 'Staff initials (2)'. These initial signatures should be legible enough to identify individuals.

4.7 Record Keeping

School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects the pupil experiences are also to be noted.

Where a pupil has a course of or on-going medicine(s) they will have an individual record sheet which a parent should sign when they deliver the medicine (Appendix D: Record of Medicine Administered to an Individual Child).

Where a pupil requires administration or self-administration of a controlled drug they will have an individual record sheet which allows 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 Appendix D).

Where a pupil is given a medicine as a one-off eg pain relief, it will be recorded on a general record sheet along with such medicines administered to other children (Appendix E1: Record of Medicine Administered to All Children).

To ensure that only eligible and appropriately identified pupils are given the emergency salbutamol inhaler, school will keep a register of such pupils in each emergency asthma equipment. The school's asthma register is kept on the school server so all staff can easily access it. A paper copy of the asthma register is kept with medical information at wrap around care. Wrap around care has an emergency salbutamol inhaler and spacers.

Where a pupil is given the emergency salbutamol asthma inhaler as a one-off because their own inhaler is unavailable, it will be recorded on a general record card in the Asthma Emergency Equipment (Appendix E2: Record Card: All Children: Emergency Salbutamol Inhaler Administration). The parents of any pupil who requires administration of the emergency salbutamol inhaler will be informed in writing that this has happened and staff should use Appendix I: Template Note Informing Parents of Emergency Salbutamol Inhaler Use).

4.8 Emergency Procedures

The child's IHP should be the primary reference point for action to take in an emergency. It will clearly state what constitutes an emergency for that child and include immediate and follow-up action.

To ensure the IHP is effective, adequate briefing of all relevant staff regarding emergency signs, symptoms and procedures is required and will be included in the induction of new staff, re-visited regularly and updated as an IHP changes. Similarly, appropriate briefings for other pupils are required as far as what to do in general terms i.e. inform a teacher immediately if they think help is needed.

In general, immediately an emergency occurs, the emergency services will be summoned in accordance with normal school emergency procedures and Appendix G. It is the responsibility of the first adult on the scene to call for assistance from another member of staff. If a member of staff is first aid trained, that staff member should stay with the child and another member of staff should call for an ambulance.

If a child needs to be taken to hospital, a member of school staff will remain with them until a parent arrives. This may mean that they will need to go to hospital in the ambulance.

4.9 Emergency Salbutamol Inhalers

Asthma is the most common chronic condition in the UK, affecting one in eleven children. There are on average, two children with asthma in every classroom[1] and over 25,000 emergency hospital admissions every year for asthma amongst children.[2] An Asthma UK survey found that 86% of children with asthma have at some time been without an inhaler at school having forgotten, lost or broken it, or the inhaler having run out.

From 1 October 2014, the Human Medicines (Amendment) (No.2) Regulations 2014 allows (but does not require) schools to keep a salbutamol inhaler for use in an asthma emergency.

We feel that keeping an inhaler for emergency use will benefit children at this school and have decided to purchase and manage two inhalers; one in the main school building, one in the Nursery/Hive. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school. Having procedures that set out how and when the inhaler should be used will also protect our staff by ensuring they know what to do in the event of a child having an asthma attack. **This decision 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.**

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need.

Therefore the emergency salbutamol inhaler will only be used by children:

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[1] Asthma UK, 'Asthma Facts and FAQs', http://www.asthma.org.uk/asthma-facts-and-statistics.

[2] The NHS Atlas of Variation in Healthcare for Children and Young People gives the numbers of emergency admissions of children and young people for asthma in each former PCT / local authority area http://www.sepho.org.uk/extras/maps/NHSatlasChildHealth/atlas.html

- who have been diagnosed with asthma, and prescribed a reliever inhaler; **or**
- who have been prescribed a reliever inhaler; **and**
- for whom written parental consent for use of the emergency inhaler has been given (see Appendix C: Parental Consent to Administer Medicine).

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medicine to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

4.9.1 Supplies of Salbutamol

This school will buy inhalers and suitable spacer equipment (as advised by a person no less qualified than a pharmacist) from a pharmaceutical supplier in writing confirming the following:

- the name of the school,
- the purpose for which the product is required and
- the total quantity required.

4.9.2 Emergency Asthma Equipment

The emergency asthma equipment includes the following:

- a salbutamol metered dose inhaler;
- a reusable plastic spacer compatible with the inhaler;
- instructions for use are on the inhaler and spacer;
- manufacturer's information;
- the batch number and expiry date, which is highlighted;
- a list of children permitted to use the emergency inhaler as detailed in their IHP (asthma register);
- a record of administration (i.e. when the inhaler has been used – See Appendix E2).

4.9.3 Storage and Care of Inhalers

It is the responsibility of a Health and Safety representative to maintain the inhaler equipment ensuring that:

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

Inhalers and spacers are kept in Mallard. They are kept locked away, the key is available from the front office. Emergency inhalers and spacers are kept separate from any child's own prescribed inhaler the emergency inhaler is clearly labelled to avoid confusion with a child's own inhaler.

Storage will always be in line with manufacturer's guidelines, usually below 30°C and protected from direct sunlight and extremes of temperature.

An inhaler should be primed when first used eg spray two puffs. As it can become blocked again when not used over a period of time, regular priming by spraying two puffs will be carried out half-termly as part of the working order checks.

To avoid possible risk of cross-infection, the cardboard spacer should not be reused and can be given to the child who used it to take home for future personal use. The plastic inhaler is washed in the dishwasher for disinfection. The inhaler itself can usually be reused but it should never be used without a spacer. If there is any risk of contamination with blood i.e. if the inhaler has been used without a spacer, it should not be re-used but disposed of.

4.9.4 Disposal

A Health and Safety representative takes out of date emergency inhalers to a pharmacy for disposal.

4.9.5 Staff Use and Training

The Department of Health publication 'Guidance on the use of emergency salbutamol inhalers in schools', September 2014 specifies staffing and training.

There is a named individual responsible for overseeing the protocol for use of the emergency inhaler, monitoring its implementation and for maintaining the asthma register, see front cover of this policy.

'Designated staff' are staff members who have a responsibility for helping to administer an emergency inhaler, eg they have volunteered to help a child use the emergency inhaler and have been trained to do this. They are identified as people to whom all staff may have recourse in an emergency. This includes all members of staff who have a first aid certificate.

Staff should have appropriate training and support, relevant to their level of responsibility. All staff will be:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- aware of the school policy;
- aware of how to check if a child is on the register;
- aware of how to access the inhaler;
- aware of who the designated members of staff are and how to access their help. Class teachers can use a 'red card' to summon assistance.
- aware of the Asthma Register, which is available on the school server. A paper copy is attached to the medicine cupboard and has been given to Hive (wrap around care) staff.

Designated staff should be trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- administering salbutamol inhalers through a spacer;
- making appropriate records of asthma attacks; and
- ensuring parents are informed by text.

The Asthma UK films on using metered-dose inhalers and spacers are particularly valuable as training materials - www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers. Children with inhalers will have to demonstrate to their teacher how

they use it and the school or community asthma nurse may also be able to advise on appropriate use.

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4.10 Allergens

4.10.1 School Meal and Wrap Around Care Providers

Orian assures us that they adhere to all allergen requirements and their staff are suitably trained and made aware of all potential allergens in the foods they provide. They have undertaken to:

- liaise directly with us and take the pupil IHPs that we share into account when planning menus and allergen management;
- record the ingredients used in each dish to display in the food preparation area, or be readily available to all relevant staff, and keep a copy of the ingredient information on labels of pre-packed foods eg sauces, desserts etc.;
- keep ingredients in their original containers, or a copy of the labelling information in a central place, with each product suitably enclosed to prevent cross-contamination in storage;
- ensure allergen information is kept up to date eg if foods purchased are changed or products substituted.
- Orian special dietary requirement sheets are prepared by the school based on the information provided in a child's IHP. There is one special dietary requirement sheet per child and it includes the child's photograph, name, class and dietary requirements. Orian will cross reference special dietary requirement sheets with ingredients regularly, especially when changing products or recipes.
- Orian's recipes are analysed and details of allergen contents is available from our kitchen/ wrap around care team with each menu cycle.

Procedures to control a pupil's exposure to an allergen through school dinners or food provided by Orian or The Hive wrap around care service:

- Information is passed to, and we meet regularly with the kitchen/wrap around care team to make sure all dietary requirements and food intolerances are met and catered for. Children with food allergies have an IHP which is shared as necessary to inform menus and practices.
- Part of the educational visits planning process written into our risk assessment is to ensure dietary needs are addressed in advance and needs shared appropriately with third party providers like residential centres.
- All food handlers receive suitable training on their first day of employment and before food handling duties commence in relation to managing food allergens to include:
- The school will promptly provide allergen information when requested;
- Food handling training will inform staff about how cross contamination can occur and how to prevent it;
- Staff are trained in the signs and symptoms of an allergic reaction and what to do, and who to report to should this occur.

4.10.2 Other Food Handlers

Other potential food handlers (food technology, classroom baking, cookery club, nursery and other staff serving snacks and treats etc.), will be made aware of information about the Major Food Allergens, and understand that they must take this into account when planning any food-related activity for children with known allergies.

Staff or volunteers working with food in play or the curriculum will receive sufficient instruction on and follow the good practice outlined in Section 4.10.1 above in managing exposure to allergens.

4.10.3 Emergency Situations

All staff receive (as outlined in Section 4.5 above) basic awareness training in the common medical and health needs that we manage at school. This includes anaphylaxis, the causes, signs, symptoms, and treatment.

There are three brands of adrenaline auto-injector (AAI) device licensed for distribution in the UK. Specific training in administering the Jext, the Emerade, and/or the Epi-Pen has been provided for relevant staff and will always be requested of our first aid providers on first aid courses that our staff attend. We are also able to view appropriate training videos provided by the manufacturer via their websites at any time and trained staff are encouraged to view them regularly.

Procedures are in place to ensure that every child requiring AAIs, and who is deemed competent to by us, carries them on their person at all times with other arrangements in place where impractical eg carried by staff in a travel first aid kit on shore whilst canoeing. Arrangements are also in place to ensure that a spare AAI is available in suitable locations depending on the likelihood and severity of an incident of anaphylaxis.

Staff will refer to 'Guidance on the use of Adrenaline Auto-Injectors in Schools', September 2017.

4.11 Emergency Adrenaline

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen eg food or an insect sting. Reactions usually begin within minutes of exposure and progress rapidly, but can occur up to 2-3 hours later. It is potentially life threatening and always requires an immediate emergency response.

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allows (but does not require) all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working eg because it is broken, or out-of-date.

We feel that keeping an AAI for emergency use will benefit children at this school and have decided to purchase and manage devices on a risk assessment basis i.e. one or more depending on likelihood of device failure and need.

Our procedures will ensure that the spare AAI will be used on pupils known to be at risk of anaphylaxis, and for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.

4.11.1 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:

- Bottles, other drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If a child with a known anaphylaxis reaction has school meals, parents can check the appropriateness of foods by speaking directly to the school cook.
- 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.

- Food will not be given to food-allergic children without parental engagement and permission eg birthday parties, food treats.
- 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 with allergen.
- Careful planning for the use of food in crafts, cooking classes, science experiments and special events (eg fetes, assemblies, cultural events) with adequate substitutions, restrictions or protective measures put in place (eg 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 (eg 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).
- There is a whole school ban on nuts and food items containing nuts and also on kiwi fruit, known allergens for Heron Hill pupils.
- With the understanding that anyone may have an unknown allergy to bee stings, and that there is an apiary on site, the school supply of AAIs will be administered by an adult if a person develops anaphylaxis having been stung.

4.11.2 Supplies of Auto-Injectors

The Headteacher signs a letter to a pharmacy to purchase a reasonable number of AAIs of the brand our pupils most commonly use, in the doses necessary (based on the 'Guidance on the use of Adrenaline Auto-Injectors in Schools', September 2017), on an occasional basis (due to their expiry dates averaging 12-18 months) and, in accordance with our assessment of the risks.

4.11.3 The Register and Emergency Adrenaline Equipment

The spare AAI in the emergency adrenaline equipment may only be used in a pupil where both medical authorisation and written parental consent have been provided.

This includes children at risk of anaphylaxis who have been provided with a medical plan confirming this, but who have not been prescribed AAI. In such cases, specific consent for use of the spare AAI from both a healthcare professional and parent or legal guardian must be obtained. Such a plan is available from the British Society for Allergy and Clinical Immunology (BSACI www.sparepensinschools.uk/plans or www.bsaci.org/about/pag-allergy-action-plans-for-children).

The spare AAI can be used instead of a pupil's own prescribed AAI(s), if these cannot be administered correctly, without delay. This information will be recorded in the pupil's IHP and where they have no healthcare needs other than the risk of anaphylaxis, we will consider only using the BSACI Allergy Action Plan suitable for their prescribed device.

We will compile a register of all children who have a diagnosed allergy and have been prescribed an AAI (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis) which includes:

- Known allergens and risk factors for this individual's anaphylactic reaction;
- Whether the individual has been prescribed AAI(s), and if so, what type and dose;
- What type and dose of AAI the individual can receive if they have **not** been prescribed one of their own, but they **do** have a written medical plan confirming that an allergen exposure incident could require AAIs to be administered which includes specific

consent for use of the spare AAI from both a healthcare professional and parent or legal guardian;

- Whether written parental consent has been given (usually agreed as part of the IHP) for use of the spare AAI which may be different to the personal AAI prescribed;
- A photograph of each pupil to allow a simple visual check to be made;

The spare AAIs will be stored as part of an emergency anaphylaxis equipment which will include:

- One or more AAI(s);
- Instructions on how to use and store the device(s);
- Manufacturer's information;
- Batch number and expiry dates of AAIs will be highlighted;
- A list of pupils to whom the AAI can be administered;
- An administration record (see Appendix E3).

This equipment will be stored with the emergency asthma equipment because many food-allergic children also have asthma, and asthma is a common symptom during food-induced anaphylaxis.

4.11.4 Storage and Care of Auto-Injectors

It is the responsibility of the Health and Safety representatives to maintain the emergency adrenalin equipment ensuring that, on a half-termly basis, the AAIs (and sharps box if necessary) are present and appear to be in working order and that replacement AAIs are obtained when expiry dates approach.

AAIs are kept in Mallard which is a safe and suitably central location, known to all staff, accessible at all times, but which is out of the reach and sight of children. They will be locked away and will be kept separate from any child's own prescribed AAI and be clearly labelled to avoid any confusion with a child's own AAI.

Storage will always be in line with manufacturer's guidelines, usually at room temperature in a cool dark place preferably at 18-26°C, and we take into account what the prolonged ambient temperature might be in storage locations during holiday periods without any heating on.

4.11.5 Disposal

A Health and Safety representative takes out of date emergency AAIs to a pharmacy for disposal.

4.11.6 Staff Use and Training

Staff will be trained on managing anaphylaxis in accordance with Section 4.5 above. When staff recognise the signs of anaphylaxis:

- the child should be made as comfortable as possible and their own AAI located, and the spare sent for at the same time;
- the spare AAI will be administered only if the child's own devices are not functioning, in-date, sufficient, or available;
- the child will be checked against the register for confirmed identity, consents, and dose before administration;
- although all staff have received allergen awareness training which included training videos on AAI administration and there are very clear administration instructions with the AAIs, where possible, the AAI will be administered by a first aider whose first aid course included AAI practice;

- administration will be recorded in the equipment record and on the individual child's personal administration record (where one is being kept);
- in line with the Department of Health guidance, arrangements will be made as soon as possible to transfer to hospital any pupil that we have administered adrenaline to for further monitoring of their condition;
- parents will be informed about AAI administration through normal emergency contact arrangements as soon as possible, and usually by telephone.

4.12 Day Trips, Residential Visits and Sporting Activities

Through development of the IHP staff will be made aware of how a child's medical condition might impact on their participation in educational visits or sporting activities. Every effort will be made to ensure there is enough flexibility in arrangements so that all children can participate according to their abilities and with any reasonable adjustments. This may include reasonable adjustment of the activities offered to all children i.e. changing a less accessible venue for one that is more so but can still achieve the same educational aims and objectives. A pupil will only be excluded from an activity if the Headteacher 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.

A risk assessment for an educational visit may need to especially consider planning arrangements and controls required to support a pupil with a medical condition. The IHP will be used alongside usual school risk assessments to ensure arrangements are adequate. This may also require consultation with parents and pupils and advice from a relevant healthcare professional.

4.13 Other Arrangements

4.13.1 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 and this school has one as part of our first aid equipment. It is located in the school entrance hall.

First Aid trained school staff are appropriately trained in its use and the local NHS and ambulance service have been notified of its location by the provider, Heartstart.

This school has an Automated External Defibrillator (AED) as part of our first aid equipment and the community does not have access to it.

We followed government recommendations in the DfE guide Automated external defibrillators (AEDs) in schools, current at the time we got it regarding the type of machine, kit, location, installation, signage, and systems of access we needed.

There is a monitoring and maintenance schedule to ensure we spot when the automatic testing detects a fault or when consumables like pads, or batteries etc. need to be replaced.

AEDs are designed to be used by someone without any specific training and by following step-by-step instructions on the device. All school staff have been given access to the instructions and an appropriate briefing on our procedures for using the AED. Staff who receive First Aid training receive use of a defibrillator training in the course of it.

4.14 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 IHP. 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 eg 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, 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, eg by requiring parents to accompany the child.

4.15 Insurance

Staff are appropriately insured to carry out tasks associated with supporting pupils with medical conditions and the Insurance Policy wording is made available to such staff on request. Heron Hill School is a Local Authority maintained school and is covered by the Local Authority's insurance policy.

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

Every IHP 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.

4.16 Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the Headteacher in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint through the normal school complaints procedure, which can be found on the school website.

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Process for Developing an Individual Healthcare Plan (IHP)

A parent or healthcare professional informs school that a child with a medical condition:

- has been newly diagnosed; or,
- has had a change in their health needs; or,
- is due to attend this school as a new pupil; or,
- is due to return to this school after a long term absence.

The member of staff who receives the notification should as soon as possible (and definitely that day) inform the SENCO, the child's class teacher and the Health and Safety representative.

A blank IHP form is given to the parent or healthcare professional to complete. Once this has been returned, the IHP will be typed up, the child's photograph will be added to it and it will be checked and signed by the parent.

If necessary, a meeting will take place to discuss and agree on the issues raised by the health needs of the child and this could include key school staff, the child, parents, relevant healthcare professionals and other medical/health clinicians as appropriate (or to consider written evidence provided by them).

It may be agreed at this point that an IHP is unnecessary because there will be no significant information to record on it and this along with any measures in place generally to support the child will be communicated to parents.

If an IHP is put in place, it is circulated to relevant staff (including Hive wrap around care) and school staff training needs are identified.
Dietary needs are shared with Orian kitchen staff via the special dietary requirements sheet.

The IHP is reviewed annually or when a condition changes – to be initiated by a parent or a healthcare professional or by school due to an incident or identified change in needs or school procedures.

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Individual Healthcare Plan (IHP)

Heron Hill Primary School

Individual Healthcare Plan for a Pupil with a Medical Condition

NAME:

Date of Birth:

Class: **Family Group:**

Condition:

Describe the child's medical needs (e.g. details of any symptoms, triggers, signs, treatments, facilities, equipment/devices, environmental issues etc.)

Daily care requirements:

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

Who is responsible in an emergency (state if different on off-site activities)
Headteacher/Classteacher/activity leader (if First-aid trained)/First-aid trained member of staff

Contact Information:

Family Contact 1:
Name:
Contact details available at school office.

Family Contact 2:
Name:

Clinic:
Phone No:

GP:

Parent Signature:

Date:

Individual Healthcare Plan discussed at home between parent and child ❒

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Parental Consent to Administer Medicine

This school/setting will not give your child 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:		**Gender:**	MALE / FEMALE
Date of Birth:		**Class/Form:**	
Date for review to be initiated by:			

Medical diagnosis, condition or illness

MEDICINE(S)			
Name/type of medicine(s) (as described on the container)			
Expiry date(s):			
Dosage and method of administration:			
Timing(s):			
Special precautions or other instructions: eg with food etc.			
Side effects that the school/ setting must know about:			
Can the child self-administer?	YES / NO	**If YES is supervision required?**	YES / NO
Does any medicine need to be carried by the child on their person, what and where will they keep it?	YES / NO		
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 that I must deliver the medicine personally to: (name the agreed member(s) of staff)	
I understand that 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. I consent to my child receiving, in an asthma emergency, salbutamol which has not been prescribed to them.	YES NO N/A YES NO N/A
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:**	

Administration of Medicine Name of child:				
Date	Time	Amount	Administered by	Notes/Comments/Reactions

Parental Consent to Use Emergency Inhaler

Date

Dear Parents

Consent Form: Use of Emergency Salbutamol Inhaler

Schools are authorised to have salbutamol inhalers, which can be used if a pupil with a diagnosis of asthma does not have a working inhaler with them in school. Heron Hill School has two salbutamol inhalers. We are required to have written permission from the parent before we can administer the inhaler. Please could you complete and return the form below, so we can add this information to your child's Individual Healthcare Plan. Thank you.

If your child needs to use the school's inhaler, we will inform you.

Yours sincerely

Alison Lehane
Health and Safety Representative
……..

Consent Form: Use of Emergency Salbutamol Inhaler

[Tick or delete/amend statements as appropriate]

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler ❒
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day/keep in school ❒
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies ❒

Signed (parent's name): ……Print (parent's name)……

Child's name: ……Class: ……

Date: ……

Parental Consent to Use Adrenaline Auto-Injector

Date

Dear Parents

Consent Form: Use of Emergency Adrenaline Auto-Injector

Schools are authorised to have emergency adrenaline auto-injectors (AAI), which can be used if a pupil with a diagnosis of anaphylaxis requires urgent assistance. Heron Hill School has two AAIs and from your child's Individual Healthcare Plan, we understand that your child has or could potentially have an anaphylaxis reaction to known or unknown allergens.

We are required to have written consent from the parent before we add a child's name to the Anaphylaxis register. Please could you complete and return the form below, so we can add this information to your child's Individual Healthcare Plan. Thank you.

If we need to use AAIs due to your child's medical condition, we will in the first instance, use your child's AAI, if they have one. We will contact you immediately the decision is taken that your child is in need of adrenaline and we will also telephone for an ambulance.

Yours sincerely

Alison Lehane
Health and Safety Representative
……...

Consent Form: Use of Emergency Adrenaline Auto-Injector

[Tick or delete/amend statements as appropriate]

1. I can confirm that my child has been diagnosed with anaphylaxis/possible anaphylaxis ❑
2. My child has an in-date AAI, clearly labelled with their name, which they bring with them to school every day ❑
3. My child has an possible anaphylaxis diagnosis but has not been prescribed an AAI ❑
4. In the event of my child displaying symptoms of anaphylaxis, and if their AAI is not available or is unusable, or they do not have one, I consent for my child to receive adrenaline from an AAI, held by the school for such emergencies ❑

Signed (parent's name): ……Print (parent's name)……

Child's name: ……Class: ……

Date: ……

Record of the Use of the School's Emergency Salbutamol Inhaler

Administration of Medicine

School Inhaler Use

School Inhaler Use	Date	Staff Name	Time the inhaler was taken on a visit and time returned	Time and quantity of dose administered	Name of Child and Class	Notes

Record of the Use of the School's Adrenaline Auto-Injectors

Appendix E2: Administration of Medicine

School AAI Use: CHECK THE EXPIRY DATE

School Epipen Use	Date	Name of staff administering epipen	Epipen expiry date	Time the epipen was administered	Name of Person receiving the dose	Notes (symptoms, triggers, location, witnesses)

- Only use the AAIs on pupils on the AAI register or under the direction of the ambulance service.
- The epipen must only be used by a first aid trained member of staff or a medically trained person.
- The used epipen must be kept and given to the ambulance service.
- Provide a written record of this information to the parent of the pupil who receives the epipen dose/s.

Summoning Emergency Services

To summon an ambulance, dial 9 to get an outside line followed by 999, ask for an ambulance and be ready with the following information.

Heron Hill School's telephone number: 01539 721276	
Your name.	
Your location.	Heron Hill Primary School, Hayfell Avenue, Kendal.
Your location postcode.	LA9 7JH
The exact location of the patient within the school.	
The name of the patient and a brief description of their symptoms.	
The best entrance for the ambulance crew to use and state they will be met and taken to the patient.	

Display a copy of this form close to any phone that might reasonably be used to summon emergency services