



ALEC REED ACADEMY
PROUD TO LEARN

Medical Policy

And Supporting Children with Medical Conditions

All Through

Policy Owner:	Helen Tinsley	Approved By:	Board of Trustees/ Principal/ Leadership Team
Target Audience:	Staff and School Community	Requirement to Publish on Website:	Yes
Purpose:	To support the delivery of effective medical and first aid care	Statutory Policy:	Yes
Review Date:	July 2026	Approval Date:	July 2023

(Supporting children with medical conditions is adopted from the Ealing Council policy)

INDEX

Section	Page
Glossary	2
Overview of First Aid Provision	3
Identification, Registers and Individual Healthcare plans	4
Medication	6
Training	8
Whole Academy Environment	10
Appendix 1 – Supporting Pupils at Academy with Medical Conditions checklist	12
Appendix 2 – Medical questionnaire	14
Appendix 3 – Procedure following notification that a pupil has a medical condition	15
Appendix 4 – Individual healthcare plans template	16
Appendix 5 – Individual risk assessment form	17
Appendix 6 – Emergency Inhalers and Adrenaline Auto-Injectors	18
Asthma	19
Anaphylaxis	20
Appendix 7: First Aid Training Requirements	22

Glossary

Controlled Drug (CD): Medication that is controlled as part of the misuse of drugs legislation (e.g. methylphenidate/Ritalin or some strong pain killers)

Education, Health and Care (EHC) plans: A legal document that describes a child's special educational, health and social care needs, and support required to meet those needs

General Data Protection Regulation (GDPR): A data protection regulation from May 2018 intended to strengthen and unify data protection for individuals.

Individual Healthcare plans: A document that describes a child's medical needs and support required in academy to meet those needs.

Individual risk assessment: A risk assessment to determine the risks and controls required for pupils with severe/complex or potentially life-threatening health conditions.

Medical condition: For the purposes of this policy, 'medical condition' refers to any physical or mental health conditions that required on going health professional input (e.g. from GP, clinic or hospital specialist).

Medical Officers: Designated members of staff who lead the implementation of the 'Supporting Pupils at Academy with Medical Conditions' policy and support pupils with medical conditions.

Special educational needs or disabilities (SEND): Special educational needs and disabilities that can affect a child or young person's ability to learn.

Special Educational Needs Co-ordinator (SENCO): Designated members of staff who lead the implementation of the SEND policy and support pupils with SEND.

Overview of First Aid Provision

First aid provision must be available while people are on school premises. It must also be available when staff, pupils and students are working elsewhere on school activities including any off-site activity such as educational visits. The number of first aid qualified staff depends on the needs of the academy. In EYFS there should be at least 1 paediatric first aid qualified person on site at all times when children are present and accompanying any off-site activity. The medical/welfare officer in primary must hold a valid paediatric qualification. The number of qualified staff in the primary phase is to be determined by a risk assessment undertaken by the primary headteacher and the academy health and safety officer.

In the secondary phase the medical/welfare officer must hold a valid first aid at work qualification. The number of qualified staff in the secondary phase is to be determined by a risk assessment undertaken by the Principal and CEO and the academy health and safety officer.

The minimum first aid provision for schools is:

- a suitable first aid container stocked in accordance with the findings of the first aid needs assessment and holding at least the minimum requirements suggested by HSE
- an appointed person or designated first aider(s) to take charge of first aid arrangements
- information for employees detailing the location of equipment, facilities, and personnel

Any member of school staff may be asked to undertake first aid tasks, but they cannot be required to do so. Teachers and other staff working with pupils and students are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils and students in education in the same way that parents might be expected to act towards their own children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

Alec Reed Academy will periodically review their first-aid needs, particularly after any operating changes, to make sure provision remains appropriate. Records kept using medical tracker will be used to

All incidents and medication use must be recorded using Medical Tracker. The information recorded includes:

- date, time and place of the incident;
- name and job of the injured or ill person;
- details of the injury/illness and what first aid was given;

- what happened to the person immediately afterwards (for example, went back to work, went home, went to hospital);
- name of the first-aider or person dealing with the incident.

All RIDDOR reportable incidents must be reported. If in doubt the academy health and safety officer should be consulted. All injuries to staff or visitors to the academy must be reported to HR who will liaise with the health and safety officer. They will report any RIDDOR reportable occurrences.

Injuries to pupils and visitors who are involved in an accident at school or on an activity organised by the school are only reportable under RIDDOR if the accident results in:

- the death of the person, and arose out of or in connection with a work/school activity; or
- an injury that arose out of or in connection with a work/school activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

If a pupil injured in an incident remains at school, is taken home or is simply absent from school for a number of days, the incident is not reportable.

Most playground accidents due to collisions, slips, trips and falls are not normally reportable. Incidents are only reportable where the injury results in a pupil either being killed or taken directly to a hospital for treatment. Either is only reportable if they were caused by an accident that happened from or in connection with a work/school activity. This includes incidents arising because:

- the condition of the premises or equipment was poor, eg badly maintained play equipment; or
- the academy had not provided adequate supervision, eg where particular risks were identified, but no action was taken to provide suitable supervision.

Violence between pupils is a school discipline matter and not reportable under RIDDOR, as it does not arise out of or in connection with a work/school activity

Injuries to pupils while travelling on a school bus If another vehicle strikes the school bus while pupils are getting on or off and pupils are injured and taken to hospital, this is normally reportable under RIDDOR. However, deaths and injuries resulting from a road traffic accident involving a school vehicle travelling on the public highway are not reportable to RIDDOR. These are classed as road traffic incidents and are investigated by the police. Incidents involving pupils on overseas trips RIDDOR only applies to activities which take place in Great Britain. So, any incident overseas is not reportable to HSE. Incidents to pupils on work experience placements - If pupils are on a training scheme or work placement, they are deemed to be employees for the period of the placement. In these circumstances, the employer, as the responsible person, should report a death, injury or disease to a pupil, which arises out of or in connection with work. This means the wider range of reporting categories for employees is applicable

Medical Rooms

Alec Reed Academy has designated first aid/medical rooms in all phases. Where possible these should include:

- a sink with hot and cold running water.
- drinking water with disposable cups.
- soap and paper towels.
- a store for first aid materials.
- foot-operated refuse containers, lined with disposable, yellow clinical waste bags or a container suitable for the safe disposal of clinical waste.
- an examination/medical couch with waterproof protection and clean pillows and blankets (a paper couch roll may be used that is changed between casualties).
- a chair.
- a telephone and IT access (medical tracker).

Material, equipment and facilities

Alec Reed Academy will ensure sufficient materials and equipment is available at all times. These will be available and easily accessible.

First aid containers

There is no mandatory list of items to be included in a first aid container. A suggested minimum provision of first aid items could be:

- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves

Specialist first aid boxes such as those in science, DT and Food Technology will have additional items according to the departmental risk assessments. This would include blue plasters (food), burns dressings (food, DT & Science), hose for eye flushing (science). This is not an exhaustive list.

The regular checking and updating of first aid boxes will be undertaken by the medical/welfare officers' employed to work in the first aid rooms. Staff in areas where there are first aid boxes are also responsible for checking contents regularly. After items have been used a request for replacement should be made by the member of staff to the medical/welfare officer. Items should be discarded safely after the expiry date has passed (unless reserved for training in which case they must be stored separately and clearly labelled for training purposes only).

Travelling first aid containers

Before undertaking any off-site activities or educational visits, the visit leader should assess what level of first aid provision is needed and identify any additional items that may be necessary for specialised activities. The academy policy and [Outdoor Education Advisers' Panel \(OEAP\)](#) provides advice on outdoor learning and off-site visits, including the assessment of first aid requirements.

It is the responsibility of the academy Education Visits Co-ordinator, Principal and Trustees to ensure that a full risk assessment (including medical qualification coverage, children with medical conditions and procedures) has been undertaken prior to any off site activities.

- Alec Reed Academy recommends that the minimum travelling first aid kit should be:
- 6 individually wrapped sterile adhesive dressings
- 1 large sterile unmedicated dressing
- 2 triangular bandages individually wrapped and preferably sterile
- 2 safety pins
- individually wrapped moist cleansing wipes
- 2 pairs of disposable gloves

The Road Vehicles (Construction and Use) Regulations 1986 (for minibuses) and/or the Public Service Vehicles (Conditions of Fitness, Equipment, Use and Certification) Regulations 1981 (for larger vehicles) advise that a suitable, clearly marked first aid box should be readily available and in good condition.

The following items must be kept in the first aid box:

- 10 wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5 cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15.0 cm × 20.0 cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustless blunt-ended scissors

The medical/welfare officers in the primary and secondary phases will regularly conduct a peer audit of facilities and provision in order to ensure that provision is sufficient. This is a failsafe mechanism to ensure that the quality of provision is always at its best.

Alec Reed Academy is an inclusive community that welcomes and supports pupils with medical conditions so that they can play a full and active role in all aspects of academy life, remain as healthy as possible and achieve their academic potential.

The Department for Education statutory guidance 'Supporting pupils with medical conditions at the academy' (2014) states:

"Children and young people with medical conditions are entitled to a full education and have the same rights of admission to the academy as other children. This means that no child with a medical condition can be denied admission or prevented from taking up a place in the academy because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, the board of trustees should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases."

This policy takes into account the academy's legal duties under the Children and Families Act 2014 to make arrangements to support pupils with medical conditions, as well as its duties under the Equality Act 2010. This policy details the academy's arrangements to support pupils with long term medical conditions. In this document 'medical condition' refers to any physical or mental health condition that requires on going health professional input.

This policy will be reviewed annually or earlier if there is any change in the regulations. The effectiveness of these procedures will be monitored by the governing board.

Identification, Registers and Individual Healthcare plans

1 The academy identifies all children with medical conditions

- 1.1 The Academy asks parents/carers if their child has any physical or mental health condition on the medical questionnaire as part of the enrolment process (Appendix 2), and annually thereafter. The academy asks for explicit consent to share this information with relevant academy staff and healthcare professionals.
- 1.2 The Academy follows the procedure detailed in Appendix 3 to ensure that every child with a medical condition has an individual healthcare plan in place before they start at the academy (see section 3). Any exception to the requirement to have an individual healthcare plan in place before the child starts at the Academy will be at the discretion of the Academy.
- 1.3 Parents/carers are responsible for informing the academy of any new diagnosis, or changes to their child's medical condition, as soon as possible. It is the Academy's responsibility to act on this information.

2 The Academy keeps a record of all children with medical conditions

- 2.1 The Academy keeps a register of children and young people with medical conditions to identify and safeguard them. This register is held in a central, secure location, with access by staff as appropriate, and includes the child's individual healthcare plan.
- 2.2 The Academy ensures that the pupil's confidentiality is protected in line with the General Data Protection Regulation (GDPR), and will only share this information with relevant members of staff and healthcare professionals as appropriate.

3 All children with a medical condition have an individual healthcare plan

- 3.1 The Academy recognises that needs are specific to an individual pupil. As such, all pupils with a medical condition require an individual healthcare plan.
- 3.2 All pupils with a medical condition will require communication to discuss the individual healthcare plan. This may be as part of the induction or admissions process. For more severe/complex conditions, an additional meeting between relevant academy staff (including those who will be providing support to the pupil) and the parent/carer will normally be required to complete the individual healthcare plan, and may also involve health professionals and the pupil if appropriate. This should ideally take place before the start of the academic year or academy term if mid-year entry (Appendix 3).
- 3.3 The format of an individual healthcare plan may vary according to the nature and severity of the medical condition. This may range from an asthma card (see Appendix 4) to a more detailed individual healthcare plan as appropriate. All individual healthcare plans should detail the medication and care requirements at academy, what to do in an emergency and details of the child's GP. Appendix 4 shows templates individual healthcare plans for common medical conditions.
- 3.4 For more severe and/or complex medical conditions, the individual healthcare plan should also include an individual risk assessment (Appendix 5) and an assessment of how the condition may impact on the child's learning, behaviour, performance and wellbeing, with plans to mitigate these risks and minimise disruption.
- 3.5 If a pupil has special educational needs or disabilities (SEND), these needs should be made clear in the individual healthcare plan and linked to their SEN or Education, Health and Care (EHC) plan if they have one.

- 3.6 The academy recognises that needs change over time. As such, individual healthcare plans should be updated annually, or whenever the pupil's needs change. It is good practice to meet with parents annually to review the individual healthcare plans and the academy considers ways of doing this, such as during parents' evenings and/or Annual Reviews.
- 3.7 A copy of the individual healthcare plan is maintained and updated by the academy and is easily accessible to staff who need to refer to it, while also preserving confidentiality in line with the General Data Protection Regulation.

Medication

4 The Academy has clear guidance on administering medication at academy

- 4.1 Medication should only be administered at the academy when it would be detrimental to a child's health or attendance not to do so. Where clinically possible, parents/carers should request their prescribing clinician to prescribe medication in dose frequencies which enable them to be taken outside the school day.
- 4.2 If medication is required at school, this will only be given as detailed in the pupil's individual health care plan, and when parents/carers fill out a medication consent form. If there is a short-term need parents/carers should contact the academy to discuss, and written details of dosage and frequency should be provided by the parent/carer.
- 4.3 The Academy keeps an accurate record of all the medication administered, including the dose, time, date, and supervising staff using Medical Tracker. Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

5 The Academy supports staff who administer medication

- 5.1 The Academy ensures that there are members of staff trained to administer routine and emergency medication and undertake procedures to meet the care needs of an individual child (see section 11).
- 5.2 All staff are aware of the specific members of staff trained to administer medication or medical procedures in an emergency situation.
- 5.3 Staff who may be regularly expected to administer medication and undertake medical procedures should have this responsibility recognised in their job

description. Staff are encouraged to volunteer for this role as part of their duty of care.

- 5.4 The Board of Trustees will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

6 The Academy has clear guidance on storing medication and equipment at school

- 6.1 The academy ensures that all medication is stored safely, and that pupils with medical conditions and staff know where they are at all times, and who holds the key to the storage facility
- 6.2 The academy allows pupils to carry their own medication/equipment if this is appropriate for their age and individual healthcare plan and has been risk assessed. Parents/carers should check that this medication is in date.
- 6.3 The academy ensures that medication is in date and labelled in its original container where possible (although insulin will generally be supplied in an insulin injector or pump), and in accordance with its instructions including storage temperature.
- 6.4 The academy keeps controlled drugs (e.g. methylphenidate [Ritalin], some strong painkillers marked CD on container) stored securely, but accessibly, with only named staff having access.
- 6.5 Parents/carers must provide new and in-date medication as required by the school. Parents are responsible for tracking the dates of medication held by the academy. The Academy will remind parents/carers when medication is due for renewal.
- 6.6 The Academy should not dispose of any medication. It is the parent/carer's responsibility to dispose of out-of-date medication.

7 The academy has clear guidance on emergency inhalers and adrenaline pens

- 7.1 The Academy allows pupils to keep their own inhalers and adrenaline pens if appropriate (6.2) or stored securely but accessibly if not.
- 7.2 The Academy's emergency asthma inhalers and adrenaline pens are available for pupils whom written parental consent and medical authorisation for use has been given. They are stored in a secure location but not locked away (see Appendix 6 for more details).

Training

8 The Academy promotes staff training in supporting pupils with medical conditions

- 8.1 ARA recognises that different levels of training are required for different members of staff in order to meet the academy's duties to support pupils with medical conditions.

9 Level 1 – All staff are aware of the medical conditions policy, emergency procedures and are encouraged to undergo further training

- 9.1 The Academy ensures that all staff, including temporary staff, are aware of this 'Supporting Pupils with Medical Conditions' policy and their role in implementing the policy as part of induction. All staff will be required to read this policy and confirm they understand its content and their role within it.
- 9.2 All staff know which named members of staff should be called on in the event of a medical emergency and are familiar with the procedure for calling the emergency services. All staff are aware that if a pupil is taken to hospital by ambulance, a member of staff must accompany them and remain with them until a parent or carer arrives. Pupils should not be taken to hospital in staff cars.
- 9.3 The academy has posters on display in the staff room and main office that reiterates the steps to take during an emergency.
- 9.4 The Academy encourages all staff to undertake awareness raising opportunities as part of its comprehensive programme of Continuing Professional Development (CPD), including First Aid training, as well as accredited online training modules tailored around managing asthma and anaphylaxis (Appendix 6). ARA keeps a record of staff training.

10 Level 2 –ARA has a sufficient number of trained first aiders

- 10.1 ARA ensures they carry out risk assessments as appropriate and have sufficient numbers of trained first aiders, taking into account factors such as the size of the academy (Appendix 7).
- 10.2 The first aiders (*including paediatric first aiders as appropriate*) are trained in the management of common medical emergencies and Basic Life Support, including Cardiopulmonary Resuscitation (CPR). This should be refreshed at least every three years.

- 10.3 ARA has an Automatic External Defibrillator (AED) on site which all staff are aware of. Named members of staff are responsible for maintaining this.

11 Level 3 – ARA supports staff who take on specific responsibilities for supporting pupils with medical conditions

- 11.1 ARA has named members of staff who are 'Medical Conditions Co-ordinators /Leaders', a role that should be recognised in their job description. These staff are trained on managing medical emergencies and supporting the implementation of this 'Supporting Pupils with Medical Conditions' policy. These staff are clear about the support they can receive and included as part of their annual appraisals.
- 11.2 Some children with medical conditions require more specific training for named members of staff. The academy ensures that this training is provided by appropriate professionals.
- 11.3 The academy ensures that there are sufficient numbers of staff trained to support pupils with specific medical conditions, taking into account staff absences, staff turnover and other contingencies.
- 11.4 Training should be sufficient to ensure that these members of staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements as set out in individual healthcare plans.
- 11.5 The family of a child should be key in providing relevant information to ARA about how their child's needs can be met, and parents/ carers should be asked for their views. They should provide specific advice, but should not be the sole trainer.

Whole Academy Environment

12 The whole academy environment is inclusive.

- 12.1 ARA is committed to providing an accessible physical environment for pupils with medical conditions. This includes out-of-school activities.
- 12.2 All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the academy's bullying policy, to help prevent and deal with any issues.

12.3 ARA uses opportunities such as personal, social, health and economic education (PSHE) and science lessons to raise awareness of medical conditions to help promote a positive environment.

12.4 ARA recognises that any measures to identify pupils with medical conditions for their safety should be proportionate and take into account confidentiality and emotional wellbeing.

13 ARA ensures that arrangements are made for pupils with medical conditions to participate in all aspects of the curriculum where reasonably possible.

13.1 ARA ensures that the needs of pupils with medical conditions are adequately considered so that they can participate fully in all structured and unstructured activities and residential visits.

13.2 ARA understands the importance of all pupils taking part in physical activity (including out-of-school clubs and team sports). All relevant staff should make reasonable adjustments to physical activity sessions in accordance with a pupil's individual healthcare plan. This may involve ensuring that pupils have the appropriate medication/equipment/food with them during physical activity.

13.3 ARA makes sure that a risk assessment is carried out before an educational visit. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required. This will require consultation with parent/carers and pupils and may require advice from the relevant healthcare professional to ensure that pupils can participate safely.

14 ARA understands the impact a medical condition may have on attendance and learning

14.1 Academy staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.

14.2 Where a pupil has frequent absences or a prolonged absence due to a medical condition, it is expected that parents/ carers will work with the academy and healthcare providers to ensure relevant information is available as part of a coordinated care/support approach.

14.3 ARA will refer pupils with medical conditions who are finding it difficult to keep up educationally to a relevant member of staff (e.g. the Special Educational

Needs Co-ordinator) who will liaise with the pupil (where appropriate) parent and the pupils' healthcare professional.

- 14.4 Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), ARA will work with the local authority and educational provider to ensure that the child receives the support they need to reintegrate effectively. This may include updating their individual healthcare plan where necessary.

15 ARA learns from incidents and complaints

- 15.1 ARA investigates all serious incidents related to this policy and reports these to the Academy's Health and Safety Advisor (Ealing Council Corporate Health and Safety) through the online portal www.egfl.org.uk/report-incidents. Learning from these incidents is shared with staff and used to inform any subsequent revisions to this policy.
- 15.2 ARA responds to all concerns and complaints related to implementation of this policy, in line with the academy's complaints policy

Appendix 1: 'Supporting Pupils at School with Medical Conditions' checklist

Area	In place	Development required	Not in place	Person responsible for
Policy and implementation:				
Agreed policy in place				
Policy revised annually in consultation with governors and staff				
Policy on the academy website				
Governing board committee with a responsibility for and link governor(s) who visits the academy termly to monitor implementation				
Annual report from the headteacher to the governing board on this policy				
Annual report to parents/communication via newsletters				
Identification, registers and individual healthcare plans:				
Process in place for notifying the academy of pupils with medical conditions (e.g. questionnaire)				
Process in place for ensuring all pupils with medical conditions have an individual healthcare plan in place before they start academy				
Process in place for reviewing the individual healthcare plans every year				
A register of pupils with medical conditions in a secure location, with individual healthcare plans, medication consent forms, medication records, and individual risk assessment forms				

Medication:				
Stores medication securely but accessibly				
Process for ensuring all medication and equipment (including defibrillators) are in date				
Accurate record of medication administered				
Protocol for use of emergency inhalers and adrenaline autoinjectors (<i>if applicable</i>)				
Staff/training:				
Policy is part of all staff induction, including temporary, supply staff and volunteers				
Staff/training:				
All staff are aware of the emergency procedures (Inc. information displays)				
Information on this policy in the staff handbook				
All staff know the pupils they work with who have an individual healthcare plan /medical condition				
ARA has risk assessed and has a sufficient number of trained first aiders				
Insurance cover current and adequate to needs				
Medical conditions co-ordinator/leads are clearly known by all staff, pupils, parents and other stakeholders				
Medical conditions co-ordinator/leads are clear about line management				

arrangements, annual appraisals and attend regular training				
Job descriptions exist for medical conditions co-ordinator/leads and includes relevant responsibilities				
Whole academy environment:				
Academy admission arrangements take this policy into consideration				
Risk assessments for educational visits are in place				
Process for reporting incidents to Ealing Council Health and Safety				

Appendix 2: Medical questionnaire (for the academy enrolment form and annually thereafter)

Name of Pupil	
Date of Birth	
Year Group / Class	
Name of GP	
Address of GP	

1. Is your child currently under the care of the GP/clinic/hospital for a medical condition* (physical or mental health)?

Yes / No

If yes, please give details:

2. Is there any other condition/health concern you need to make us aware of?

Yes / No

If yes, please give details:

3. Does your child require medication to be taken during school hours?

Yes / No

If yes, please give details:

If you have ticked 'yes' above, a member of staff will contact you to discuss your child's medical needs further. All pupils with medical conditions* will require an individual healthcare plan before the start of the academy year. If the medical condition is serious, complex and/or life threatening the academy will organise a meeting to discuss the individual healthcare plan. If medication needs to be taken at academy, all parents/carers will need to complete the medication form (Appendix 6 of the 'Supporting Pupils with Medical Conditions' Policy).

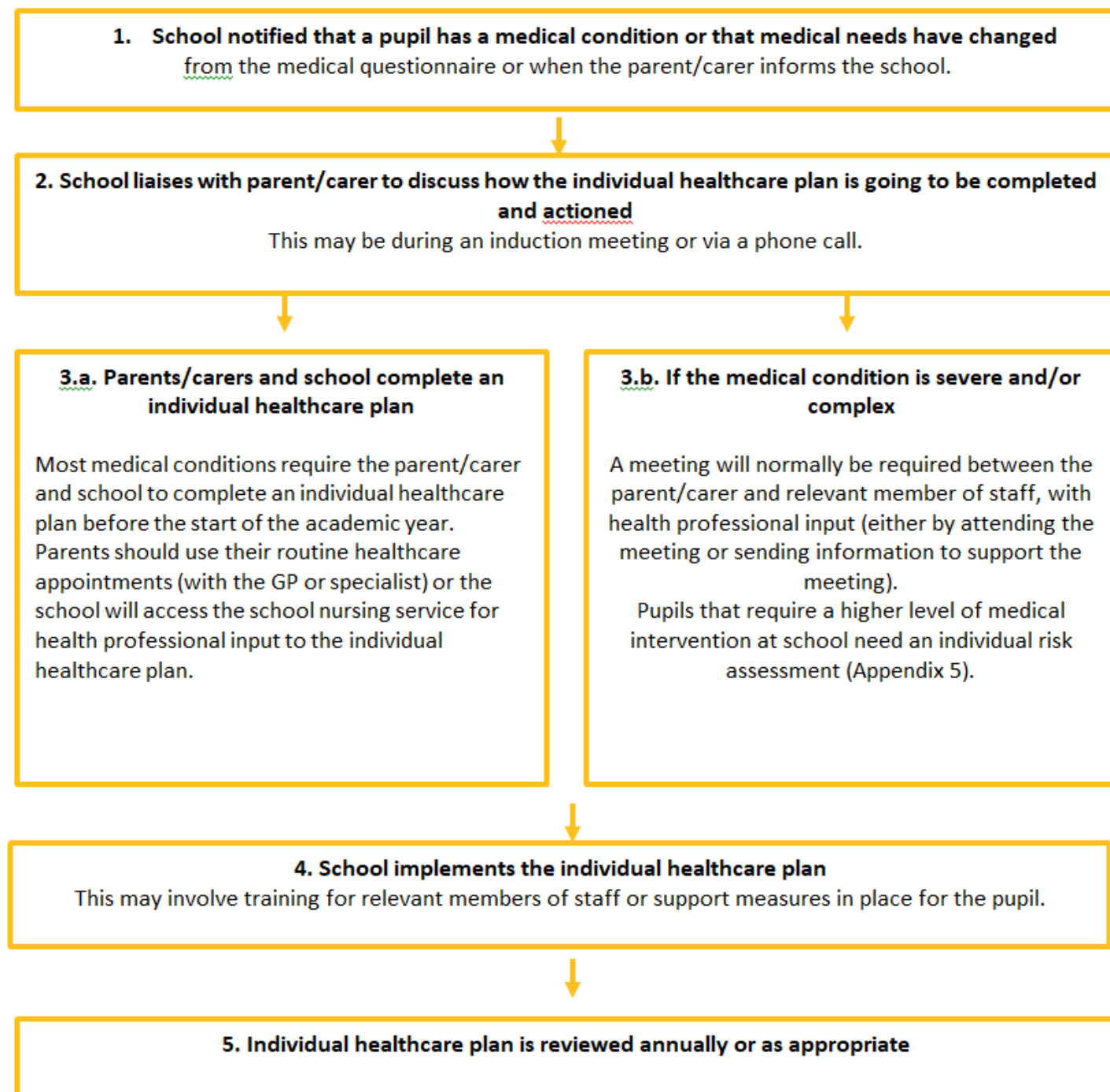
4. I give **consent** to share this information with relevant academy staff and health professionals including the school nursing service.

Yes / No

Name of Parent / Carer	
Signature of Parent / Carer	
Date	

** The academy takes 'medical condition' to refer to any physical or mental health condition that requires ongoing health professional input.*

Appendix 3: Procedure following notification that a pupil has a medical condition (flow chart)



Appendix 4: Individual healthcare plans templates

Please note that these are some suggested documents to use. The pupil may have a different individual healthcare plan from their health professional which would be acceptable.

Asthma UK academy asthma card

https://www.asthma.org.uk/globalassets/health-advice/resources/academys/academy_asthma_card_september_2014_ver_b.pdf

BAS allergy action plans

<http://www.bsaci.org/about/download-paediatric-allergy-action-plans>

Diabetes UK sample individual healthcare plan

<https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes/academys/ihp-a-childs-individual-healthcare-plan>

Young Epilepsy sample individual healthcare plan

<http://www.youngpilepsy.org.uk/dmdocuments/IHP-child-form.pdf>

Health Conditions in Academy Alliance generic individual healthcare plan

http://medicalconditionsatacademy.org.uk/documents/Individual%20Healthcare%20plan_Part%202.pdf

Bladder and Bowel conditions individual healthcare plan

<http://medicalconditionsatacademy.org.uk/documents/IHP-Bowel-Bladder-conditions.pdf>

Appendix 5: Individual pupil risk assessment form

Hazard	Risk			Existing control measures	Recommendations/further actions required
	Likelihood of occurrence	Severity of harm	Overall risk		

Appendix 6: Emergency Inhalers and Adrenaline Auto-Injectors (AAI's)

This section needs to be read in conjunction with the following Department of Health guidance:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_academys.pdf

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_academys.pdf

Schools are not required to hold an inhaler or AAIs – this is a discretionary power enabling schools to do this if they wish. However, keeping an inhaler and/or AAIs for use in an emergency prevents unnecessary and traumatic trips to hospital for a child and potentially saves their life. Schools that choose to hold an emergency inhaler and/or AAIs need protocols for their use to protect staff by ensuring they know what to do in the event of a child having an asthma or anaphylactic attack.

The protocol should include:

- Arrangements for the supply, storage, care, and disposal of the inhaler, spacers and AAI devices, in line with this 'Supporting Pupils with Medical Conditions' policy
- Having a register of children in the academy who have been:
 - Diagnosed with asthma or prescribed a reliever inhaler. A copy of the register should be kept with the emergency inhaler
 - Prescribed AAIs (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis).
- Having written parental consent for use of the emergency inhaler and/or for use of the spare AAI(s), included as part of a child's individual healthcare plan. This should be signed in the academy asthma card or the allergy action plan (Appendix 4).
- Ensuring that the emergency inhaler and spare AAIs are only used by children with written parental consent for their use
- Appropriate support and training for staff is provided in the use of the emergency inhaler and spare AAIs in line with this 'Supporting Pupils with Medical Conditions' policy
- Keeping a record of use of the emergency inhaler and/or AAIs as required by this 'Supporting Pupils with Medical Conditions' policy and informing the parent/carers when their child has been administered an inhaler/AAI and whether this was the academy's spare inhaler/AAI or the pupil's own device (telephone, e-mail). This should include where and when the attack took place, how much medication was given and by whom.

Schools can purchase small quantities of inhalers, spacers, and AAIs from a community pharmacy. The pharmacy will need a request signed by the principal or head teacher on headed paper stating:

- The name of the academy for which the product is required.
- The purpose for which that product is required, and
- The total quantity required

Asthma

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

An emergency asthma inhaler kit should include:

- A salbutamol metered dose inhaler.
- At least two plastic spacers compatible with the inhaler.
- Instructions on using the inhaler and spacer.
- Instructions on cleaning and storing the inhaler.
- Manufacturer's information.
- A checklist of inhalers, identified by their expiry date, with reminders set up on Medical Tracker.
- A note of the arrangements for replacing the inhaler and spacers.
- A list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans.
- A record of administration (i.e. when the inhaler has been used). This should include where and when the attack took place how much medication was given and by whom.

Schools can consider keeping more than 1 kit if they cover more than 1 site.

It is recommended that at least 2 volunteers from school staff should have responsibility for ensuring that:

- On a monthly basis, the inhaler and spacers are present and in working order, and the inhaler has a 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 so that replacements are available if necessary.

The kit must be kept in a safe place but must not be locked away. It should be kept separate from any children's inhalers and the inhaler(s) labelled to avoid confusion with a child's inhaler.

The plastic spacer should not be reused and can be given to the child to use at home. The inhaler can be reused provided it is cleaned after use.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication 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.

See also: Healthy London Partnership pharmacy guidance:

<https://www.healthy london.org/wp-content/uploads/2017/10/Pharmacy-guidance-for-supply-of-salbutamol-to-academys.docx>

Anaphylaxis

From 1 October 2017, the Human Medicines (Amendment) Regulations 2017 allows schools to obtain 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 (e.g. because it is broken, or out-of-date).

Schools may administer their “spare” adrenaline auto-injector (AAI), obtained for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided. The academy’s spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

In severe cases the allergic reaction can progress within minutes into a life-threatening reaction. Severe reactions can require much more than an adrenaline injection and it is therefore vital to contact Emergency Services as early as possible.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted, and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

SEVERE ANAPHYLAXIS IS AN EXTREMELY TIME-CRITICAL SITUATION: DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES.

Depending on their level of understanding and competence, **children and particularly teenagers should carry their AAI(s) on their person at all times or they should be quickly and easily accessible at all times.** If the AAI(s) are not carried by the pupil, then they should be kept in a central place in a box marked clearly with the pupil’s name but NOT locked in a cupboard or an office where access is restricted.

AAIs are available in different doses depending on the manufacturer. Schools should hold a single brand to avoid confusion in training and administration. ‘EpiPen’ is the most well-known and likely to be the brand used by most pupils.

It is good practice for schools holding spare AAIs to store these as part of an emergency anaphylaxis kit which should include:

- 1 or more AAI(s)
- Instructions on how to use the device(s)
- Instructions on storage of the AAI device(s)
- Manufacturer’s information

- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded
- A note of the arrangements for replacing the injectors
- A list of pupils to whom the AAI can be administered
- An administration record.

The kit must be kept in a safe place but must not be locked away. It should be kept separate from any children's AAIs and the labelled to avoid confusion. The kit should be located not more than 5 minutes away from where it might be needed.

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer. If someone appears to be having a severe allergic reaction (anaphylaxis), emergency services (999) MUST be called without delay, even if they have already used their own AAI device, or a spare AAI.

- When dialling 999, give clear and precise directions to the emergency operator, including the location's postcode.
- If the pupil's condition deteriorates and a second dose adrenaline is administered after making the initial 999 call, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Tell the paramedics:
 - If the child is known to have an allergy
 - What might have caused this reaction e.g. recent food;
 - The time the AAI was given.

Appendix 7: First Aid Training Requirements

The information in this section is taken from the government publication 'First Aid in Schools, Early Years and Further Education.

<https://www.gov.uk/government/publications/first-aid-in-schools/first-aid-in-schools-early-years-and-further-education#early-years>

There are no set rules on the number of first aid trained personnel in a school (except EYFS). This should be determined by risk assessment. It is recommended that at least 1 first aid trained person is available at all times.

Early years

Early years education providers, including schools, must meet the paediatric first aid requirements set out in the statutory framework for the early years foundation stage (EYFS). This includes arrangements for off-site activities involving young children such as educational visits.

The EYFS requires that at least one person who has a current paediatric first aid (PFA) certificate should be on the premises and available at all times when children are present and should accompany children on outings. The certificate must be for a full course consistent with the criteria set out in annex A in the EYFS.

All staff who obtained a level 2 or level 3 qualification on or after 30 June 2016 must also have either a full PFA or an emergency PFA certificate within 3 months of starting work in order to be included in the required staff to child ratios at level 2 or level 3 in an early years setting.

Childminders, and any assistant who might be in sole charge of the children for any period, should hold a current paediatric first aid certificate.

Paediatric first aid training must be renewed every 3 years and should be relevant for workers caring for young children and where relevant, babies. Employers should take into account, via their first aid needs assessment, the number of children, staff and layout of premises to ensure that a paediatric first aider is able to respond to emergencies quickly.