



# **Agate Momentum Trust Policy**

## **Managing Medicines and First Aid**

**January 2022**

For review January 2023

## **Management of Medical Conditions including First Aid and Intimate Care**

The Agate Momentum Trust schools have responsibility to ensure that all students with medical needs have access to high quality educational support to enable them to continue with their education effectively. Good communication links, combined with co-operation between the School, home and professionals involved with the student's care are essential. The Headteacher is responsible for the effective implementation of this policy. The Headteacher is responsible for the effective implementation of this policy.

### **Aims**

In accordance with the Department for Education's published statutory guidance (Sep2014) 'Supporting pupils at school with medical conditions', Agate Momentum Trust aims to:

- support pupils with medical (both physical and mental) conditions in order that they have full access to education, including school trips, extra-curricular activities and physical education to help them achieve their full academic potential.
- promote self-confidence and educational achievement by making reasonable adjustments to buildings and the arrangements for teaching to accommodate pupils with medical needs.
- Establish effective liaison between all parties involved and ensure prompt action takes place.

### **Statutory Requirements**

The Education Act 1996 states "Each Local Authority shall make arrangements for the provision of suitable education at school or otherwise than at school for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not receive a suitable education unless such arrangements are made for them".

The Governing Body at Agate Momentum Trust therefore aims to ensure that every pupil with a medical condition will be supported on an individual basis and accepts that many medical conditions which require support within the school may be life threatening and may seriously affect the quality of an individual's life. Such children are entitled to the same rights of admission to school as other children and as such no child should be refused admission to the school because medical provision has not been made.

Sufficient numbers of competent staff with suitable and relevant training must be assigned to take on the responsibility of supporting pupils with medical conditions. It is also vital that the staff that provide support to such pupils can access any relevant information concerning the pupil's medical care and any materials to support teaching as required without delay.

The special educational needs and disability co-ordinator (SENDCO) will regularly review and make the policy accessible to parents/carers and school staff.

Trust schools will ensure that the arrangements they set up include details on how the policy will be implemented effectively. Details should include:

- Mrs J Edwards/ Mrs I Okwuegbuna has overall responsibility for implementation of the policy
- Who is responsible for ensuring that sufficient staff are suitably trained

- A commitment that all relevant staff will be made aware of a young person's condition
- Cover arrangements in case of staff absence or staff turnover
- Briefing for supply teachers and other relevant adults
- Risk assessments for school visits and other activities outside of the normal timetable
- Monitoring of individual EHC plans
- A review date for the policy is February 2023.

## **Roles and Responsibilities**

Trustees, Governors, the Senior Leadership Team, Attendance Officer and Special Needs Coordinator SENDCo will:

- Monitor the attendance of all pupils with medical conditions
- Coordinate the educational provision from the first day of absence for any pupil with disrupted patterns of attendance arising from recurring illness and chronic medical conditions, including making the necessary arrangements for public exams.
- Coordinate the provision of work that will support a broad and balanced curriculum, where appropriate by liaising with the staff to ensure that any assessment and curriculum materials are made available within 5 working days.
- Ensure that there are mechanisms in place to communicate information about activities and social events to enable pupils to keep in touch with peers. Monitor provision, progress and reintegration arrangements.
- Ensure that the views of the pupils and parents/carers are considered.
- Ensure the appropriate Code of Practice (SEN and Disability) procedures are in place as required.

## ***Teachers and Other Staff***

- Teachers are to be made aware of children in their class who have medical needs, they should be aware of the nature of the condition, when and where the child may need extra help.
- The information should be available simply and effectively so that replacement teaching staff will have normal daily access, while the information remains private.
- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should consider the needs of pupils with medical conditions that they teach.
- 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.
- At present teachers' conditions of employment do not include giving or supervising a pupil taking medicines.
- Schools should ensure that they have sufficient members of support staff who are employed and appropriately trained to manage medicines as part of their duties.
- At different times of the day different staff may be responsible for children, such as lunchtime supervisors. It is important that sufficient information and training is given.
- **Staff administering the medicine have read and understood this document, and are able to complete the *Trust schools Medication in school form*, including agreeing that they are sufficiently trained and experienced to carry out that administration and to sign the appropriate section in that document.**

- ANY member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance. They should be aware of the possible side effects and of the emergency procedures in place.
- **School nurses** - every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that Trust schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual health and medical care plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs – for example there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition

## **Procedures to be followed when notification is received that a pupil has a medical condition requiring medication**

### **Medicines Policy**

Many pupils at some point whilst in attendance at school will have short-term medical needs in the form of completing a course of prescribed medication, such as antibiotics and some may need longer term medication in the form of an inhaler, epilepsy or diabetic medication. Medicines should only be brought into school when it is absolutely essential that they should be administered during the school day and they have been prescribed by a health professional such as a Doctor, Dentist or Nurse Practitioner. Such medicines should be provided in their original container with their prescriber instructions showing clear instructions for administration and dosage. The appropriate form should be filled out and signed by the parent or adult carer responsible for the pupil. The medicine and completed medicine form should be handed into the school office where it will be taken to the first aid room and a written record of the medicine initiated. The medicines are stored in a cupboard or a refrigerator until the adult responsible for the pupil for whom it has been prescribed collects it at the end of the day. On returning it at the end of the day the adult collecting the medicine will sign as confirmation of collection. Medicines not collected 6 months after the medicine completed date will be disposed of at the pharmacy.

Parents/carers of pupils who require the school to keep prophylactic medicines (e.g. epi-pens and asthma inhalers) are responsible for ensuring that the medicines remain in date. In the case of a pupil refusing to take their medication, staff should make a written record of the refusal and contact the parent/carer of the pupil as soon as reasonably practical on the same day.

The Agate Momentum Trust ensures that under the guidance of a suitably trained first aid qualified member of the school staff, every effort will be made to comply with the request to supervise the administration of medication. If it is paramount that medication should be administered by an adult at a certain time of day, we would request that the pupil's parent/carer attend school to oversee the administration of the medication at the appropriate time of day. The trust will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container separate to the main medical cabinet and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held. If a member of the school staff needs to administer any medicines they will do so in accordance with the prescriber's instructions. The trust 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 of the medication to be administered at school will be noted in school.

## Dealing with Medicines Safely

### No Child under 16 should be given medicines without their parent's written consent.

- Controlled Drugs
- The supply, possession and administration of some medicines are controlled by the 'Misuse of Drugs act.
- Controlled drugs that have been prescribed for a pupil should be securely stored in a non-portable container and only named staff should have access.
- A record will be kept of any doses used and the amount of the controlled drug held in school.
- The storage of these drugs is strictly controlled by these regulations.
- Children MAY be prescribed medicines that are under these controls. In these incidences please refer to *Supporting children in school with medical needs chapter 1 'controlled drugs'*
- Information regarding controlled drugs will be found on the packaging of the medication.
- Misuse of a controlled drug, such as passing it to another person for use is an offence.

### Self Management

- It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines.
- Older children with a long term illness should, whenever possible, assume complete responsibility under parental supervision.
- If children take their own medicines, staff need only supervise and record.
- Only those medicines agreed in a full health medical care plan, or SEN plan can be carried by children. This is to ensure their safety and the safety of other children who may acquire these medications.
- Where children have been prescribed Controlled Drugs. Staff need to keep supplies under strict supervision. Self administration can only occur if it is agreed in a full health plan, and only under supervision.
- ALL drug administration, including self administered, need to be recorded on the *Trust schools Medication in school form*

### Checks before administering

- The child's name.
- If the child has another name including a previous name or a 'known as' name these MUST appear on the parental consent form and ALSO be verified by the class teacher or other staff member to whom the child is known.
- The medical condition.
- The written record, *Trust schools Medication in school form*, must be completed and fully signed before medicines are accepted and updated at EACH dose.
- The parent has signed the above form.
- The headteacher has agreed and signed the above form.
- The member of staff is adequately trained to administer, or supervise self-administration of the medication and has signed the form confirming this.
- Read and check the prescribed dose.
- Name of medicine
- Details of storage of the medicine.
- The expiry date of the medication.
- Method of administration.
- Time/frequency of administration
- Written instructions provided by the prescriber on the label or container.

- Staff are aware of any medical emergencies that could arise from administration of this medication. (including signs and effects of overdose or insufficient dose, as indicated on the *Trust schools Medication in school form*.)
- Any side effects listed.

### ***Prescribed drug administration (non invasive).***

The Medicines Standard of the National Service Framework for Children (NSF) recommends that a range of options are explored including:

- Prescribers consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children so that they can be taken outside school hours.
- Prescribers consider providing two prescriptions, where appropriate and practicable, for a child's medicine: one for home and one for use in school avoiding the need for repackaging or relabelling of medicines by parents.
- Medicines should only be taken to school when essential; that is where it would be detrimental to the child's health if the medicine were not administered during the school day.
- If the medication can be administered outside school hours with no ill effect then that should be the desired course of action.

### ***Prescribed Invasive drug administration.***

Requires:

A full Health Medical care plan. (except prescribed ear drops and eye drops) including:

- Parental Consent.
- Prescribed by a Doctor (nurse if applicable)
- Medications in correctly labelled containers.
- Medication in date as labelled on container.
- Suitably trained and experienced staff are available.
- Extra staff in attendance to satisfy confidence regarding complaints and /or allegations.

### **Procedures for managing medicines, which need to be taken during the school day.**

#### ***Procedures for managing Non-prescription medicines.***

- Staff should never give non- prescribed medication unless there is specific written permission on the completed '*Trust schools Medication in school form*' signed by the parent/carer.
- Permission must also be sought from the headteacher.
- Advise parents that non-prescribed medicines should not normally be administered at school.
- Suggest timing be set to administer said medication at home before and after school rather than during school.
- Non-prescribed medicines **MUST** be in accordance with the employer's policy. (see Trust schools employer policy)
- Drugs listed as 'Controlled Drugs' within the specification of the Drugs classification list, must NEVER be administered unless prescribed. Please see section '*Procedures for managing prescription medicines which need to be taken during the school day*' in this policy.
- **NON-PRESCRIBED Invasive drug administering must never occur.** Thus, oral administration of tablets and /or medication only. Creams, lotions or other medications to be applied to face or hands only.

- No non-prescribed injected medications
- No non-prescribed ear or eye drops. ( not including First Aid application of Eye Wash procedure during normal First Aid provision by a qualified First Aider)
- No non-prescribed medications applied to areas of the body deemed private, (usually areas covered by clothing) including hair, legs, feet, chest, back, genital area, buttocks and rectum. See '*Procedures for managing prescription medicines which need to be taken during the school day*' in this policy.
- No aspirin or ibuprofen to be given to any child under 16 unless prescribed by a doctor.

### ***Refusing medicines***

If a child refuses to take a medicine

- Staff should not force them to.
- Staff must make a note in the *Trust schools Medication in school form*.
- Follow procedure in the Health Medical care plan for that child if this exists.
- Inform parents THAT day of the refusal
- If an emergency occurs, follow the school's emergency procedure.

### **Managing Medicines on School Premises**

Medicines should only be administered at school when it would be detrimental to a pupil's health for it not to be taken during the hours of the normal school day.

In accepting prescription medicines into school, they must be checked by the receiving person that they are supplied in the original packaging, are in date and have the original correct label stating the person for whom they are prescribed and the clear dosage level and frequency stated on the label. It should also be documented when the last and next required dosage is required together with the amount of prescription drug supplied. The exception to this is insulin which is generally available to schools inside an insulin pen or a pump, rather than being in its original container.

All medicines should be securely stored in a non-portable cabinet, container or fridge. Pupils should know who has the key and a key holder should be accessible at all times allowing immediate administration of medication to a pupil in an emergency. Asthma Inhalers, blood glucose testing meters and adrenaline pens should always be readily available and not locked away.

Medicines no longer in use should be returned to the parent/carer of the pupil for whom they were prescribed. Sharps boxes should always be available to ensure the safe disposal of sharps and needles.

### ***Storing Medicines***

- Large volumes of medicines should not be stored.
- Staff should only store, supervise and administer medicine that has been prescribed for an individual child.
- Medicines should be stored in accordance with product instructions.
- Pay particular attention to the temperature required for the product.
- Ensure that the medicine is in the original container and has its storage instructions available.
- Ensure medicines that require refrigeration are stored in the LOCKABLE fridge in the staffroom, and kept locked. Medicines that might be required urgently, and also need refrigeration can be kept in the normal refrigerator provided child access to this refrigerator is restricted

- Asthma inhalers and emergency adrenalin pens should be available to the child concerned and not locked away. Consideration of whether the child can carry this medication should be dealt with on the Health Medical care plan, SEN plan or added to the *Trust schools Medication in school form*.
- All other medications not covered here should be kept in a locking cupboard, access by unauthorised persons must be restricted.

### ***Disposal of Medicines***

- Staff should not dispose of medicines
- Parents are responsible for returning excess medication or date expired medication to the pharmacist for disposal.
- Sharps boxes should be passed to the local authority environmental services for safe destruction.

### ***Procedures for managing prescription medicines on trips and outings.***

1. Consider reasonable adjustments that can be made to enable children with medical needs to participate fully and safely on visits. (Refer to the child's Health Medical care plan and/or draw up a risk assessment for that child. Advice can be sought from the Head Teacher, Deputy Head Teacher, SENDCO, School Nurse, First Aider or Health and Safety Coordinator, prior to risk assessment for trips and visits.)
2. Consider trained staffing for trips to fulfil needs of medicine administration.
3. Consideration for safe transport of medication.
4. Suitable accommodation for administering medication. (This can be outside among the group, or in a more private environment depending on need, suitability and risk assessment. keeping in mind privacy and comfort.)

### **Record Keeping**

Accurate records must be written, stored and maintained at all times as these offer protection to staff and pupils that agreed procedures have been followed. Records will be kept of any medication administered to a pupil, the time of administration and the level of dose administered and the person supervising the administration. Any side effects will also be recorded. Parents will also be informed if their child has been unwell.

### **Individual Care Plans**

Individual Care Plans where a pupil's medical condition is potentially long-term or complex will often be essential especially if the medical condition fluctuates or where there is a high risk that emergency intervention will be required. These should be put in place only following joint discussion with the parent/carer of a pupil, the pupil to whom it relates, the trust and any relevant healthcare professionals. See Forms A and G. Parents and carers should take responsibility in organising the plan through a GP/Healthcare provider, including reviewing if medical needs change. Where the pupil has a special educational need identified in a statement or Education, Health and Care (EHC) Plan, the Individual Care Plan should be linked to or become part of that statement or EHC plan.

Information to be included on an Individual Care Plan should include the following:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs include medication (dose, side-effects and storage), facilities in terms of equipment, access to food and drink where it is used to manage the condition, and environmental conditions such as crowded corridors and travel time between lessons.

- Specific support required to manage the pupil's educational, social and emotional needs including managing absences from school, any additional time required to catch up with lessons or to complete exams and counselling sessions.
- The level of support needed including in emergency situations. If a pupil is also self-administering medication, any appropriate arrangements for monitoring this must be clearly stated.
- Who is responsible for providing individual support to a named pupil and who will deputise in their absence.
- Who in the school needs to be made aware of a pupil's condition and the support required and the level of confidentiality agreed.
- The relevant written permission from parents/carers for medication to be administered either by a member of staff or self-administered by the pupil under supervision during school hours.
- Any arrangements that need to be in place to cover school trips or extracurricular activities. Emergency arrangements – who to contact and contingency arrangements

Individual Care plans are made available to class staff, and all first aid staff. It is the responsibility of the trip leader to ensure that they consult and adhere to individual care plans prior to any external trip where they are responsible for the individual pupil.

Staff training should be relevant, suitable and sufficient to ensure that they are competent in understanding specific medical conditions and have confidence in their ability to support pupils with medical conditions. Staff should be able to fulfil the requirements as set out in individual care plans. They should be proactive in preventative measures and reactive in responding to emergency situations with relevant appropriate action when problems arise. A First Aid Certificate does not constitute appropriate training in supporting a pupil with a medical condition. Staff must not give prescription medicines or undertake health care procedures without appropriate training. Only a qualified healthcare professional can provide confirmation of the proficiency of a member of staff to carry out a medical procedure or in providing medication.

### **Health Medical Care Plans and Common Conditions**

**DFE Guidance on the use of emergency salbutamol inhalers in schools (March 2015) From 1<sup>st</sup> October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 will allow 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. The inhaler can be used if the pupil's prescribed inhaler is not available (e.g. because it is broken, or empty).**

### **Asthma**

One in ten children in the UK has asthma. The most common symptoms are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Whilst older children can identify these symptoms, younger children may not be able to. It is thus essential that staff in Early Years settings are aware of the range of symptoms.

Parents or carers of children with severe asthma are responsible for advising Trust schools Primary School accordingly. The school nurse will be consulted, and if necessary, an individual Medical care plan will be drawn up by the nurse and the SENDCO.

There are 2 types of medicines used to treat asthma: (i) relievers (blue inhalers) and (ii) preventers (brown, red or orange inhalers; sometimes tablets). Usually a child will only need a reliever at school, to relieve symptoms when a child is having an asthma attack. They are also sometimes used before exercise.

#### Parents' Responsibilities:

- To complete Form to request that asthma pump be available to the child during school time;
- To detail on the form whether the pump is (i) a reliever or (ii) a preventer;
- To provide a "spacer" (to assist in administration of the medicine) where possible;
- To advise staff at school if the child's condition worsens for any reason, and
- To ensure the correct prescription label is affixed to the pump.

#### The School's Responsibilities:

- To provide safe, accessible storage arrangements for the child's pump;
- For KS1 children (i.e. up to year 2), to ensure that an adult administers the dosage through the pump (and spacer);
- For KS2 children (i.e. year 3 – 6), to ensure that an adult is present whilst the child self-administers the dosage (using a spacer if necessary);
- To ensure that arrangements are in place to ensure that asthma pumps are taken on Educational Visits, carried by an appropriate member of staff, and
- To advise parents in writing when the pump is used, and to keep a record of use at school.
- To provide a child in an emergency or where a child has lost or run out of their **(blue)** asthma pump with the school emergency inhaler, to relieve the child having breathing difficulty. This will be recorded and a letter sent to the parents to inform them that their child has received the emergency pump in school.

If a young person needs to be taken to hospital, staff should stay with the young person until the parent/carer arrives, or accompany a young person taken to hospital by ambulance.

#### **Epilepsy – a medical care plan MUST be in place**

Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. At least one in 200 children has epilepsy and around 80% of them attend mainstream school. Note that most children with diagnosed epilepsy never have a seizure during the school day.

#### Parents' Responsibilities:

- To provide the school with as many details as possible re the child's specific condition, so that a medical care plan can be put together;
- To provide a history of the child's previous seizures (to include frequency, duration and any other particular points that may usefully inform the Medical care plan);
- To complete the medical form to authorise staff to administer medication as required;
- To provide the designated school staff with any prescribed medication, that will be stored and managed
- To complete the medical form to request that, in the event of a prolonged seizure, rectal diazepam is authorised to be administered.

#### The School's Responsibilities:

- To put a Medical care plan in place, in consultation with the child's parents/carer and appropriate external agencies;
- To ensure that all staff are made aware of the child's condition;
- To ensure that staff are aware that seizures usually last for a few seconds or minutes only, and that they may or may not be accompanied by a loss of consciousness;
- To ensure that staff are aware that triggers such as anxiety, stress, tiredness or being unwell may increase a child's chance of having a seizure;
- To ensure that staff understand whether or not the child has photosensitivity (sensitivity to flashing or flickering lights that can also trigger seizures);
- To ensure that staff understand that should the child have a seizure, the appropriate action is to put them in a safe position, and to allow the seizure to take its course;
- To ensure that staff are trained in the administration of rectal diazepam, should this be required in the event of a prolonged seizure;
- To provide safe, accessible storage arrangements for the child's medication, and
- To advise parents in writing should any medication be administered, and to keep a record of administration at school.

#### **Diabetes – A Medical care plan MUST be in place**

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes). The condition affects about 1 in 550 school-age children in the UK, the majority of whom have Type 1 diabetes. This group normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone.

#### Parents' Responsibilities:

- To provide the school with as many details as possible re the child's specific condition, so that a Medical care plan can be put together;
- To provide a history of any significant hypoglycaemic (blood sugar levels are too low) or hyperglycaemic (blood sugar levels are too high) episodes, with as much relevant detail as possible;
- To complete the medical form (attached to this Policy as Appendix 1) to authorise staff to administer medication as required;
- To advise designated school staff of the child's personal insulin administration plan (i.e. how often is insulin administered? Do blood glucose levels need to be checked at school, and if so, how often?);
- To provide appropriate glucose tablets/gel for storage at school in case of a hypoglycaemic reaction, and - to provide school with any prescribed medication.

#### The School's Responsibilities:

- To ensure that where staff agree to administer blood glucose tests or insulin injections, they are given the appropriate training;

- To ensure that relevant staff are aware of the action to take if the child has a hypoglycaemic (blood sugar is too low) reaction (stay with the child and administer a fast-acting sugar, such as glucose tablets);
- To ensure that relevant staff are aware of the action to take if the child experiences hyperglycaemia (blood sugar is too high). Signs to look out for are tiredness, a greater than usual need to go to the toilet or to drink, and should be flagged to the SENDCO to discuss with the child's parents/carers;
- To provide safe, accessible storage arrangements for the child's medication, and
- To advise parents in writing should any medication be administered, and to keep a record of administration at school.

### **ANAPHYLAXIS – a Medical care plan MUST be in place**

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours. Common triggers include: peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruit (e.g. kiwi fruit), penicillin, latex and the venom of stinging insects (e.g. bees, wasps).

The most severe form of allergic reaction is anaphylactic shock, where the blood pressure falls dramatically and the patient loses consciousness. Fortunately, this is rare among young children below teenage years. More commonly among children, there may be a swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.

Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin, nausea and vomiting. Even where mild symptoms are present, the child should be watched carefully as a more serious reaction may still occur.

However, anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

#### Parents' Responsibilities:

- To provide the school with as many details as possible re the child's specific condition, so that a Medical care plan can be put together;
- To provide a complete list of any and all substances known to cause an allergic reaction in the child to date;
- To provide a history of any significant allergic reactions, with as much relevant detail as possible;
- To complete medical form (attached to this Policy as Appendix 1) to authorise staff to administer medication as required; in the case of anaphylaxis, the treatment is an injection of adrenaline (also known as epinephrine, or 'EpiPen')
- In discussion with the SENDCO, to determine how many 'EpiPen' devices to have stored at school, and to provide school with any prescribed medication that will be stored and managed.

#### The School's Responsibilities:

- To ensure that where staff volunteer to be trained in the use of 'EpiPen' devices, appropriate training is arranged;
- To ensure that relevant staff are aware of the action to take if the child has an acute, severe allergic reaction (anaphylaxis);
- as per the DfE guidance, to call an ambulance should a severe, acute allergic reaction occur;
- To provide safe, accessible storage arrangements for the child's medication, and

- To advise parents in writing should any medication be administered, and to keep a record of administration at school.

### **(e) SICKLE CELL ANAEMIA – a Medical care plan MUST be in place**

There are a number of different sickle cell disorders which are genetic in nature. The severity of the condition varies from child to child, and also varies over time. Some of the effects are as follows:

- Anaemia which may reduce capacity for exercise;
- Obstruction of small blood vessels by 'sickled' cells which cause painful crises in bone and muscle and can lead to damage in different parts of the body;
- An increased risk of infection;
- Delayed growth and delayed onset of puberty, and
- Psychological difficulties due to having a chronic and often painful illness. Painful crises can be triggered by cold, infection, dehydration, fatigue and stress, but may also occur without warning. Other signs to look out for include complaints of pain at any site, fever, breathing problems, headache and odd sensations such as limping or headaches.

Parents' Responsibilities:

- To provide the school with as many details as possible re the child's specific condition, so that a Medical care plan can be put together;
- To provide a history of any significant crises, with as much relevant detail as possible;
- To complete the medical form (attached to this Policy as Appendix 1) to authorise staff to administer medication as required.

The School's Responsibilities:

- To ensure that where staff volunteer to be trained in the administration of any specific medication that may be required, and that training is arranged;
- To ensure that relevant staff are aware of the action to take if the child has a crisis, as well as being aware of the possible triggers;
- To provide safe, accessible storage arrangements for the child's medication and
- To advise parents in writing should any medication be administered, and to keep a record of administration at school.

### **Emergency Procedures**

Where a pupil has an individual healthcare plan, this should clearly define what constitutes an emergency situation and must explain what staff procedures must be followed. This in turn means that staff in contact with such pupils must be familiar with who they are and any presenting symptoms which may arise to escalating into an emergency. If a pupil needs to be taken to hospital, staff will stay with the pupil until their parent/carer arrives or accompany the pupil to hospital by ambulance. Any medication prescribed to the pupil and held by the school will accompany the pupil to the hospital together with any relevant medical records.

## **Day Trips, Residential Visits, Work Placements, Sporting Activities and Off-Site Education**

Flexible arrangements will be made to include any pupil with a medical condition and will be aimed at all children being able to take part to the best of their ability and without the feeling of being excluded, unless evidence from a GP states that this is not possible.

A member of the school staff associated with the proposed activity will always risk assess the activity in the planning stage to ensure that any reasonable adjustments, which need to be made, can be highlighted and accommodated.

It is the responsibility of the parent/carer to ensure that when giving permission for their child to go on a trip they complete the consent form, giving details of any medication prescribed for their child. All medication must be clearly labelled with the child's name and dosage and handed in to the trip leader. We strongly recommend that children suffering from asthma are equipped with two inhalers. (See also Educational Visits Policy)

Any restrictions on a pupil to fully participate in PE as a result of a medical condition should be recorded in a pupil's Individual Care Plan.

The Trust is responsible for ensuring suitable work placements are found where pupils have a medical condition. The school is also responsible for pupils with a medical condition who are educated off site through another learning/training provider. Parents/carers of such pupils must give consent for any relevant medical information to be shared with employers or other learning/training provider

## **Intimate Care**

All staff involved with intimate care should adhere to the following advice in accordance with Newham Child Protection procedures:

- Only members of the school staff should be involved in Intimate Care and not parent helpers or volunteer staff
- All staff should be aware of and have read the safeguarding policy and have been trained in line with school safeguarding procedures
- Knowledge of the pupil and the nature of the incident should dictate how many staff get involved in an incident of intimate care. In some cases, where a child is identified as vulnerable, is subject to child protection plans or where knowledge of the pupil or family could result in allegations being made, it may be advisable for two adults to be in attendance.
- All staff should consider the dignity of the pupil and ask them how they would like to be assisted, ensuring their privacy appropriate to the pupil and situation.
- Be respectful of religious and cultural values. Where pupils can change themselves, wait outside the door and offer reassurance. When appropriate, encourage the pupil to wash themselves using disposable, flushable wet wipes and ensure clean spare clothing is readily available.
- Where injury has occurred, a second member of staff should always be in attendance and a parent called to attend if appropriate.
- All items of soiled clothing should be appropriately disposed of appropriately and any soiled surfaces disinfected.
- Preparation of a secure space for reassurance after the incident should be made available.

- All incidents of intimate care should be recorded with confidentiality being maintained between all parties involved. Parents/carers should be notified of the incident.
- Any aspects of intimate care giving rise for concern should be escalated to a senior member of staff.
- Ongoing and recurring incidents requiring intimate care should be brought to the attention of the Headteacher, Senior Leadership Team or SENDCO for discussion with parents/carers as to finding a resolution

### **First Aid Provision at Agate Momentum Trust**

In line with the Health and Safety at Work Act 1974, the Governing Body at Agate Momentum Trust ensures that it has a suitable and sufficient Health and Safety Policy. This includes the arrangements for the provision of First Aid.

The Health and Safety (First Aid) Regulations 1981 set out that employers must provide adequate equipment, facilities and qualified first-aid personnel.

The Management of Health and Safety at Work Regulations 1992 also require employers to make suitable and sufficient assessment of the risks to the health and safety of their employees at work, and others who may be affected by their undertaking (eg staff, pupils, visitors and contractors), to identify what measures they need to take to prevent or control these risks.

Under the Education (School Premises) Regulations 1996, Scott Wilkie and Hallsville have dedicated first aid/medical rooms where simple first aid can be administered. First Aid boxes are also situated in the classrooms of the First aiders, Kitchen and Staffroom which can be readily accessed by staff

The school has a list of named staff who have current and valid First Aid Certificates approved by the Health and Safety Executive displayed in the First Aid Room. First Aid signs throughout the school include the location of the First Aid equipment and trained personnel.

Currently there are 28 members of staff trained in first aid holding the emergency first aid at work certification and emergency first aid in a school certification. The school also has 2 members of staff who have attended an NHS Diabetes workshop to assist the school in knowledge of managing diabetic student's needs.

#### **Scott Wilkie**

Sarah Stuart  
Richard Clarke  
Kelly Clark  
Coach Kelvin  
Jannette Blackwood  
Katie Martinson  
Lucy Bentham  
Zeyhal

#### **Hallsville**

Jo Gray  
Sara Kwiatkowska  
Joyce Babriye  
Tracey England  
Roheema Khanom  
Vanitha Nursoo  
Fathiya Bobo  
Joanna Lim  
Kenielle Roach  
Carol Gay  
Eliza diabetics training  
Olivia diabetics training

The main duties of a First Aider are to give immediate help to pupils/casualties with common injuries or illnesses arising from specific hazards acquired whilst at school and when necessary to call for emergency help in the form of an ambulance or other professional medical person.

The contents of all the first aid boxes are checked monthly by a first aider. First Aiders are responsible for reporting low stock levels in first aid boxes in order that they are adequately maintained.

For the purpose of school activities held off site, a member of staff who is qualified in first aid is always in attendance and a travelling first aid container containing the HSE minimum recommended first aid stock.

## **Hygiene/Infection Control**

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Follow the guidance of your training regarding hygiene and infection control.

- Use the 'sharps' system for correct disposal of needles or other instruments that could cause cutting or stab wounds.
- Ensure all materials that may be contaminated by body fluids are correctly and safely disposed of.
- Ensure gloves are used for the administration of all medicines.
- Wash hands before and after medicine administration.
- Clothing contaminated by body fluids to be dealt with in the appropriate manner.
- All spills to be dealt with appropriately keeping in mind contamination and bodily fluids.
- All health and safety aspects to be considered before, during and after administration of medicines.
- Spoons or cups to be washed under hot water immediately following administration of medicines.
- Obviously sharing or spoons, cups or other shared methods of administration of medicines is NOT ALLOWED under any circumstances.

## **Recording of First Aid incidents**

All incidents resulting in first aid treatment are recorded by the first aider at the first aid point where the incident was treated and logged electronically, as are incidents resulting in a medical review by a Doctor or medical professional. Where a first aider is in doubt of whether the incident may result in a medical review by a Doctor or medical professional at a later time, the first aider should log the incident electronically.

## **Statutory Requirements**

The Agate Momentum Trust will keep a record of any reportable injury, disease or dangerous occurrence. This record will include the date and method of reporting (written/verbal), details of those persons involved and a brief description of the nature of the event or disease.

The following accidents involving a pupil, employee or person connected with working on the premises must be reported and include:

- Accidents resulting in death or major injury resulting in attendance to hospital from the site of the accident (including as a result of physical violence)
- Accidents which prevent the injured person from their normal work for more than three days (including as a result of physical violence)
- The accident arises out of or in connection with work

The HSE must be notified initially without delay (by telephone) of any fatal or major injuries and dangerous occurrences and this must be followed up within 10 days with a written report on Form 2508.

In the HSE's view of an accident, it must be reported if it relates to:

- any school activity, on or off the school premises
- the way in which an activity has been organized and managed (e.g. the supervision of a field trip)
- equipment, machinery or substances
- the design or condition of the premises.

### **Educational visits**

This section also appears in our Educational Visits Policy.

All children who require medication for the alleviation or treatment of any medical condition, in an emergency, should have the medication taken on the school visit. This must be in date and if it is not the child/ren will not be allowed to go on the visit, unless the parent confirms in writing that the child can go along without one. This will be placed in a rucksack for the teacher to carry, along with a copy of Form 3 – Permission to Administer Medicine, which will be held with the medication in the designated plastic box. This information should be clearly stated on the Risk Assessment for that visit and the name of the person that will be accompanying the visit as the trained person to assist with any administration needs for the child/ren. The child/ren should know who the adult is that is carrying their medication. In addition, should medication be required during the visit, the dosage administered will be recorded on the Risk Assessment for the visit.

Further to this, on return to school, an Incident/Illness Report Slip needs to be completed and passed to the child, enabling him/her to notify his/her parents/carers that medication has been administered and/or an incident/illness has occurred on the visit.

All medication must be returned to the appropriate storage depot at school.

### **Immediate access including sporting activities.**

Some children may need immediate access to their medication, examples such as asthma pumps and some other specific medications. Children should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away.

These children need to have a Health Medical care plan drawn up.

Written into this plan must be provision for the rapid access to their medication, listing complications or emergency problems that may arise if there is a delay.

It should be considered if applicable, these children may be allowed to carry their own medication with them. Please read the section headed Self-Management in this document.

### **Other considerations (Extended school provision)**

With respect to the management of both wrap around care and after school clubs, there will always be someone on site that will have the relevant First Aid training, and contact details will be with the person responsible for the club. It is the responsibility of the club leader to gather all relevant information for the children attending their club.

## Emergency Procedures

- Emergency procedures must be included on any Health Medical care plan, SEN plan or added to the *Trust schools Medication in school form*.
- Staff to be made aware of the emergency procedures pursuant to each child with medical needs
- First aiders to be called in the first instance, information regarding medical needs to be made available to them if available.
- Normal procedures for Emergency Ambulance to be carried out if required or indicated on the Health medical care plan or SEN plan or *Trust schools Medication in school form*, **or deemed necessary by the first aider.**
- Staff must never take children to hospital in their own vehicle; it is safer to await Ambulance arrival.
- An appropriate member of staff should always accompany a child to hospital, they must also bring with them all appropriate information such as home details and medical information including a copy of any Health medical care plan or SEN plan or *Trust schools Medication in school form*, **they should remain with the child until a parent or carer arrives.**
- Health professionals are responsible for ALL decisions on medical treatment when parents are not available.

**Appendix 1**

**Agate MomentumTrust schools Medication in School Form**

Parent, Staff, Headteacher agreement to store/supervise/administer/record medicine in school.

**Please read the school policy before completing this form.**

In order to ensure that the correct medication is given to the correct child at the correct time and dosage.

Checks must be made regarding the child's identity.

**(Parent to initial any changes on this side of the form.)**

<p><b>Child's Identity</b>                  Child's full name _ UPN number from school files____                   Class name_____Class teacher name _____</p>	<p style="text-align: center;"><b>Child Checks</b></p> <p style="text-align: center;">Any other name the child uses, including 'known as' or nickname. _____</p>
<b>Medical Condition.</b>	
<p>Medical Condition or illness _____ Name of Doctor                  prescribing this medication _____ Dr. Phone number _____ Signs and                  symptoms of the condition. _____</p>	
<b>Medication.</b>	
<p>Name type of medicine _____ Date dispensed                  __/__/__ Expiry date __/__/__ Review date ( one week only) __/__/__</p> <p>Dosage _____ Method given _____ Time of dose____</p> <p>Storage instructions ____ Any precautions that should be known to the school                  _____</p> <p>.....</p> <p>Self-administration <b>YES /NO</b> (delete as appropriate) Child Allowed to carry own medicine <b>YES/NO</b>                  Is immediate access required for this medication? <b>YES/NO.</b>                      <b>Emergency</b>  <b>procedures</b>.....</p> <p>.....</p>	
<p style="text-align: center;"><b>Parent Details</b></p> <p>Parent name _____</p> <p>Emergency contact number_____The                  information is correct to the best of my knowledge                  and I give permission for this medicine to be                  administered as specified on this form. I will inform                  the school immediately in writing if :-</p>	<p><b>Staff accepting medicine.</b>  <b>I have reviewed this form and agree to accept the                  medicine for dosage to the named child as laid out here.                  Full records will be made and retained.</b></p> <p><b>Name</b> _____</p> <p><b>Signature</b> .....</p>

- There is any change in dosage.
- Change in frequency of dose
- The medication is stopped.
- If any contra indications to the medicine. I understand that:-
  - I must deliver the medicine personally to the school.
  - This is a service that the school is NOT obliged to undertake.
  - I remain responsible for medications administered as set out in this document.

Signature of parent .....Date .....

Headteacher agreement.  
 I have reviewed this form and agree to accept the medication for administering to the named child as laid out here.  
 I am confident the member of staff administering is adequately trained and competent for the task.  
 Signature .....Date .....  
***(only to be signed when this side of the form is fully completed)***

## Appendix 2

Records of medication administered should be kept in an A5 book

Medication	Time	Dosage	Adult who administered medication

Ivie Okwuegbuna and Jo Edwards

SENDCO

Hallsville/Scott Wilkie Primary School



Executive Headteacher: Ms Keri Edge

CONSENT FORM:  
USE OF EMERGENCY SALBUTAMOL INHALER  
Trust schools Primary school

**Child showing symptoms of asthma / having asthma attack**

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
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:

Date: .....

Name (print).....

Child's name: .....

Class: .....

Parent's address and contact details:

.....  
.....  
.....

Telephone: .....

E-mail: .....



Executive Headteacher: Ms Keri Edge

SPECIMEN LETTER TO INFORM PARENTS OF  
EMERGENCY SALBUTAMOL INHALER USE

Child's name: .....

Class: .....

Date: .....

Dear.....,

*[Delete as appropriate]*

This letter is to formally notify you that..... has had problems with his / her breathing today.

This happened when.....

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

*[Delete as appropriate]*

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

Ivie Okwuegbuna and Jo Edwards  
Hallsville/Scott Wilkie Primary School