




**MAYFIELD SCHOOL**

# **SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY AND PROCEDURES**

<b>Roles</b>	
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<sup>1</sup>The Governing Body are free to delegate approval of this document to a Committee of the Governing Body, an individual Governor or the Head teacher

<sup>2</sup>Governing Bodies, Proprietors and Management Committees free to determine – DfE recommend annually

## REVIEW SHEET

Each entry in the table below summarises the changes to this policy and procedures made since the last review (if any).

Version Number	Version Description	Date of Revision
1	Original	August 2014
2	Amended to take into account new legislation which will allow schools to hold emergency Salbutamol inhalers for pupils diagnosed with asthma	September 2014
3	Very minor tweaks to include topical medicines where oral is mentioned and clarify the acceptance procedure for non-prescription medicines.	June 2015
4	New introductory section 'How to use this document' with formatting tips, reference to SEND Jan 2015 (updated from Jul 2014). Section 4.6 important clarification on when non-prescription medicines might be administered. Appendix A - clarification when/how decisions not to instigate IHCPs are made and that it is not just parents and healthcare professionals that can trigger an IHCP review.	November 2015
5	Updated reference DfE document ' <i>Supporting Pupils at School with Medical Conditions, Dec 15</i> ' resulting in only 1 change in <b>Section 3.1</b> a new bullet point about LAs, CCGs and service providers (3 <sup>rd</sup> one down). <b>Revised Appendix B:</b> IHCP with space for other people involved in the development to sign if they want to or there is a need. <b>New Appendix C2:</b> a landscape version of parental consent to administer with space for a medical practitioner to sign if there is a need.	March 2016
6	Links to DfE document ' <i>Supporting Pupils at School with Medical Conditions, Dec 15</i> ' updated.	September 2016
7	Updated to include specific information in relation to Food Allergies and to remove some references to the school nursing service.	May 2017
8	Revised to include the use of adrenaline auto-injectors (AAIs). For ease of use and visual comfort, updated text is highlighted in green. Significant text in Section 4.10 has been updated and Section 4.11 is new. Appendices updated: B, C1, & C2. New Appendix E3.	November 2018
9	Revised to take into account the forthcoming changes to Cumbria Safeguarding Children Partnership (CSCP) which replaces Cumbria Local Safeguarding Children Board (LSCB) from 29 September 2019. Updated links to ' <i>Guidance on the use of emergency Salbutamol inhalers in schools</i> ' March 2015.	September 2019
10	Updated to take account of LA statutory guidance 'Ensuring a good education for children who cannot attend school because of health needs'. The addition of the updates will assist in meeting the requirements for schools to have a statutory Policy (incorporated within this Policy) for Children with health needs who cannot attend school.	November 2019
11	No legal or significant policy changes. Minor updates: S2 clearer statement of understanding about LA duties; S3.2 new example statement to choose; S4.2 new example wording on re-integration if you struggled to write something simple; S4.5 made guidance text simpler and turned it into example text with a new statement choice.	September 2020
12	No legal or significant policy changes. Major updates throughout to significantly cut content but more clearly express procedures & current good practice expected from staff. Updates to template forms to identify when a medicine is a controlled drug and requires a witness. New text in section 4.8 covering records retention. New references to new Asthma and Anaphylaxis Procedures.	November 2021
13	Reviewed as still current requiring no legal or significant policy changes. Minor content updates to reflect the separation of appendices from the main document for ease of use. Significantly updated and removed appendices include the 999 Flowchart/poster (now more useful as a poster including w3w or other options, Forms A-C3 (gender category now sex and option to add pronouns included), Forms D1 & D2 with clearer expectations,	September 2022

	Emergency Salbutamol use letter (now 3 slips to one sheet and includes an option to notify parents of a child's self-administration of their own inhaler as recommended by Asthma UK), and the Parent Invite to IHCP meeting (now includes the suggestion that parents add things to an enclosed blank IHCP to bring to the meeting). Login to <a href="http://www.kymallanhsc.co.uk">www.kymallanhsc.co.uk</a> and click on the links on the contents page to download them.	
14	No legal or significant policy changes. Major updates throughout to simplify procedures for staff. Two additional sub-headings, 4.7.1 and 4.7.2, added to section 4.7, to further clarify the difference between non – prescribed medications and school-held medications. Slight amendments made to sections 4.7, 4.10, 4.12 to provide details regarding the location of emergency medications at Mayfield St. Joseph's, Cockermouth. Appendices reduced and documents simplified to make it easier and clearer for staff. Revised Appendix A so as to be consistent with Epilepsy Healthcare plans. Revised the layout of the administering paracetamol form, now Appendix D. Appendix E, G, J E2 and H have been incorporated into one document, Appendix E, to simplify procedures and reduce confusion. Form 3 has been incorporated into the appendices as Appendix F Removal of form 1 and form 2 from appendices as no longer applicable. Revised the medication consent form, Appendix C, with additional paragraph detailing when this form needs to be completed.	September 24
15	Updated location of school held emergency medication (AAI/Salbutamol inhaler at Mayfield St. Joseph's. Updated training information to support this policy.	September 25

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## 1 Definitions

For the purposes of this document a child, young person, pupil, or student is referred to as a 'child' or a 'pupil' and they are normally under 19 years of age.

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

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

Wherever the term 'school' is used this refers to both the Whitehaven and St. Joseph's campus.

## 2 Statement of Intent

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

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

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

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

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

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

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

## 3 Organisation

### 3.1 The governing body

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

Governors will ensure that:

- Pupils with medical conditions can access and enjoy the same opportunities as any other pupil.
- No pupil with a medical condition is denied admission because arrangements to manage their medical condition have not been made.
- No pupil's health is put at unnecessary risk and will reserve the right not to accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so e.g., when the pupil has an infectious disease.



- Work with the Local Authority, health professionals, commissioners, and support services to ensure that pupils with medical conditions receive a full education is effective.
- Pupils are reintegrated effectively following long-term or frequent absence.
- The focus is on the individual needs of each pupil and what support is required to support them.
- Parents/carers and pupils can be confident in the school's ability to provide effective support.
- All members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Policies, plans, procedures, and systems are properly and effectively implemented.

Sophie McCabe, Head teacher has overall responsibilities for policy implementation.

### 3.2 The head teacher

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

- This Policy is effectively communicated and implemented with all stakeholders.
- All staff are aware of this Policy and procedures and understand their role;
- Enough staff are trained and available to implement this policy, carry out the procedures, and deliver against all individual healthcare plans (IHCPs), including in emergency situations;
- Staff are appropriately insured and aware of the insurance arrangements;
- Recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported are considered;
- There is a named person who will liaise with the LA, parents, and other professionals in relation to children with health needs;

### 3.3 School staff

Every member of school staff:

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

### 3.4 Pupils

Pupils with medical conditions will:

- Be fully involved, when appropriate, in discussions about their medical support needs if they have any;
- Contribute, when appropriate, to the development of their IHCP, if they need one, and be supported to follow it;

### 3.5 Parents and carers

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

- Notify the school if their child has a medical condition;
- Provide enough up-to-date information about their child's medical needs;
- Be involved in the development and review of their child's IHCP;
- Carry out any agreed actions in the IHCP;
- Ensure that they, or another nominated adult, are contactable at all times.
- Provide medicines and equipment that are in date and correctly labelled.

Wherever possible, medication should be given at home by parents. If prescribed medicines are to be taken three or more times per day, parents should ask the prescribing doctor if the administration of the medication can occur outside normal school hours.

### **3.6 School nurse**

The school nurse should:

- Support staff to implement IHCPs and provide advice and training, when a pupil has been identified as having a medical condition requiring support in school.
- Liaise with lead clinicians locally on appropriate support for pupils with medical conditions.

### **3.7 Clinical Commissioning Groups (CCGs)**

The role of CCGs is to:

- Ensure commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions;
- Make joint commissioning arrangements for education, health, and care provision for pupils with SEND;
- Provide clinical support for pupils who have long-term conditions and disabilities;
- Ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

### **3.8 Other healthcare professionals**

In situations where the child's medical condition requires an individual healthcare plan with child specific training for staff, this will often require direct input from Healthcare Professionals with clinical responsibility for the child.

Often the specific details in an individual healthcare plan can only be provided by professionals who have access to the confidential notes that the Consultants and other healthcare professionals working with the child in question have prepared.

### **3.9 Local authorities**

Our Local Authority (LA):

- Promotes co-operation between relevant partners;
- Makes joint commissioning arrangements for education, health, and care provision for pupils with SEND;
- Provides support, advice and guidance, and suitable training for school staff, ensuring that IHCPs can be effectively delivered;
- Works with the school to ensure that pupils with medical conditions can attend school full-time.

### **3.10 Ofsted**

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

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

## **4 Arrangements and Procedures**

### **4.1 Notification that a pupil has a medical condition**

When the school is notified that a pupil has a medical condition that requires support in school, the School Nurse/SLT will be informed and an assessment of the pupil's medical requirements and any subsequent arrangements will be undertaken.

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



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

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

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

## 4.2 School attendance and re-integration

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

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

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

## 4.3 Individual Healthcare Plans (IHCP)

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

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

An IHCP will cover:

- The medical condition, its triggers, signs, symptoms, and treatments;
- The pupil's needs, including when appropriate information such as: medicine (dose, side-effects, and storage) and other treatments, time, facilities (privacy, shower, sleep), equipment (glucose testing, AAls etc.), access to food and drink (when used to manage a condition), dietary requirements, and environmental issues (dust, pollen, crowds, distance between lessons etc.);
- The level of support needed, including in emergencies;
- Whether a child can self-manage their medicine and how this can be supported;
- Who in the school needs to be aware of the child's condition and the support required;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
- What to do in an emergency, including who to contact, and contingency arrangements.

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

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

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

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

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

#### 4.4 Pupils managing their own medical conditions

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

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

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

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

#### 4.5 Training

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

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

Staff training needs will be assessed regularly for all school staff. The school nurse needs to be informed when staff leave, or a new staff member arrives to arrange relevant training.

Through training, staff will have the competency and confidence to support pupils with medical conditions and fulfil the requirements of IHCPs. It will help them understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

**All staff will undergo training** on epilepsy, asthma and anaphylaxis which will be delivered at school by the School Nurse or a suitably qualified professional. It will cover:

- Current school Policy on supporting pupils with medical conditions;
- The role of staff in implementing it;
- How to spot a pupil experiencing an emergency related to the above conditions;
- What to do in an emergency;
- How to find more information and resources.

**Staff who administer medication will undergo 'administration awareness' training** to be delivered at school by School Nurse before being asked to do so. It will cover:

- Hygiene requirements e.g., washing hands before handling medicines, using a clean measuring device for medicine liquids, ensuring containers are clean before they are stored again; washing hands between each pupil if administering to more than one;
- Pre-administration checks e.g., having the correct record sheet and checking the medicine has not already been administered, the child's identity, child's medicine (including that the dosage, frequency etc. on any IHCP matches the prescription label), expiry date of medicine, that storage instructions have been adhered to (i.e., if it should be refrigerated that it was in the fridge) etc.;

- Procedures for administration e.g., whether the child self-administers, the minimum assistance or supervision required (as described in the IHCP), what should be done with used administration devices (spoons, oral syringes, sharps etc.), what to do if something goes wrong or a child refuses a medicine etc.;
- Recording procedures.

**Bespoke training will be delivered to class teams or dedicated individuals** to manage a specified condition, administer complex medicines, or carry out medical procedures which will be delivered by the school nurse or a suitably qualified medical professional.

We will look to ensure it covers:

- Responding appropriately to a request for help from another member of our staff;
- Administering the medicines or procedures;
- Recognising when emergency action is necessary;
- Making appropriate records; and
- Ensuring parents are informed.

Staff training will be recorded on National College.

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

#### 4.6 Supply staff

Supply staff employed on a long term basis will be:

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

#### 4.7 Managing medicines

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

- Medicines are only to be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Pupils under 19 must not be given prescription or non-prescription medicines without their parent's written consent, except when it has been prescribed without parents' knowledge. School will encourage the pupil to involve their parents while respecting their right to confidentiality.
- Pupils must not be given a medicine containing aspirin unless prescribed by a doctor.
- The [NHS](#) recommends that all children avoid all herbal medicines due to the dangers that the unregulated market poses to buyers, so they will not be administered by school staff without the agreement of a medical professional.
- Medicine e.g. for pain relief should not be administered without first checking maximum dosages and when the previous dose was taken. Every effort will be made to contact parents prior to administration, where necessary, to check this and to inform them that pain relief has been given. Written parental consent to administer non-prescribed, school held paracetamol, ibuprofen and anti-histamine will be gathered during the admission to school process.
- School can only accept medicines that are in-date, labelled, in the original sealed container as dispensed by a pharmacist which include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date but will generally be made available to school inside an insulin pen or pump rather than in its original container.
- Parents will be responsible for ensuring that school have an adequate supply of medication at all times. School will accept medication from Home to School transport in blue sealed bags or red sealed bags arriving from social care.
- Parents will be informed when medication is administered that is not as agreed in an IHCP e.g. school held paracetamol. Staff can do this via dojo, phone or email.

- All medicines must be stored safely, in their original containers and in accordance with their storage instructions. School has lockable fridges for medication that needs refrigerated.
- Pupils and staff should know where their medicines are at all times and are able to access them immediately, whether in school or off-site.
- When no longer required, medicines will be returned to the parent or school nurse for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- The school held asthma inhalers for emergency use are stored in the Medical Room, Pool Area and Staff Room at the Whitehaven site and in the medical locker to the left of the staff room door at Cockermouth St' Joseph's; and their use is recorded. Inhalers are always used in line with medical guidance.
- The school adrenaline auto-injectors for emergency use are stored in the Medical Room at the Whitehaven site and in the medical locker to the left of the staff room door at Cockermouth St. Joseph's; and their use is recorded. AAls are always used in line with medical guidance and specific training.
- Empty medication containers can be disposed of in school once all identifiable information has been removed. Parents/carers must be informed via dojo, email or telephone.
- Records must be kept of all medicines administered to individual pupils until the child is 25 years of age, according to the Department of Health and Social Care.

### **Controlled drugs**

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

- Stored in a non-portable container which only trained staff members have access; however, these drugs will be easily accessible in an emergency.
- Staff can administer a controlled drug to a pupil for whom it has been prescribed and they should do so in accordance with the prescription instructions and with a suitable adult witness.
- A record must be kept of the administration of controlled drugs in the same way as other medicines.

#### **4.7.1 Non-Prescription Medication (bought over the counter medication)**

Schools are not expected to administer medication such as cough medicines, cold remedies, hay fever drops etc. Staff should not ask parents to obtain a prescription to allow these products to be administered within school as it is extremely unlikely that the GP will provide this.

There may be exceptions to this in specific cases. Under these circumstances the school nurse will try and contact a child's GP or paediatrician for confirmation that the non-prescription medication is required. The final decision on whether to administer over the counter medication lies with the Head teacher/SLT.

Where a decision is made by the Head teacher to administer over the counter medication to a pupil, the following should be ensured:

- A medication consent form (Appendix C) is completed and includes any information given to the parent by the GP or Pharmacist including dosage.
- The medication is in the original packaging from the manufacturer which includes the name of the medicine and recommended dosage range (ensure this includes the dosage range for the age of the child).
- The expiry date is checked to ensure the medication is still in date.
- The dosage on the parental agreement form matches that on the packaging/information leaflet provided with the medication and the parent is contacted if there is a discrepancy.

Non-prescription medication should be used on a time limited basis. If it appears that the child is frequently receiving this medicine, it may be appropriate to recommend that an appointment with the GP is needed to discuss the continued need for the medicine.

#### 4.7.2 School held non-emergency medication

Paracetamol, ibuprofen and anti-histamine may only be administered in school where parental consent has been given.

The above school held medications should never be administered without first checking maximum dosages and when the previous dose was taken. A record of the administration of the dose given will be recorded (appendix D) and parents will be informed of the times, amount and frequency of the doses administered.

#### 4.8 Record keeping and retention

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

**When a pupil is administered medication that is prescribed to them** an individual record sheet (Appendix E) for each medicine will be completed and signed by 2 members of trained staff when they administer it.

**When a pupil has been prescribed a short course of medication, such as antibiotics,** a consent form (Appendix C must be completed and the administration of the medicine recorded (Appendix E).

To ensure that only eligible and appropriately identified pupils are given the school's emergency salbutamol asthma reliever inhaler and AAI, a register of such pupils will be kept in each emergency kit and at the Whitehaven site and in Reception at the Cockermouth site.

When a pupil is given the school emergency inhaler or school emergency AAI, it will be recorded on the relevant form (see anaphylaxis and asthma policies) and parents will be informed.

Records relating to the administration of medicines by school staff are classed as school records as opposed to pupil records. Consent forms should not be transferred to the next school or setting and therefore are kept separate from the pupil personal file.

Individual child records of medicines administered by school staff, can be securely destroyed once the child has reached the age of 25 and should be held in a file separate to the pupil's personal file. Again, these administration records should not be transferred to the next or subsequent school or other educational setting.

#### 4.9 Emergency procedures

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

Where an IHCP is in place, it should detail:

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

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

#### 4.10 Salbutamol inhalers

This school is committed to supporting pupils who have been diagnosed with asthma and has developed separate [Asthma Management Procedures](#) to be followed.

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

In summary:



- The administration of reliever inhalers will be carried out in accordance with staff training.
- An asthma register of all pupils prescribed a reliever inhaler will be kept in the Medical Room, Pool Area and Staff Room at the Whitehaven Campus and in the medical locker to the left of the staff room door at Mayfield St. Joseph's.
- Where a pupil has been prescribed a reliever inhaler, this will be recorded on their IHCP/asthma management with an indication of whether they can responsibly carry the device and self-administer it correctly.
- Consideration will be given to preventing and managing an asthma attack when planning all school activities on and off-site.
- The Whitehaven Campus has 3 emergency salbutamol inhaler kits located in the Medical Room, Pool Area and Staff Room. Cockermouth St. Joseph's has an emergency salbutamol inhaler located in a locked medical cabinet to the left of the staff room door. There are procedures in place to administer, maintain, and dispose of them safely.
- **Our decision to hold an emergency asthma kit does not in any way release a parent from their absolute duty to ensure that their child attends school with a fully functional inhaler containing sufficient medicine for their needs.**
- A copy of the asthma register including consent to administer the school emergency salbutamol will be held with each school asthma emergency kit.
- Designated staff will be trained in how to administer the school emergency inhaler and other staff will be trained in how to seek their help in an asthma emergency.
- Parents will be informed whenever their child has used the school emergency inhaler.

#### 4.11 Allergens

This school is committed to supporting pupils who have been diagnosed with an allergy and has developed separate [Anaphylaxis Management Procedures](#) to be followed.

##### 4.11.1 School meal and wrap around care providers

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

- liaise directly with us and take the pupil IHCPs that we share into account when planning menus and allergen management;
- record the ingredients used in each dish to display in the food preparation area, or be readily available to all relevant staff, label foods they prepack, and keep a copy of the ingredient information on labels of pre-packed foods e.g., sauces, desserts etc.;
- keep ingredients in their original containers, or a copy of the labelling information in a central place, with each product suitably enclosed to prevent cross-contamination in storage;
- ensure allergen information is kept up to date e.g., if foods purchased are changed or products substituted.

Their recipes are analysed, and details of allergen contents is available from our kitchen with each menu cycle.

Information is passed to, and we meet regularly with the kitchen to make sure all dietary requirements and food intolerances are met and catered for. Children with food allergies have an IHCP which is shared as necessary to inform menus and practices.

When setting up or reviewing a child's IHCP, part of the process includes appropriate information sharing, such as dietary restrictions, with the kitchen team and others. Part of the educational visits planning process written into our risk assessment is to ensure dietary needs are addressed in advance and needs shared appropriately with third party providers like residential centres.

##### 4.11.2 Other food handlers

Potential food handlers (food technology, classroom baking, cookery club, and other staff serving snacks and treats etc.), will be made aware of information about the [Major Food Allergens](#), so they can take it into account when planning any food-related activities for children with known allergies.



Staff are also trained to be alert to signs that a child may have a previously unknown allergy or has developed a new one.

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

#### 4.11.3 Steps to reduce anaphylaxis risks

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

- Bottles, other drinks, and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- Where we provide the food, our staff will be educated on how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Food will not be given to food-allergic children without parental engagement and permission e.g., birthday parties, food treats.
- Trading and sharing of food, food utensils or food containers will be actively discouraged and monitored.
- Training will include that unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary allergen labelling suggesting a risk of contamination.
- Careful planning for the use of food in crafts, cooking classes, science experiments and special events (e.g., fetes, assemblies, cultural events) with adequate substitutions, restrictions or protective measures put in place (e.g., wheat-free flour for play dough or cooking), non-food containers for egg cartons.
- Careful planning for out-of-school activities such as sporting events, excursions (e.g., restaurants and food processing plants), outings or camps, thinking early about the catering requirements and emergency planning (including access to emergency medication and medical care).
- Careful planning for on-site and off-site activities involving potential exposure to other allergens like animal dander, latex, pollen etc.

#### 4.12 Adrenaline Auto Injectors (AAI)

This school is committed to supporting pupils who have been diagnosed with anaphylaxis and has developed separate [Anaphylaxis Management Procedures](#) to be followed.

The Human Medicines (Amendment) Regulations 2017 allow (but do not require) schools to keep an adrenaline auto-injector (AAI) for use in an anaphylaxis emergency, governors have decided that keeping a supply will currently benefit pupils significantly.

In summary:

- The administration of AAI's will be carried out in accordance with professional medical guidance and staff training. Designated staff will be trained in how to administer a child's own AAI and other staff will be trained in how to seek the help of designated staff in an anaphylaxis emergency.
- The emergency services will be called when a reaction is severe or if a pupil is not diagnosed but seems symptomatic.
- Safe disposal arrangements are in place with sharps containers in the Medical Room.
- An AAI register of all pupils prescribed an AAI will be kept in the Medical Room at the Mayfield Whitehaven campus and in Reception at Mayfield St. Joseph's, and will be checked as part of initiating the emergency response.
- Where a pupil has been prescribed an AAI, this will be recorded on their IHCP/allergies management plan.
- Every use of a child's own AAI will be recorded and reported to parents including:
  - Where and when the reaction took place
  - How much medicine was given and by whom

- Consideration will be given to preventing and managing an allergic reaction when planning all school activities on and off-site.
- The Whitehaven campus has 2 emergency AAI kits in the Medical Room at the Whitehaven site. Cockermouth St 'Joseph's has 1 AAI kits located in a locked cabinet to the left of the staff room door at Mayfield St. Joseph's. Procedures are in place to administer, maintain, and dispose of them safely.
- **Our decision to hold an emergency AAI kit does not in any way release a parent from their absolute duty to ensure that their child attends school with a fully functional AAI containing sufficient medicine for their needs.**
- A copy of the AAI register including consent to administer the school emergency AAI will be held with each school AAI emergency kit.
- Designated staff will be trained in how to administer the school emergency AAI and other staff will be trained in how to seek their help in an anaphylaxis emergency.
- Parents will be informed whenever their child has used the school emergency AAI.

#### 4.13 Day trips, residential visits, and sporting activities

Staff will be made aware of how a pupil's medical condition might impact on their participation in educational visits, sporting, or other activities.

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

In general, the arrangements detailed in this policy for the safe storage and administration of medication should also apply when taken off site. Medication should be signed out of school (Appendix F) and stored in a locked bag and held by a designated member of staff who is trained to administer it.

#### 4.14 Other arrangements

##### 4.14.1 Home to school transport

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

The LA *must* know if a pupil travels on home to school transport and has a life-threatening condition and carries emergency medicine so that they can develop an appropriate transport healthcare plan. School undertakes to appropriately share IHCP information with the LA for this purpose and will make this clear to parents in the development meeting.

##### 4.14.2 Defibrillators

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

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

As part of our first aid equipment, both sites have an Automated External Defibrillator (AED). Mayfield Whitehaven's AED is located just outside the main door into Mayfield School and the code to access this is located in the medical room. Mayfield St. Joseph's AED is located in the Reception office.

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

AEDs are designed to be used by someone without any specific training and by following step-by-step instructions on the device. All school staff have been given access to the instructions and an appropriate briefing on our procedures for using the AED.

The emergency services will always be called where an AED is used on a person or requires using.

The local NHS and ambulance service have been notified of their location.

#### **4.15 Unacceptable practice**

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

- prevent children from easily accessing their inhalers and medicine and administering their medicines when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although staff will be supported to appropriately challenge this where they have genuine concerns);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g., hospital appointments;
- prevent pupils from drinking, eating, or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medicine or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g., by requiring parents to accompany the child.

#### **4.16 Insurance**

School staff who agree to support pupils at school with their medical conditions and administer medicines are appropriately insured by the local authority/governing body to do so when they are acting in accordance with our policies and their training given the circumstances they faced at the time. The Insurance Policy wording is available on request from the Headteacher.

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

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

#### **4.17 Complaints**

If parents or pupils are unhappy with the support provided they should discuss their concerns directly with Sophie McCabe, Headteacher.

If this does not resolve the issue, they can make a formal complaint through the normal school complaints procedure available on the school website.

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

## Individual Healthcare Plan (IHCP)

<b>School/Setting:</b>	Mayfield School		
<b>Name of Child:</b>			
<b>Date of Birth:</b>			
<b>Child's Address:</b>			
<b>Medical Diagnosis or Condition</b>			
<b>Date:</b>			
<b>Review Date:</b>			
<b>Emergency Contact Information:</b>			
<b>Name:</b>		<b>Relationship to child:</b>	
<b>Phone no: (work)</b>		<b>Phone no: (home)</b>	
<b>Phone no: (mobile)</b>			
<b>Name:</b>		<b>Relationship to child:</b>	
<b>Phone no: (work)</b>		<b>Phone no: (home)</b>	
<b>Phone no: (mobile)</b>			
<b>Clinic/Hospital Contact:</b>			
<b>Name:</b>			
<b>Phone no:</b>			
<b>G.P Contact:</b>			
<b>Name:</b>			
<b>Phone no:</b>			

**Please note:** Some or all of this information may be shared on a *confidential* and *strictly need to know basis*, with adults other than school staff who may be working with children and young people in a paid or voluntary capacity. **Such adults are bound by the school's code of conduct on confidentiality.**



<b>Describe medical needs</b> (e.g. details of any symptoms, known triggers, treatments, any required equipment/devices, etc.)
<b>Medication needs of the child during school hours</b> (e.g. name of medication, dose, method of administration, day and time of administration, known side effects, administered by/self-administered with/without permission)

**Please note:** Some or all of this information may be shared on a *confidential* and *strictly need to know* basis, with adults other than school staff who may be working with children and young people in a paid or voluntary capacity. **Such adults are bound by the school's code of conduct on confidentiality.**



<b>Daily care requirements during school day (e.g. before sports activities, at lunchtime etc.)</b>			
<b>Specific support required for the pupil's educational, social and emotional needs</b>			
<b>Describe what constitutes an emergency for your child and the action to take if this occurs:</b>			
<b>Other information:</b>			
<b>The above information is, to the best of my knowledge, accurate at the time of writing and I consent to school staff administering medicine in accordance with the Policy. I will inform school immediately along with a GP/clinic letter if there is any change in dosage or frequency of the medicine or if the medicine is stopped.</b>			
<b>Plan developed with: (e.g. child, parents, healthcare professional, therapist etc.)</b>			
<b>Print Name</b>	<b>Signature</b>	<b>Relationship to child:</b>	<b>Date</b>

**Please note:** Some or all of this information may be shared on a *confidential* and *strictly need to know basis*, with adults other than school staff who may be working with children and young people in a paid or voluntary capacity. **Such adults are bound by the school's code of conduct on confidentiality.**





**Please note:** Some or all of this information may be shared on a *confidential* and *strictly need to know basis*, with adults other than school staff who may be working with children and young people in a paid or voluntary capacity. **Such adults are bound by the school's code of conduct on confidentiality.**



## Staff Training Record – Supporting Pupils with Medical Conditions

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

<b>Name of school/setting:</b>	Mayfield School		
<b>Details of training being delivered:</b>			
<b>Date training completed:</b>			
<b>Name of trainer:</b>			
<b>Training provider:</b> Organisation, profession, and job title of the trainer.			
I confirm that the above-named member(s) of staff received the training detailed above and they are competent to carry out any necessary treatment.			
Date by which I recommend this training be updated:			
<b>Trainer Signature:</b>		<b>Date:</b>	
I confirm that I have received the training detailed above.			
<b>Trainee full name</b>	<b>Trainee signature</b>	<b>Date of training</b>	



## **Parental Consent to Administer Medication**

Mayfield School will not give you child medicine unless it is in accordance with our Supporting Pupils with Medical Conditions Policy and Procedures and you complete and sign this form.

### **Consent form for the administration of short term prescribed medication (e.g. antibiotics) OR non-prescribed over the counter medication (as agreed by the Headteacher).**

Wherever possible, medication should be given at home by parents. If prescribed medicines are to be taken **three or more times per day**, parents should ask the prescribing doctor if the administration of the medication can occur outside normal school hours.

<b>Name of Child:</b>	
<b>Date of Birth:</b>	

<b>Contact information</b>			
<b>Name of Parent/Carer:</b>			
<b>Address:</b>		<b>Home Tel. No:</b>	
		<b>Mobile:</b>	

<b>GP Surgery</b>			
<b>GP Name:</b>			
<b>Address:</b>		<b>Tel. No:</b>	

<b>Medical diagnosis, condition or illness (why has the medication been prescribed?)</b>

<b>Name of medication</b>	
<b>Dose:</b>	
<b>Frequency (how many times a day) &amp; time to be given:</b>	
<b>Route of administration:</b>	
<b>Special instructions e.g. 1 hour before food:</b>	

**PLEASE NOTE:** Medicines must be in the original container as dispensed by the pharmacist.

**Parent/Carer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Administering School Held Medication (Paracetamol, Anti-histamine & Ibuprofen)**

Full Name of Pupil	
Date of Birth of Pupil	

Reason for Medication:
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**Telephone call to parent/carer to establish the following:**

Date of call:	Time of call:	
Has the pupil had any other paracetamol, ibuprofen or anti-histamine in the last 24 hours? If yes, please provide information below:		
Medication:	Date:	Time:

**Record of Medication Administered at School:**

Name of medication administered:	
Route of administration:	
Dose in mg & mls/no. of tablets:	
Date:	
Time of administration:	
Administered by:	
Witnessed by:	

	Tick <b><u>when</u></b> completed:
Uploaded to CPOMS	
Photo of this form sent to parents via Dojo	
Paper copy given to Tanya Rutter for filing	

Signature of Staff completing checklist:



ADMINISTRATION OF PRESCRIBED MEDICATION

Mayfield School

All prescribed medication administered to a pupil MUST be recorded. Please record any reactions/side effects overleaf. Please complete with black ink.

Full Name of Pupil:		Date of Birth:		Allergies:	
Name of Medication:		Strength of Medication: e.g. (20mg/5mls)		Controlled Drug	
Dosage to be Administered: (e.g. 7.5mls)		Route of Administration: e.g. oral, buccal, gastrostomy, jejunostomy, topical, intramuscular)			
Time to be Administered/As and When Required:		Date Received in School & Amount:		Date Expires:	
Date Checked Out (include returns code) & Quantity:		RH = Returned home    SN = Empty and discarded (remove identifiable information)			

PRINT NAME OF PERSON RESPONSIBLE FOR ADMINISTRATION AND WITNESS Parents must be informed of the non-administration of medication.

Date					
Time					
Dose					
Code					
Administrator					
Witness					

Date					
Time					
Dose					
Code					
Administrator					
Witness					



CODE: A = Administered		B = Refused		V = Vomited	
Date					
Time					
Dose					
Code					
Administrator					
Witness					

Date					
Time					
Dose					
Code					
Administrator					
Witness					

Date					
Time					
Dose					
Code					
Administrator					
Witness					

CODE: A = Administered		B = Refused		V = Vomited	
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NOTES: (please indicate date, time and staff involved)					





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PRINT NAME OF PERSON RESPONSIBLE FOR SIGNING OUT AND IN  
PRINT NAME OF PERSON WITNESSING SIGNING OUT AND IN  
(BLACK INK ONLY)

Full Name of Pupil:
Date of Birth:
Class:
Name of Medication:
Health and Safety Any medication administered to a pupil <b>MUST</b> be recorded on the appropriate medication form Please record any reactions.

Date	Date	Date	Date	Date	Date
out					
in					
Date	Date	Date	Date	Date	Date
out					
in					
Date	Date	Date	Date	Date	Date
out					
in					
Date	Date	Date	Date	Date	Date
out					
in					

TRANSPORTATION OF MEDICATION