

Acorn Trust

Supporting Pupils with Medical Conditions Policy



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| Written by: | J Buckley |
| Date reviewed: | 4 th March 2019 |
| Next review date | Spring 2020 |
| Chairs Signature | |

Mission Statement

The Acorn Trust is a Multi-Academy Trust established with the aim of providing outstanding learning and opportunities for the children within its care.

Children are our nation's most precious resource. Their school life and learning experience will shape them for the whole of their lives

Safeguarding Statement

At the Acorn Trust we recognise our moral and statutory responsibility to safeguard and promote the welfare of all children.

We work to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection and justice.

The procedures contained in the Safeguarding Policy apply to all staff, volunteers and governors

Version Control

Change Record

| Date | Author | Version | Page | Reason for Change |
|--------|-----------|---------|------------|---|
| 4.3.19 | J Buckley | 2 | throughout | Sections added: New statement of intent, Legal Framework, roles & responsibilities, admissions, AAls, emergency procedures, unacceptable practise, home-to-school transport, defibrillators |
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Statement of intent

The Acorn Trust has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy 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 school trips and physical education) and achieve their academic potential.

The Acorn Trust believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

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

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

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

In addition, some pupils with medical conditions may also have SEND and have an education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND policy will ensure compliance with legal duties.

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/carers.

1. Legal framework

1.1. This policy has due regard to legislation and guidance including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- This policy has due regard to the following guidance:
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2015) 'The common inspection framework: education, skills and early years'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

1.2. This policy has due regard to the following school policies:

- Administering Medication Policy
- SEND Policy
- Food and allergens Policy
- Health & safety
- Complaints Procedure Policy

2. The role of the Acorn Trust Board

2.1. The Acorn Trust board:

- Is legally responsible for fulfilling its statutory duties under legislation.
- Ensures that arrangements are in place to support pupils with medical conditions.
- Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Works with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs.

- Instils confidence in parents/carers and pupils in the school's ability to provide effective support.
- Ensures that 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.
- Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.
- Ensures that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.

3. The role of the headteacher

3.1. The headteacher:

- Ensures that this policy is effectively implemented with stakeholders.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Has overall responsibility for the development of IHPs.
- Ensures that staff are appropriately insured and aware of the insurance arrangements.
- Contacts the school nurse where a pupil with a medical condition requires support that has not yet been identified.

4. The role of parents/carers

4.1. Parents/carers:

- Notify the school if their child has a medical condition.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development and review of their child's IHP.
- Carry out any agreed actions contained in the IHP.
- Ensure that they, or another nominated adult, are contactable at all times.

5. The role of pupils

5.1. Pupils:

- Are fully involved in discussions about their medical support needs.
- Contribute to the development of their IHP.
- Are sensitive to the needs of pupils with medical conditions.

6. The role of school staff

6.1. 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.
- Take into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

7. The role of the school nurse

7.1. The school nurse:

- At the earliest opportunity, notifies the school when a pupil has been identified as having a medical condition which requires support in school.
- Supports staff to implement IHPs and provides advice and training.
- Liaises with lead clinicians locally on appropriate support for pupils with medical conditions.

8. The role of clinical commissioning groups (CCGs)

8.1. CCGs:

- Ensure that 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.
- Are responsive to LAs and schools looking to improve links between health services and schools.
- 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.

9. The role of other healthcare professionals

9.1. Other healthcare professionals, including GPs and paediatricians:

- Notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHPs.
- May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.

10. The role of providers of health services

- 10.1. Providers of health services co-operate with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

11. The role of the LA

11.1. The LA:

- Commissions school nurses for local schools.
- Promotes co-operation between relevant partners.
- Makes joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Provides support, advice and guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Works with the school to ensure that pupils with medical conditions can attend school full-time.
- Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

12. The role of Ofsted

- 12.1. Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.
- 12.2. 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.

13. Admissions

- 13.1. No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.
- 13.2. A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

14. Notification of a Pupil Medical Condition

- 14.1. All new pupils on entry to the school must complete a pupil information/medical form (appendix 1) informing the school of their child's medical needs including any allergies, tetanus history, dietary requirements and medication.
- 14.2. Parents are made aware that they must notify the school if there are any changes or updates to their child's medical information.
- 14.3. Depending on the medical information, the relevant forms will need to be completed by the school and parent.
 - Individual Healthcare plan

- Administration of medication during the school day - long term or short term
 - Inhaler consent form
- 14.4. The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the headteacher based on all available evidence (including medical evidence and consultation with parents/carers).

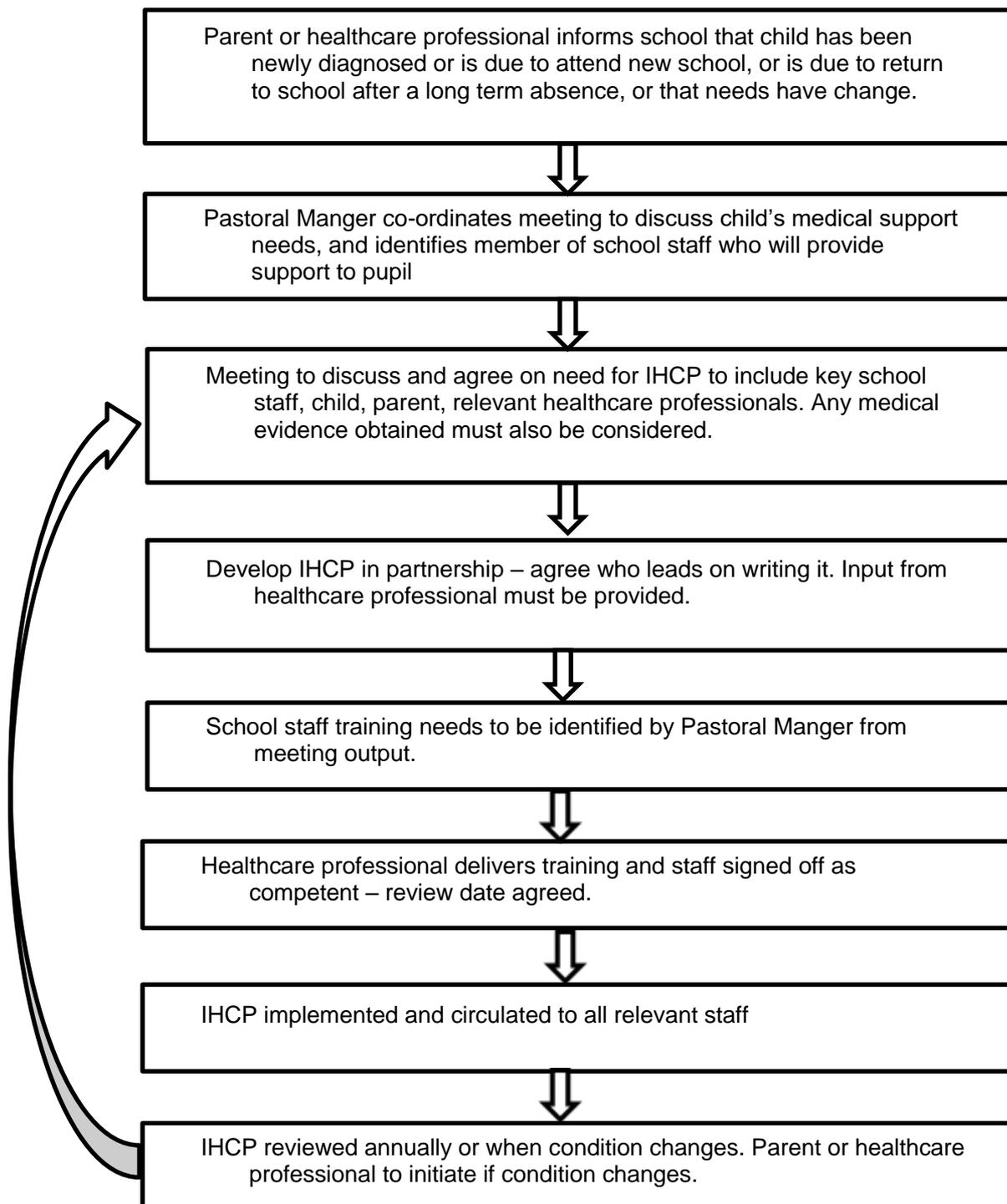
15. Individual Healthcare Plans (IHPs)

- 15.1. Individual Healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one.
- 15.2. The school's pastoral manager, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view.
- 15.3. An IHP should include the following information:
- 15.4. The medical condition, along with its triggers, symptoms, signs and treatments.
- 15.5. The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- 15.6. The support needed for the pupil's educational, social and emotional needs.
- 15.7. The level of support needed, including in emergencies.
- 15.8. Whether a child can self-manage their medication.
- 15.9. Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- 15.10. Cover arrangements for when the named supporting staff member is unavailable.
- 15.11. Who needs to be made aware of the pupil's condition and the support required.
- 15.12. Arrangements for obtaining written permission from parents/carers and the headteacher for medicine to be administered by school staff or self-administered by the pupil.
- 15.13. Separate arrangements or procedures required during school trips and activities.
- 15.14. Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- 15.15. What to do in an emergency, including contact details and contingency

arrangements.

15.16. The healthcare plan should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

15.17. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided below:



- 15.18. Plans are drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, GP, paediatrician, local health team, clinical commissioning groups) who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education
- 15.19. All healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.
- 15.20. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements on information from the school. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

16. Staff Training and Support

- 16.1. Staff who provide support to pupils with medical conditions will attend any meeting if possible connected with the pupil. Training will be provided to staff to ensure they are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will have been provided as part of their training with the knowledge to understand specific medical conditions they are being asked to deal with, their implications and preventative measures. The Headteacher will ensure staff have the appropriate training and refresher training.
- 16.2. If any new staff are to be involved in support pupils with medical conditions, they will have a full induction and be given full training. The Headteacher will organise this.
- 16.3. All staff are to be made aware at staff meetings by the Pastoral Manager of any pupil that has a new medical condition and how best they can support them, even if not directly involved with their healthcare plan.
- 16.4. Supply staff will be notified on arrival by the Pastoral Manager or Headteacher, if there are any pupils that require support in their education needs because of their medical condition and the class Teaching Assistant will be able to assist.

17. Managing Medicines

- 17.1. Pupils may at some time need to take medication at school. For many this may be short-term, perhaps finishing a course of medication. Other pupils may have medical conditions such as asthma or diabetes that if not properly managed could limit their access to education. Some children may

- have conditions that also require emergency treatment e.g. severe allergic conditions or epilepsy.
- 17.2. All school staff are appropriately insured to administer medicine by the school's insurance policy.
 - 17.3. The school will follow the procedures below to ensure all medicines are managed safely at school:
 - 17.4. Before medication can be given the "Administration of medicine during the school day – short term/long term" (appendix 2 and 3) must be completed by the parent/guardian (not a friend or relative) of the child and the medicine handed in to the office.
 - 17.5. It is the responsibility of parents to notify the school if there is any change to medication including dosage amounts.
 - 17.6. Only medication that is required at specific times or needed more than 3 times daily can be given by the school.
 - 17.7. Non-prescription medicines may be administered in the following situations:
 - When it would be detrimental to the pupil's health not to do so and a letter has been obtained from the child's GP.
 - When instructed by a medical professional (school to purchase calpol and piriton for emergency purposes) and parental consent has been obtained (see 17.9)
 - 17.8. No pupil under 16 years of age is given medicine containing aspirin unless prescribed by a doctor
 - 17.9. Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.
 - 17.10. Medication can only be accepted in school if it is delivered in its original container. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.
 - 17.11. Only reasonable quantities of medication should be supplied to the school (e.g. max of 4 weeks supply at any one time)
 - 17.12. On administering medicine, staff must check the following on the prescription label/administration of medicine form/record of medicine form:
 - Pupils name
 - Dosage
 - Name of medication
 - Frequency of dosage
 - Date of dispensing
 - Storage requirements
 - Expiry date
 - The last time medication was taken on the record form
 - 17.13. All medication will be kept in a locked medical cabinet unless it is needed to be kept in a fridge. If this is the case, the office fridge will be used.
 - 17.14. It may be necessary for some medicine to be readily available in an emergency and should not be locked away in the office. Relevant school staff and if appropriate, the pupil should know where the medication is kept.
 - 17.15. Any medication given will be recorded on a "record of medicine administered to an individual child" form (reverse of appendix 2 & 3) with information on date, time, dosage, administrator and witness with any additional comments if required.
 - 17.16. These forms will be kept in the office in the medication file

- 17.17. The office staff and/or Pastoral Manager will administer the medicine to the pupil. This will ensure cover arrangements in case of staff absence.
- 17.18. Where it is appropriate to do so, pupils will be encouraged to administer their own medication under staff supervision.
- 17.19. No child will be forced to take medication but refusal to take medication will be referred to parents. If emergency medication is refused, it may be necessary to contact the ambulance service.
- 17.20. If staff volunteering to administer medicine are concerned about any aspect of its administration, they must not administer it and seek further advice from the Pastoral Manager.
- 17.21. Medication requiring invasive procedures (e.g. Drugs requiring injection or rectal application) will only be administered by staff that have been fully trained.
- 17.22. Sharp boxes are to be used for the disposals of needles and other sharps.
- 17.23. Where a child requires medication to be administered on a trip/visit/overnight stay, it is the responsibility of the trip/visit organiser to assess the practicalities and risks of administering medicine. Where the child's medical needs are more complex, a full risk assessment must be carried out in consultation with the Pastoral Manager, parents, pupils and advice from the relevant healthcare professional.
- 17.24. Following statutory guidelines in EYFS, children in Reception class or nursery can be given medication to control fevers such as Calpol by the school if a consent form has been obtained. Parents will always be informed daily if medication has been taken by a child in EYFS. No medication is to be given without consent. See the EYFS policy for more info.

18. Asthma & Inhalers

- 18.1. Members of school staff will look for the following symptoms of asthma attacks in pupils:
 - Persistent coughing (when at rest)
 - Shortness of breath (breathing fast and with effort)
 - Wheezing
 - Nasal flaring
 - Complaints of tightness in the chest
 - Being unusually quiet
 - Difficulty speaking in full sentences
 - Younger pupils may express feeling tight in the chest as a 'tummy ache'.
- 18.2. Before inhalers can be given the "Inhaler Consent form" (appendix 4) must be completed by the parent/guardian of the child and the inhaler handed in to the office.
- 18.3. Inhalers will be kept in the child's classroom so are always readily available to the child.
- 18.4. A record should be kept if the inhaler has been used and the parent informed via the 1st aid form or Inhaler administration slip (appendix 5).
- 18.5. When the child goes on a trip/visit/overnight stay, it is the responsibility of the trip/visit organiser to ensure the child's inhaler is taken and kept secure
- 18.6. The expiry dates of inhalers should be checked by the class teacher every

term to ensure they are still in date and the Inhaler termly checklist completed (appendix 6). This is to be kept in the school's medical file. Letters should be sent out if the inhaler is not returned after the termly holidays (appendix 7)

- 18.7. Every school within the Acorn Trust keeps a supply of salbutamol inhalers for use in emergencies when a pupil's own inhaler is not available. These are kept in the school office first aid box.
 - Emergency asthma kits contain the following:
 - A salbutamol metered dose inhaler
 - Two plastic, compatible spacers
- 18.8. A list of pupils with parental consent and/or individual healthcare plans permitting them to use the emergency inhaler is kept in the school's medical file.
- 18.9. The emergency inhaler should only be used by pupils, for whom written parental consent has been received and who have been either diagnosed with asthma or prescribed an inhaler as reliever medication.
- 18.10. Spacers must not be reused and may be given to the pupil for future home-use.
- 18.11. Emergency inhalers may be reused, provided that they have been properly cleaned after use.
- 18.12. Appropriate support and training will be provided for relevant staff on the use of the emergency inhaler and administering the emergency inhaler.
- 18.13. Whenever the emergency inhaler is used, the incident must be recorded on the Inhaler administration slip.
- 18.14. Emergency Inhalers kept in the school office must be taken out on every evacuation.

19. Allergies & Adrenaline auto-injectors (AAIs)

- 19.1. If a pupil declares an allergy (food, animal, seasonal), a meeting will take place between the Pastoral Manager and the parent to discuss in detail their allergy including the severity, symptoms and medical attention required. An IHP will be completed if require based on the severity of the allergy.
- 19.2. The following symptoms are experienced if a person is suffering a severe allergic reaction (Anaphylaxis):
 - Persistent cough
 - Hoarse voice
 - Difficult or noisy breathing
 - Persistent dizziness
 - Becoming pale or floppy
 - Suddenly becoming sleepy, unconscious or collapsing.
 - Fast Heart beat
 - Difficulty swallowing or swollen tongue or throat
 - Confusion & anxiety
 - Signs of shock
- 19.3. Where a pupil has been prescribed an AAI, this will be written into their IHP.
- 19.4. Pupils who have prescribed AAI devices, and are over the age of seven, are able to keep their device in their possession, if agreed in the IHP or their device will be held in their classroom locked first Aid box.

- 19.5. In the event of anaphylaxis, the nearest adult will lay the pupil flat on the floor with their legs raised and will call for help from a designated staff member.
- 19.6. Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAI's will only be administered by these staff members.
- 19.7. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.
- 19.8. If necessary, other staff members may assist the designated staff members with administering AAI's, such as where the pupil needs restraining.
- 19.9. The emergency services will be contacted immediately
- 19.10. The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date and will be replaced when the expiry date approaches.
- 19.11. The spare AAI will be stored in the school office, ensuring that it is protected from direct sunlight and extreme temperatures.
- 19.12. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Written parental consent will be recorded on the child's IHP.
- 19.13. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used.
- 19.14. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.
- 19.15. Where a pupil appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.
- 19.16. In the event that an AAI is used, the pupil's parents/carers will be notified that an AAI has been administered and they will be informed whether this was using the pupil's or the school's device.
- 19.17. Where any AAI's are used, the following information will be recorded on to an AAI Record (appendix 8):
- 19.18. How much medication was given and by whom
- 19.19. For children under the age of six, a dose of 150 micrograms of adrenaline will be used.
- 19.20. For children aged 6-11 years, a dose of 300 micrograms of adrenaline will be used.
- 19.21. For children and adults aged 12 and older, a dose of 300 or 500 micrograms of adrenaline will be used.
- 19.22. AAI's will not be reused and will be disposed of according to manufacturer's guidelines following use.
- 19.23. In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

20. Record Keeping

- 20.1. Written records are completed and kept of all medicines administered to

pupils.

20.2. The Pastoral Manager will check the medication file termly to archive any pupil records that are no longer relevant (e.g. No longer needs medicine) and to send home any unused medicine with the parent.

21. Emergency procedures

21.1. Medical emergencies are dealt with under the school's emergency procedures.

21.2. Consent for Emergency Medical Treatment is obtained on the School's consent form annually.

21.3. Where an IHP is in place, it should detail:

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

21.4. Pupils are informed in general terms of what to do in an emergency, such as telling a teacher.

21.5. If a pupil needs to be taken to hospital, a member of staff remains with the pupil until their parents/carers arrive.

22. Unacceptable practice

The school will never:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil and/or their parents/carers.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

23. Home-to-school transport

23.1. Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA.

23.2. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening

conditions.

24. Defibrillators

- 24.1. The school has a automated external defibrillator (AED).
- 24.2. The AED is stored in the school Hall (Bedford Hall Methodist), in the corridor opposite the library and in the reception area of the Startwell centre (Westleigh Methodist).
- 24.3. All staff members and pupils are aware of the AED's location and what to do in an emergency.
- 24.4. No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.
- 24.5. The emergency services will always be called where an AED is used, or requires using.
- 24.6. Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.
- 24.7. Maintenance checks will be undertaken on AEDs on a **weekly** basis, with a record of all checks and maintenance work being kept up-to-date by the designated person.

25. Complaints

- 25.1. Any parent who is dissatisfied with the medical support the school provides, should address their concerns immediately to the school and then if required as an official complaint in accordance with the School's Complaint policy.

Pupil Information

| | | | |
|---|----------------------|---------------------|--|
| Legal Name of Pupil (inc first name, middle name, surname) | | | |
| Preferred Name | | | |
| Address | | | |
| Nationality | | | |
| First Language | | | |
| Looked after Child | YES/NO | | |
| If parents separated, please confirm key contact | | | |
| If both parents require school event information, eg. Parent evenings, Christmas nativity dates, please ensure we have all required emails below | | | |
| Tel numbers for Text Messages | | | |
| Name | Mobile | Relationship | |
| | 1. | | |
| | 2. | | |
| | 3. | | |
| Email Contact for messages/school events | | | |
| Name | Email address | Relationship | |
| | 1. | | |
| | 2. | | |
| | 3. | | |
| Emergency Contact Numbers | | | |
| Name | Tel | Relationship | Priority to ring (1 to 3 with 1 being priority first) |
| | 1. | | |
| | 2. | | |
| | 3. | | |
| Siblings at school | | | |
| How does your child get to school | Walk / Car / Bus | | |

Medical Details

| |
|---|
| Has your child any food or any other allergies? If yes, please detail below |
| |
| Does your child have any specific dietary requirements? If so, please give details inc food dislikes |
| |

Does your child take any medication including the use of an inhaler? If yes, please detail the medication, dosage requirements and times taken. If medication needs to be taken during the school day, please ask the school for a medication form – long term or short term.

Does your child have any sight, hearing or speech defects?

Does your child suffer from travel sickness?

YES/NO

Does your child have diabetes, asthma or epilepsy? If so, please ask the school for a Health Care plan.

Approximate date of last Tetanus

Is there any other health information that you may think may be relevant? Eg. Prolonged hospitalisation, undergoing investigations, medical restrictions re. PE, etc

Data privacy

The General Data Protection Regulation (GDPR) (**Regulation** (EU) 2016/679) puts in place certain safeguards regarding the use of personal data by organisations, including the Department for Education (DfE), local authorities and schools.

Parents should refer to the Acorn Trust's privacy notice which can be found on the website or requested from the school. Parents are asked to pay particular note to advice from the ICO with regards the GDPR principles:

<https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/principles/>

and your individual rights:

<https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/>

Administration of Medication during the School Day – SHORT TERM

Note: Medicines must be the original container as dispensed by the pharmacy

| | |
|----------------------------------|--|
| Name of Pupil | |
| Year group | |
| Date of Birth | |
| Medical condition/illness | |

Medicine

| | |
|--|---------------------------------------|
| Name of Medicine | |
| Dosage to give | |
| What date does the medication start in school (please specify date as - DD/MM/YY) | |
| When to be given | |
| Special Precautions or other instructions | |
| When date does the medication need to stop (please specify date as - DD/MM/YY) | |
| Any side effects that the school needs to know about | |
| Self Administration | YES/NO (delete as appropriate) |
| Procedures to take in an Emergency | |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that I must notify the school/setting of any changes in writing.

Date

Name

Signature

Relationship to child

Daytime Tel Number

APPENDIX 3



Administration of Medication during the School Day – LONG TERM

Note: Medicines must be the original container as dispensed by the pharmacy

| | |
|----------------------------------|--|
| Name of Pupil | |
| Year group | |
| Date of Birth | |
| Medical condition/illness | |

Medicine

| | |
|---|---------------------------------------|
| Name of Medicine | |
| Dosage to give | |
| When to be given | |
| Special Precautions or other instructions | |
| Any side effects that the school needs to know about | |
| Self Administration | YES/NO (delete as appropriate) |
| Procedures to take in an Emergency | |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that I must notify the school/setting of any changes in writing.

| |
|------------------------------|
| Date |
| Name |
| Signature |
| Relationship to child |
| Daytime Tel Number |



Record of medicine administered to an individual child

Name of child:

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time Given | | | |
| Dose Given | | | |
| Staff Initials | | | |
| Name of staff | | | |
| Witness Initials | | | |
| Any comments | | | |

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time Given | | | |
| Dose Given | | | |
| Staff Initials | | | |
| Name of staff | | | |
| Witness Initials | | | |
| Any comments | | | |

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time Given | | | |
| Dose Given | | | |
| Staff Initials | | | |
| Name of staff | | | |
| Witness Initials | | | |
| Any comments | | | |

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time Given | | | |
| Dose Given | | | |
| Staff Initials | | | |
| Name of staff | | | |
| Witness Initials | | | |
| Any comments | | | |

ADVICE OF ADMINISTRATION OF INHALER



Child's name Class Date..... Time

This letter is to inform you that your child has had problems with their breathing today, this happened when ;-

A member of staff helped them to use their asthma inhaler and they received puffs

Or

Their own inhaler was not on site / not working and we administered the emergency inhaler,

Giving Puffs

(delete as appropriate)

ADVICE OF ADMINISTRATION OF INHALER



Child's name Class Date..... Time

This letter is to inform you that your child has had problems with their breathing today, this happened when ;-

A member of staff helped them to use their asthma inhaler and they received puffs

Or

Their own inhaler was not on site / not working and we administered the emergency inhaler,

Giving Puffs

(delete as appropriate)

APPENDIX 7

Letter Template to request new Inhaler if not brought back after termly holidays



ASTHMA INHALERS IN SCHOOL

Date

Dear Parent / Carer

Your child in year

is on our records as requiring an inhaler in school, inhalers should be taken home after each half term, checked by you and replaced as necessary. Each new term we will ask you to return your child's medicine to the school office and sign a new consent form ensuring that all details are current.

We do not appear to have the following in school for your child this term ;-

A current (in date) inhaler

Original box with dosage instructions

A spacer

Current written consent (including Triggers)

Consent to use the school emergency inhaler if needed

| |
|--|
| |
| |
| |
| |
| |

ALL OF THE ABOVE ARE ESSENTIAL, OTHERWISE SCHOOL WILL NOT BE ABLE TO ADMINISTER YOUR CHILD'S MEDICINE

Adrenaline Auto-Injector Record (AAI)

| | | | |
|---|--------------|----------------------------------|--------|
| Name of Pupil: | | | |
| Pupil Date of Birth: | | Class: | |
| Location of Reaction: | | | |
| Probable cause of The Reaction: | | | |
| Date AAI administered: | | Time administered: | |
| Dosage administered: | | | |
| Name of person who administered AAI: | | Were they trained? | YES/NO |
| Was the AAI administered the pupil's own or the school's spare: | OWN/SCHOOL'S | Time parents informed: | |
| Any side effects after administering the AAI? – please detail | | | |
| Time emergency services contacted: | | Time emergency services arrived: | |
| Was the pupil transferred to hospital – please detail | | | |
| Any other comments | | | |