



## Medication & Supporting Children with Medical Conditions Policy

**Policy in place:** Nov 2014

**Policy updated:** Mar 2017; Mar 2022; March 2023; March 2024, March 2025

**Review date:** March 2026

### Statement of Intent

This policy will be used to ensure that children with medical conditions receive appropriate care and support at school, in order for them to have full access to education and remain healthy. This includes the safe storage and administration of children's medication. Endon Hall Primary & Nursery School is committed to ensuring that parents feel confident that we will provide effective support for their child's medical condition, and make the child feel safe whilst at school.

Some children with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these children, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy and SEND Information Report will ensure compliance with legal duties.

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

For the purposes of this policy, "**medication**" is defined as any prescribed or over the counter medicine, including devices such as asthma inhalers and adrenaline auto-injectors (AAIs). "**Prescription medication**" is defined as any drug or device prescribed by a doctor. "**Controlled drug**" is defined as a drug around which there are strict legal controls due to the risk of dependence or addiction, e.g. morphine.

Section 100 of the Children and Families Act 2014 places a duty on the Governing Board of the school to make arrangements for supporting children at the School with medical conditions. To that end, the Governing Board will ensure that arrangements are in place to support children with medical needs and that an appropriate policy, plans and procedures are in place to meet that statutory duty.

This policy also has due regard to additional, relevant legislation and statutory guidance including, but not limited to, the following:

- Equality Act 2010
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2017) 'Using emergency adrenaline auto-injectors in schools'
- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- 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

- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

## **The Role and Responsibilities of Staff at Endon Hall Primary & Nursery School**

### **The Governing Board is responsible for:**

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support children with medical conditions.
- Ensuring that children with medical conditions can access and enjoy the same opportunities at school as any other child
- Working with the LA, health professionals, commissioners and support services to ensure that children with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, children with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each child and what support is required to support their individual needs.
- Instilling confidence in parents/carers and children in the school's ability to provide effective support.
- Ensuring 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.
- Ensuring that no prospective child is denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that children's health is not put at unnecessary risk. As a result, the board holds the right to not accept a child into school at times where it would be detrimental to the health of that child or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.
- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children and sets out the procedures to be followed whenever a school is notified that a child has a medical condition.
- Ensuring that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting children at school with medical conditions.
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

### **The Headteacher is responsible for:**

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs (Individual Health Plans), including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring children with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse where a child with a medical condition requires support that has not yet been identified.

### **All staff are responsible for:**

- Providing support to children with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of children with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.

- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting children with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a child with a medical condition needs help.

**Parents/carers are responsible for:**

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Completing an [administering medication parental consent form](#) prior to them or their child bringing any medication into school.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

**Children are responsible for:**

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of children with medical conditions.

**The school nurse will be responsible for:**

- Notifying the school at the earliest opportunity when a child has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for children with medical conditions.

**Clinical commissioning groups (CCGs) will be responsible for:**

- Ensuring that commissioning is responsive to children's needs, and that health services are able to cooperate with schools supporting children with medical conditions.
- Making joint commissioning arrangements for EHC provision for children with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for children who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable children.

**Other healthcare professionals, including GPs and paediatricians, are responsible for:**

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

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

**The Local Authority will be responsible for:**

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for children with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that children with medical conditions can attend school full-time.

Where a child 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 child is unlikely to receive a suitable education in a mainstream school.

## **Managing Medication on the School Site**

There are occasions when employees are required to assist service users to self-administer and/or are administering medicines, either as part of long term therapy for a chronic health condition or as an emergency measure e.g. allergic reactions / seizures.

Any assistance or administering of medicines must be conducted in a safe and competent manner, procedures must be followed and relevant legislation complied with. Medicines will only be administered at school when prescribed and where it would be detrimental to a child's health or school attendance not to do so.

Children under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent, except where the medicine has been prescribed to the child without the parents' knowledge. In such cases, the school will encourage the child to involve their parent/carers, while respecting their right to confidentiality. Consent forms are available from the main office.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the child's health not to do so
- When instructed by a medical professional

No child under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed. Throat lozenges or cough sweets are not permitted in school.

Parents/carers will be informed any time medication is administered that is not agreed in an IHP.

The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. 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.

All medicines will be stored safely. Children will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, children will be informed of who holds the key to the relevant storage facility. When medicines are no longer required, they will be returned to parents/carers for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a child for whom it has been prescribed, in accordance with the prescriber's instructions.

The school will hold asthma inhalers for emergency use. The inhalers will be stored in the medical room and their use will be recorded. Inhalers will be used in line with the school's Asthma Policy.

Records will be kept of all medicines administered to individual children, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

## **Incident Reporting**

Procedures are in place for the reporting of adverse reactions or errors in administration of medication.

This procedure covers:

- a. The facts of the incident
- b. Persons involved
- c. Reason for the incident
- d. Details of any ill health or injuries sustained (if this is the case an accident/incident report form must be completed and forwarded to the Directorate Health and Safety Team)
- e. Witness Statement
- f. Details of persons informed (Parents/Carers, Pharmacist, GP, NHS Direct, Governing Board CQC/OFSTED)
- g. Corrective and remedial action taken
- h. Outcome of investigation by senior manager

## **Unacceptable Practice**

The school will not:

- Assume that children with the same condition require the same treatment.
- Prevent children from easily accessing their inhalers and medication.
- Ignore the views of the child or their parents/carers.
- Ignore medical evidence or opinion.
- Send children 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 child to the school office alone or with an unsuitable escort.
- Penalise children with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to visit the 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 unable to support their child's needs.
- Create barriers to children participating in school life, including school visits.
- Refuse to allow children to eat, drink or use the toilet when they need to in order to manage their condition.

## **Admissions**

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; 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.

The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

## **Procedures to be followed when Notification is received that a Child has a Medical Condition**

The school will ensure that the correct procedures are followed in accordance with this policy. Whenever we are notified that a child has a medical condition that requires support in school, a meeting with parents/carers, healthcare professionals and the child, will be arranged with a view to discussing the necessity of an IHP. The school will not wait for a formal diagnosis before providing support to children. Where a child's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the Headteacher based on all available evidence, including medical evidence and consultation with parents/carers. Appropriate procedures will be in place to cover any transitional arrangements for these children between schools, for reintegration, or when a child's needs change, and will make suitable arrangements for any staff training or future support.

For children starting at Endon Hall Primary & Nursery School, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to Endon Hall Primary & Nursery School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

## **Specific training of staff**

Any staff member providing support to a child with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be identified by the SENDCo, or, where involved, the School Nurse and/or other relevant medical professionals through the development and review of IHPs, on an annual basis for all school staff, and when a new staff member arrives. Where involved, the school nurse will confirm the proficiency of staff in performing medical procedures or providing medication.

A first-aid certificate will not constitute appropriate training for supporting children with medical conditions.

Through training, staff will have the requisite competency and confidence to support children with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

- Whole school virtual Asthma training provided by The Families Health and Wellbeing Schools Training Team completed between Autumn 2022 and Spring 2023
- Whole school virtual anaphylaxis training provided by The Families Health and Wellbeing 0-19 Schools Training Team completed between Autumn 2022 and Spring 2023 and new members of staff Spring 2025
- Epilepsy training provided by The Families Health and Wellbeing 0-19 Schools Training Team completed by key staff in Autumn 2023, Summer 2024 and Spring 2025

**Supply teachers will be:**

- Provided with access to this policy.
- Informed of all relevant medical conditions of children in the class they are providing cover for.
- Covered under the school's insurance arrangements.

Additional relevant training will take place for specific medical conditions when required.

**Paediatric First Aiders are:**

- S Brown
- J Grange
- E Harrison
- L Sanzeri
- K Clark
- S Jolley
- J Hughes
- V Pickering

In a medical emergency, please note the details of members of staff who have been appropriately trained:

**Emergency First Aid at Work Qualification holders (EFAW):**

- J Harrison
- J Wilkinson
- N Knight
- J Gibson
- J Plant
- A Plant
- E Salt
- R Harrison
- C Ward
- G Pickford
- A Coleman
- G Vella
- A Haselden

If an ambulance needs to be called, staff will:

- Outline the full condition and how it occurred
- Give details regarding the child's date of birth, address, parent/carer names and any known medical conditions.

Children will be accompanied to hospital by a member of staff if this is deemed appropriate. Staff cars should not be used for this purpose. Parents/carers must always be called in a medical emergency, but do not need to be present for a child to be taken to hospital.

Where a child has an Individual Health Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other children in the school should know what to do in general terms.

**Individual Health Plans**

The school, healthcare professionals and parents/carers will agree, based on evidence, whether an IHP will be required for a child, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Headteacher will make the final decision.

The school, parents/carers and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the child will also be involved in the process.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments

- The child'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
- The support needed for the child's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- 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
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the child's condition and the support required
- Arrangements for obtaining written permission from parents/carers and the Headteacher for medicine to be administered by school staff or self-administered by the child.
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents/carers or child the designated individual to be entrusted with information about the child's medical condition
- What to do in an emergency, including contact details and contingency arrangements

Where a child has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a child has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

All IHPs will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

### **Advance Care Plans**

If a child or young person has a life limiting and/or life threatening condition, then full support from health care providers would be sought to ensure an up to date and compressive care plan (known as a Child and Young Person's Advanced Care Plan) is put into place. The Care Plan would include an Emergency Management Plan (EMP) which may lead to the need to implement a Do Not Resuscitate Agreement (a DNR Agreement) in an emergency.

### **Spare/backup medication**

A spare inhaler will be kept in school as part of an emergency asthma kit. This kit will include:

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;

The spare in inhaler and kit will be available to all children who are diagnosed as having asthma and have written parental consent for its use. The inhaler will be used if their own inhalers are not available or working correctly (i.e. out of date etc.).

Details of the supply, storage, care and disposal of the emergency inhaler kit:

- Supply: The emergency inhaler kit will be purchased from a local pharmacy
- Storage: The emergency inhaler kit will be stored in the medical box in the school office (a central location to which all staff have access at all times and where the inhaler is out of reach and sight of children). The emergency inhaler kit will never be locked away. The inhaler will be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C and protected from direct sunlight and extremes of temperature. The inhaler and spacers will be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler will be clearly labelled to avoid confusion with a child's inhaler. The inhaler will be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be

regularly primed by spraying two puffs. To avoid possible risk of cross-infection, the plastic spacer will not be reused. It will be given to the child to take home for future personal use.

- Care: V Pickering is responsible for maintaining the emergency inhaler kit. Maintenance of the emergency inhaler kit involves:
  - conducting a check, on a monthly basis, that the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
  - that replacement inhalers are obtained when expiry dates approach;
  - replacement spacers are available following use;
  - the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.
- Disposal: Spent inhalers will be returned to the pharmacy.

A register of all children who have asthma or a prescribed reliever inhaler and have written parental consent to use the emergency inhaler will be kept with the kit, consent will be sought when forming the child's Individual Asthma Plan. The emergency inhaler will only be used by children with written parental consent, unless directed to by a medical professional in an emergency situation. A record of use of the emergency inhaler will be kept with the kit. Parents/carers will be informed in writing if their child has used the emergency inhaler. Appropriate training and support will be provided to staff in the use of the emergency inhaler. G Fairhall will monitor to ensure that protocol is followed.

### **Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)**

Parents/carers are required to provide the school with up-to-date information relating to their child's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The Headteacher and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised e.g. in bold, italics or a different colour.

The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law. Further information relating to how the school operates in line with Natasha's Law can be found in the Whole-School Food Policy.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist children with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the child's IHP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the children who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in the school office (hard copy) and on our electronic medical register for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

Children who have prescribed AAI devices, and are aged seven or older, can keep their device in their possession. For children under the age of seven who have prescribed AAI devices, these will be stored in a suitably safe and central location; in this case, the class medical bag. Spare AAIs will be stored in the school office.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

In the event of anaphylaxis, a designated staff member will be contacted via a medical alarm. 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. If necessary, other staff members may assist the designated staff members with administering AAIs e.g. if the child needs restraining.

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 which will be replaced before the expiry date. The spare AAI will be stored in the school office, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to children at risk of anaphylaxis and where written parental consent has been gained. Where a child's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a child 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.



Where a child is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the child's parents will be notified that an AAI has been administered and informed whether this was the child's or the school's device. Where any AAI's are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school visit (off site), children 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.

A spare adrenaline auto-injector (AAI) will also be kept in school, as part of an emergency anaphylaxis kit. This kit will contain:

- 1 or more AAI(s)
- instructions on how to use the device(s)
- instructions on storage of the AAI device(s)
- manufacturer's information
- a checklist of injectors
- identified by their batch number and expiry date with monthly checks recorded
- a note of the arrangements for replacing the injectors
- a list of children to whom the AAI can be administered and an administration record

The spare AAI will be available to all children who are known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use has been provided. The spare AAI will be administered to children whose own prescribed AAI cannot be administered correctly without delay.

Details of the supply, storage, care and disposal of the spare AAI:

- Supply: The AAI will be purchased from a local pharmacy
- Storage: The emergency anaphylaxis kit will be stored in the medical box in the school office (a central location to which all staff have access at all times and where the AAI is out of reach and sight of children). The emergency anaphylaxis kit will never be locked away. The AAI will be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C and protected from direct sunlight and extremes of temperature. The emergency anaphylaxis kit will be kept separate from any child's AAI which is stored in a nearby location and the emergency AAI will be clearly labelled to avoid confusion with a child's AAI.
- Care: The member of staff responsible for maintaining the emergency inhaler kit is: **V Pickering**
- Maintenance of the emergency anaphylaxis kit involves:
  - Checking, on a monthly basis, that the AAIs are present and in date.
  - that replacement AAIs are obtained when expiry dates approach (this can be facilitated by signing up to the AAI expiry alerts through the relevant AAI manufacturer).
- Disposal: Once an AAI has been used it cannot be reused and therefore will be disposed of according to manufacturer's guidelines.

A register of all children who are known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided, will be kept with the kit. Consent will be sought when forming the child's Individual Health Care Plan. The spare AAI will only be used by children with written parental consent. A record of use of the spare AAI will be kept with the kit. Parents/carers will be informed in writing if the spare AAI has been administered to their child. Appropriate training and support will be provided to staff in the use of the spare AAI. G Fairhall will monitor to ensure that protocol is followed.

## **Children's Participation in School Activities/Educational Visits**

Endon Hall Primary & Nursery School will actively support the inclusion of children with medical needs to take part in school activities/educational visits after the conducting of any appropriate risk assessments, by being flexible and by making any reasonable adjustments as and when required, unless evidence from a clinician such as a GP states that this is not possible. However, in line with our Safeguarding duties, we will ensure that children's health is not put at unnecessary risk from, for example, infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

The school does not have to wait for a formal diagnosis before providing support to children. In cases where a child's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence at the time. This would normally involve some form of medical evidence and consultation with parents/carers.

Where evidence conflicts, some degree of further investigation may be necessary to ensure that the right support can be put in place, this will usually be led by the Headteacher. Following any further investigations, an Individual Health Care Plan may then be put in place. Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and any subsequent procedures.

Other children in the school should be made aware of what to do in general terms, if a child seems to be unwell or injured and they think help is needed, such as informing a teacher immediately. If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the children until the parent/carer arrives, or accompany a child taken to hospital by ambulance.

Appropriate risk assessments will be carried out to assist with the school in any decision making process.

## **The Child's Role in managing their own Medical Needs**

After discussion with the parents/carers and the child themselves, if it is agreed that a child is competent to manage their own health needs and medicines, the school will encourage them to take responsibility for this, and it will be reflected within a child's Individual Health Plan.

Wherever possible, children will be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Where medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are stored for children, they will be always readily available, in the class medication box. If alternative arrangements are required, they will be recorded on the child's Individual Health Care Plan. Endon Hall Primary & Nursery School recognises that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate then appropriately trained staff should help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health Care Plan. Parents/Carers should be informed so that alternative options may be considered. If a child with a controlled drug passes it to another child for use, this is an offence and appropriate action will be taken by the Headteacher.

## **Defibrillators**

The school has a Mediana HeartOn A15 automated external defibrillator (AED). The AED will be stored in the school office in an unlocked cabinet.

All staff members will be made aware of the AED's location and what to do in an emergency.

No training will be 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 will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

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

Where possible, AEDs will be used in paediatric mode or with paediatric pads for children under the age of eight.

The AED is registered with The Circuit (the nation defibrillator network) and maintenance check reminders are issued to and undertaken by our registered Guardian, Victoria Pickering, via the network.

## **Information**

Specific medical information will be discussed with relevant staff/inter agencies where appropriate.

## **Home-to-school transport**

Arranging home-to-school transport for children with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for children with life-threatening conditions.

## **Record keeping**

The Senior Leadership Team will ensure that written records are kept of all medicines administered to children on the school premises. These records offer protection to staff and children and provide evidence that agreed procedures have been followed. A parent/carer will be informed at the earliest opportunity if the school is made aware that their child has been unwell.

## **Monitoring and review**

This policy will be reviewed annually by the Governing Board and Headteacher. Records of medication administered on the school premises, or on school trips and visits, will be monitored, and the information recorded will be used to improve school procedures.

Staff members trained in administering medication will routinely recommend any improvements to the procedure. The school will also seek advice from any relevant healthcare professionals as deemed necessary. Any changes made to this policy will be communicated to the relevant stakeholders, including children whose medication is stored at school and their parents/carers.

## **Liability and Indemnity**

The following insurance is in place: Risk Protection Assurance. This insurance covers all staff who provide support to children with medical conditions, including the administration of medicines. Where necessary individual insurance will be arranged by the school for any healthcare procedures.

## **Complaints**

Parents/carers or children wishing to make a complaint concerning the support provided to children with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents/carers and children are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.