

## First Aid & Supporting Pupils at school with Medical Conditions Policy

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## Introduction

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### First Aid

Lime Trust recognises its responsibility to provide first aid as required to pupils, staff and any visitors while on site, with access to adequate facilities and materials at all times during the working day.

The Health and Safety First-aid Regulations 1981 set out the basic requirements for the provision at work of first-aid equipment, facilities and appropriately qualified personnel. HMSO publish 'Guidance on First-aid in schools' which gives the legislation which will be followed. The regulations require employers to make an assessment of their first -aid needs within the workplace. The recommendations are that there should be a minimum ratio of 1:100 fully qualified first-aiders to people in school (i.e. staff and pupils). Emergency first aid persons then fill the gaps when extra help is required.

### Supporting pupils at school with medical conditions

On 1 September 2014 a new statutory duty came into force for Governors to make arrangements to support pupils at school with medical conditions. The aim was to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

This Policy describes how Lime Trust and Lime Trust Academies will deliver this statutory duty.

## First Aid Policy

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### Responsibilities

#### Lime Trust will:

- provide additional advice and guidance, on request, to assist with the implementation of this policy, and ensure the school is kept up to date in accordance with any changes in legislation and to reflect current best practise;
- provide advice on the suitability of training/ training courses for first aiders;

#### The **Headteacher** will ensure that:

- there are adequate first aid notices indicating the names and location of first aiders and first aid boxes/ bags around the premises, including meeting rooms;
- agree and document first aid arrangements;
- ensure monitoring of first aid provision and arrangements through health and safety audits;
- ensure that first aid training courses are accredited or approved by the Health and Safety Executive (HSE) or appropriate awarding body;
- provide advice and information to school staff.
- contractors, visitors, service users and pupils and other working temporarily on the premises are made familiar with the first aid arrangements;

#### First Aiders will:

- take control of a medical emergency situation and give appropriate first aid in line with their training and where necessary delegate members of staff to ring emergency services, wait for an ambulance and direct paramedics to the scene of the incident in line with school procedures;
- in a serious emergency clear the area of anyone not involved in the incident;
- be responsible for checking the contents of first aid boxes/ bags, ensuring there is an adequate supply of materials and items have not passed an expiry date;
- ensure that all used first aid material/ soiled dressings etc. are disposed of appropriately. *Note that infectious items are to be treated as hazardous waste and placed in appropriate containers (e.g. yellow bags) and disposed of in accordance with local arrangements;*
- ensure necessary records are kept of all first aid administered, in line with the Accident Reporting Policy and Procedure;
- refresh first aid knowledge and skills in line with timeframes of training requirements.

## **Risk assessment of First Aid requirements**

The level of first aid provision and number of first aiders will be determined on the basis of assessment of the likelihood of injury arising in school. The Academy will ensure there are sufficient suitable persons trained either as first aiders or emergency first aid trained persons. We will ensure there is at least one suitably trained first aid person present for all school events .

A risk assessment of first aid needs will consider the following factors:

- proximity and accessibility to emergency services;
- new members of staff (untrained staff);
- members of the public on site;
- staffing level;
- risk levels and any work place hazards (kitchen, playground);
- the needs of staff, e.g. lone workers, pupils with special needs and disabilities;
- unforeseeable absences of first aiders.

## **Early Years Foundation Stage – Requirement for Paediatric First Aid Training**

The DfE Statutory Framework for the Early Years Foundation Stage introduced first aid requirements for schools and other settings with young children with at least one person present on site (and for off site visits) who is competent to provide paediatric first aid at all times when young children are present.

### **First Aid staff**

Details of the current trained first aiders will be provided on staff notice boards.

### **First aid training**

First Aid at Work (FAW first aiders) must have attended and passed an initial first aid at work certificate course (3 days), valid for three years followed by; a first aid at work refresher course (2 days), also valid for three years. Emergency First Aid at Work (EFAW First aiders) must attend a one-day Emergency First Aid at Work course which is valid for three years.

### **Legal indemnity for first aiders**

Administering first aid in the workplace is considered to be an act of taking reasonable care. The Academy will fully indemnify all first aiders, emergency first aid trained and appointed persons staff against claims for alleged negligence in relation to first aid treatment providing they are acting within the remit of their employment and training.

### **First aid boxes and contents**

The minimum requirement is one suitably stocked first aid box. The academy has several first aid boxes which are situated in all communal areas and additionally in the staff room.

### **Off site visits and risk assessing**

First aid provision will be considered and provided on all off school/ site visits. The level of provision is decided by teachers on the basis of risk assessment. Visit leaders will ensure availability of first aid cover for all visits. In these situations, an appropriate first aid kit will be carried and one of the leaders will hold a first aid qualification appropriate to the environment and activity.

### **Guidance for first aiders on reporting of accidents:**

The academy has an Accident Reporting Policy based on DCC guidance. First aiders must ensure that accidents and incidents where they have provided support are accurately recorded and any actions highlighted.

### **Guidance on treatment by first aiders**

### **Treatment of minor injuries in school**

There is often conflicting information regarding what can and cannot be done for minor injuries. The academy

will adopt the following practice:

- **Scissors:** A pair of scissors will be kept in first aid kits at central first aid stations . These will be used to cut dressings or remove clothing in an emergency to expose a severe or life- threatening wound.
- **Tweezers:** Disposable plastic tweezers will be kept in first aid kits.
- **Small splinters:**With parent/carer permission, if the splinter is small, accessible and can easily be removed, this will be done so to minimise infection. The area will be flushed out with water and pat dried. A plaster will then be applied. If it is not possible to remove the splinter, parents/carers will be informed by a call home. Large embedded splinters will not be removed in school.
- **Alcohol free moist cleansing wipes:** These will be used to clean minor wounds in the absence of soap and water or on completion of washing prior to applying a plaster or non-adherent dressing.
- **Plasters:** A plaster will be used if there are no known allergies to plasters and if the plaster will provide protection for the skin to prevent infection.
- **Minor burns dressings:** Minor burns may be treated with the application of a minor burns dressing. Parents /carers will be informed by a telephone call home.

### Identifying illnesses/ injuries to children

Young children including children in Two Year Old provision and Nurseries may not give a full description of symptoms so additional care is necessary so that injuries or illnesses are not overlooked. Parents /carers will be informed by telephone if their child is presenting as unwell. In addition, first aiders, key teaching staff and the leadership team will be consulted as required.

### Head injuries

Any head injury is potentially a very serious condition. Parents and carers will always be called to inform them that their child has had a head injury. A head injury to a pupil however minor will be assessed by a first aider and treated in accordance with current first aid guidance. If a pupil has fully recovered but there has been evidence of impaired consciousness the child must be seen by a doctor. If the injury is assessed as minor and does not require the child to be referred to a doctor, the pupil will be kept under observation for the rest of the school day for signs of deterioration and parents/ carers will be informed of the nature of the injury by a phone call home and invited in to additionally assess the condition of the child. **All head injuries will be recorded onto our EVOLVE accident reporting system – this will allow the Senior Leadership Team to access information regarding the head injury and First Aid administered and notes completed by the member of staff who dealt with the accident.**

### Calling an ambulance/ transporting to hospital/ moving injured children

We will always wait for paramedic staff who are trained to move casualties if there is ever any doubt regarding moving a child.

Where there is any uncertainty about a child's condition or extent of injury then medical assistance will be sought, and where it is required urgently, this will be by ambulance. If a situation warrants an ambulance then this will take priority over informing the parent. The parent will be contacted after calling the ambulance. If parents cannot arrive at the school before the anticipated arrival of the ambulance then we will arrange for the parent to meet their child at the hospital.

School staff will exercise caution before moving a pupil into or to another part of the school for further examination and / or treatment. If a more serious injury is evident or likely then a first aider will make a thorough assessment of the child before deciding if it is appropriate to move a pupil. Consideration will be given to manual handling risks before first aiders attempt to move children who are injured or ill.

When a child is taken to hospital a member of staff will escort the child and take responsibility for them until the parent is present. They will remain with the child until such time.

## Supporting Pupils at school with Medical Conditions Policy

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well.

Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice.

### The role of the Academy Council

Within the Lime Trust's Scheme of Delegation this statutory duty is delegated from the Trust Board to each academy's Local Academy Council. However, the Trust Board remains legally accountable for ensuring the statutory duty is fulfilled. Every academy has its own Academy Council and is referenced as 'the Academy Council' within this document.

The Academy Council will ensure that the arrangements they put in place to support pupils with medical conditions are sufficient to meet their statutory responsibilities and will ensure that policies, **Medical Health Care and Care plans**, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties. In doing so they will ensure that such children can access and enjoy the same opportunities at school as any other child. Functions can be conferred on a governor, the headteacher, or other member of staff as appropriate.

In making their arrangements the Academy Council will ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The Academy Council will ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They will ensure that staff are properly trained to provide the support that pupils need.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. All children must receive a full time education, unless this would not be in their best interests because of their health needs. However, in line with their safeguarding duties, the Academy Council

will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

The Academy Council will ensure that the school has a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff. A standard policy generated by the Lime Trust will be provided for adoption by all its academies. The Trust Board reviews this policy on an annual basis.

### Policy implementation

- The Academy Council has set up the following to ensure that this policy is followed effectively:
- The Head Teacher of every Academy is responsible for ensuring that sufficient staff are suitably trained;
- There is a commitment that all relevant staff will be made aware of the child's condition;
- That there are cover arrangements in case of staff absence or staff turnover to ensure someone is always available;
- There will be a briefing for supply teachers;
- The management of risk assessments for school visits, holidays, and other school activities outside of the normal timetable; and
- The monitoring of individual healthcare plans.

### Procedure to be followed when notification is received that a pupil has a medical condition

The Academy Council has ensured that the school's policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition. Procedures are in place to cover any transitional actions between schools, the process to be followed upon reintegration or when pupils' needs change, and arrangements for any staff training or support. For children starting at a new school, arrangements should 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 a new school mid-term, each Academy Academy Council makes every effort to ensure that arrangements are put in place within 2 weeks.

The Academy Council understands that the school does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil'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 and individual need. This would normally involve medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

### Individual healthcare plans

The Academy Council has ensured that this policy covers the role of individual healthcare plans, and **Jo Open! (not sure what this is) Assistant Head Teacher with a responsibility for Inclusion,** is responsible for their development after seeking advice from medical personnel. 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.

However, not all children will require one. The school, 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. A flow chart for identifying and agreeing the support a child needs and The Academy Council acknowledges that the format of individual healthcare plans may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil.

They are easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but 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.

Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, eg school, specialist or children's community nurse, 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. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

The Academy Council ensures that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

The Academy Council, when deciding what information should be recorded on individual healthcare plans, considers the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

### **Roles and responsibilities**

The Lime Trust Board ensures that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical.

The Academy Council makes arrangements to support pupils with medical conditions in school, to enable the fullest participation possible in all aspects of school life. The Academy Council ensures that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

The Headteacher ensures that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher has ensured that all staff who need to know are aware of the child's condition. The Head Teacher has also ensured that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations:

- whole school staff induction procedure;
- training for individuals and groups on a specific child;
- specific training delivered for individual and groups of members of staff;

The Headteacher should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

School staff – any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School nurses are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school.

Other healthcare professionals, including GPs and paediatricians – should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes, epilepsy).

Pupils – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local authorities – are commissioners of school nurses for maintained schools and academies with a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.



## Staff training and support

The Academy Council will ensure that the school's procedures set out clearly how staff are supported in carrying out their role to support pupils with medical conditions, and this will be reviewed on an annual basis unless a specific need has been specified.

The school will ensure that any member of staff who provides support to a pupil with medical needs has had suitable training. This should have been identified during the development or review of individual healthcare plans. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupils' individual health care plans. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Whole school awareness training is delivered so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.

The headteacher considers providing details of continuing professional development provision opportunities:

- Via the School Nurse;
- Epi - pen training;
- Diabetes – insulin administration and monitoring** training;
- First Aid;
- Epilepsy Training;
- Asthma awareness training;

## The child's role in managing their own medical needs

The Academy Council works closely with parents, carers, health professionals children and young people to ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines. After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This is reflected within individual healthcare plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self- manage, then relevant 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 follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

### **Managing medicines on school premises**

The Academy Council agrees the following details:

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so ;
- no child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. The school will set out the circumstances in which non-prescription medicines may be administered;
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed;
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container;
- all medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, eg on school trips;
- a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence and if this happens it may result in a fixed term exclusion from school. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school;
- school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted;
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps;

### **Record keeping**

The Academy Council will ensure that written records are kept of all medicines administered to children.

### **Emergency procedures**

The Academy Council will ensure that the school's procedures sets out what should happen in an emergency situation. Where a child has an individual healthcare plan, this clearly defines what constitutes an emergency and explains what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

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

## Medical Conditions : Asthma

The Academy acknowledges the advice and guidance of Asthma UK. The school recognises that asthma is a widespread, serious but controllable condition affecting many students in school.

- All relevant staff have been given training on asthma management;
- Parent/carer permission has been given for their child to access a Salbutamol inhaler in the event of an emergency with a trained first aider present;
- An asthma record is kept for each pupil;
- All classteachers and all relevant staff are informed about pupils presenting with asthma;
- A designated first aider performs regular checks that pupil medication is easily accessible in classrooms;

### Medical conditions requiring Adrenaline Auto-Injectors use in an emergency:

The Academy acknowledges The Department for Health Guidance on the use of adrenaline auto-injectors, [AAI and are also known as epi pens] in school. **New legislation since October 2017 allows 'spare' emergency adrenaline auto injectors (AAIs) in schools. Anaphylaxis is a severe and often sudden allergic reaction. It is potentially life threatening and always requires an immediate emergency response.**

- Designated staff have been trained in the use of administering an AAI
- Parent /carer to provide permission for access to school spare AAI
- Checks are undertaken to ensure that there are always 2 AAI (epi pens) available to pupils on site for children who require access in an emergency

### Day trips, residential visits and sporting activities

The Academy Council will ensure that arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities. Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Teachers should make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. The school will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits, by including this in a risk assessment.

### Other issues for consideration and information purposes:

This policy refers to :

- home-to-school transport – this is the responsibility of local authorities, who may find it helpful to be aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations;
- defibrillators** – sudden cardiac arrest is when the heart stops beating and can happen to people at any age and without warning. When it does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe. Schools are advised to consider purchasing a defibrillator as part of their first-aid equipment. If schools install a defibrillator for general use, they should notify the local NHS ambulance service of its location. Staff members appointed as first-aiders should already be trained in the use of CPR and may wish to promote these techniques more widely in the school, amongst both teachers and pupils alike; and;
- asthma inhalers – schools are able to hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information;

## Unacceptable practice

The Academy Council will ensure that the school's policy is explicit about what practice is not acceptable. Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication 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 this may be challenged);
- 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, eg 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 medication 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, eg by requiring parents to accompany the child.

Staff who behave in unacceptable ways will be subject to investigation under the disciplinary procedure.

## Liability and indemnity

The Lime Trust will ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education's Risk Protection Arrangements (RPA), a scheme provided specifically for academies to cover staff providing support to pupils with medical conditions. Insurance policies should be accessible to staff providing such support.

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

## Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

## Annex: Model process for developing individual healthcare plans

