



New Mills School

Supporting Pupils with Medical Conditions Policy

Revision	Authorised by	Date	Adopted by	Date
Draft	Garry Cash	August 2014	FGB Min No. 13.1	21/10/2014
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Revision	Date	Description of Changes
Draft	August 2014	New issue based on model policy obtained via the SchoolBus, following statutory guidance.
Review	November 2020	Redevelopment to include updated guidance and procedures
Review	September 2023	Review and update

Signed:
Chair of Governors

Date:

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1. Aims

This policy aims to ensure that:

- Pupils, staff, and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Ian Withers (Assistant Head, Inclusion)

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions and on the DFE guidance on the Use of Emergency Salbutamol Inhalers in School. Specific guidance for conditions is written based on guidance from suitable agencies (for example Asthma UK and The Health Conditions in School Alliance)

3. Roles and responsibilities

3.1 The local authority

The local authority (LA) is responsible for:

- Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
- Providing support, advice and guidance to schools and their staff.
- Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition.
- Providing suitable training to school staff in supporting pupils with medical conditions to ensure that Individual Healthcare Plans (IHPs) can be delivered effectively.

3.2 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board is responsible for:

- The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of New Mills School.
- Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to; ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensuring that all pupils with medical conditions can participate fully in all aspects of school life.
- Ensuring that relevant training provided by the LA is delivered to staff members who take on responsibility to support children with medical conditions.
- Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- Ensuring the level of insurance in place reflects the level of risk.

3.3 The headteacher

The headteacher will:

- Ensure the Supporting Pupils with Medical Conditions policy is developed effectively with partner agencies.
- Make sure all staff are aware of Supporting Pupils with Medical Conditions policy and understand their role in its implementation
- Oversee the day-to-day implementation and management of the Supporting Pupils with Medical Conditions policy and related procedures
- Take overall responsibility for the development of IHPs
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Liaising with healthcare professionals regarding the training required for staff.
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Those staff who take on the responsibility to administer medication will

- Ensure they are competent (and where necessary trained) and confident to undertake the administration of the medicine
- Fully check before administering any medication that it is the correct medication for the correct pupil and is being administered in line with the instructions on the label and the parental consent form.
- Record all medicines administered on the correct recording form.
- Immediately bring to the attention of the Headteacher any mistakes made in the administration of any medicine.
- Ensure training undertaken is refreshed as necessary
- Ensure knowledge of the immediate line management structure

Teachers will consider the needs of pupils with medical conditions that they teach and take appropriate steps to support these children. Where necessary, teachers will make reasonable adjustments to include pupils with medical conditions into lessons.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP if one is necessary
- Carry out any action they have agreed to as part of the implementation of the IHP
- Discuss medications with their child prior to requesting that a staff member administers the medication
- Complete a parental agreement for school to administer medicine form if medication is required in school, before bringing medication into school.
- Provide the school with the medication their child requires and keep it up to date.
- Collect any leftover medicine at the end of the course or year.

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. Healthcare professionals, such as GPs and paediatricians, will liaise with the school nurses and notify them of any pupils identified as having a medical condition.

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school. See Appendix 1.

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

If any member of staff has reason to suspect a student has asthma or a respiratory condition, they should notify the parent/carer so they can take the child to a doctor.

6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Ian Withers (Assistant Head, Inclusion).

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

IHPs will be easily accessible whilst preserving confidentiality. Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

The level of detail in an IHP will depend on the complexity of the child's condition and how much support is needed. The governing board, the headteacher and assistant headteacher (inclusion) will consider the following when deciding what information to record on IHPs:

- 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, e.g. 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, including in emergencies.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who in the school needs to be aware of the pupil'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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

New Mills we raise the awareness of medical conditions amongst the students without naming individual students. During the development of an IHP this will be discussed with the family.

See Appendices 1-3 for details of the steps in producing an IHP, template for an IHP, and parental invite to IHP meeting. Appendices

7. Managing medicines

7.1 Prescription Medicines

Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours. If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for a school to administer medicine form. Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents. Where a pupil is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.

The school will only accept prescribed medicines that are:

- In-date
- Labelled with the pupil's name
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage. The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date

Medicines which do not meet these criteria will not be administered. A maximum of four weeks supply of the medication may be provided to the school at one time.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

New Mills School cannot be held responsible for side effects that occur when medication is taken correctly.

New Mills School holds emergency asthma kits in S1, the Finance Office and PE Office. See appendix 10 for asthma specific information and guidance.

New Mills School holds emergency adrenaline auto-injectors in S1. See appendix 14 for allergy specific information and guidance.

See appendices 4-15 for detailed procedures and proformas

7.2 Non-Prescription Medicines

The school will accept non-prescription medications for administration, however pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so and
- Where we have parents' written consent

The school will only accept non-prescribed medicines that are:

- In-date
- Labelled with the pupil's name
- Provided in the original container and include instructions for administration, dosage and storage.

The school will not keep a stock of non-prescription medication to give pupils.

Parents must inform school daily of what dose has been given to the pupil that day to avoid accidental overdosing. In addition, when administering non-prescription medication the member of staff will ask about previous doses of medication taken. New Mills School cannot be held responsible for side effects that occur when medication is taken correctly, following the procedures outlined in this policy.

See appendices 4-8 for detailed procedures and proformas

7.3 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone. A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so. All other controlled drugs are kept in a secure cupboard in S1 and only named staff have access.

Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept. See appendices 9 and 10 for detailed procedures.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs. Children with asthma should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves, they should keep their inhaler on their person, and if not, it should be stored in S1 and easily accessible to them, Children prescribed an AAI should always carry their AAI on their person, unless specified otherwise in their IHP.

Where appropriate, pupils will be encouraged to take their own medication under the supervision of a staff member.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse. If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored. New Mills School cannot be held responsible for side effects that occur when medication is refused.

Where it is not possible for the pupil to manage their own medicines and procedures, their medicines will be located in an easily accessible location (S1), and staff will follow procedures outlined in appendices 4-10.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to a first aider unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff are expected to follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives or accompany the pupil to hospital by ambulance.

Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.

Emergency asthma inhalers should only be given to students

- who have been diagnosed with asthma and prescribed a reliever inhaler OR prescribed a reliever inhaler AND
- for whom written parental consent for use of the emergency inhaler has been given.

Emergency adrenaline auto-injectors should only be given to students

- who are at risk of anaphylaxis AND
- prescribed an AAI OR for whom specific consent for emergency AAI use has been obtained from a medical professional, AND
- for whom written parental consent for use of the emergency AAI has been given.

Advice should be sought from emergency services if students do not meet these criteria.

Details of emergency first aid can be found in the First Aid policy

9. Training

All staff will receive training so that they are aware of the Supporting Pupils with Medical Condition policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction. Staff will receive regular and ongoing training as part of their development.

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility.

The training required will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed. The relevant

healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher/assistant headteacher (inclusion). Training will be kept up to date.

The Headteacher will keep a record of training undertaken and a list of teachers qualified to undertake responsibilities under this policy (appendix 8)

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

10. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. Staff who undertake responsibilities within this policy are covered by the school's insurance.

Staff who undertake responsibilities within this policy are covered by the School's public liability insurance which is arranged through Derbyshire County Council and provides up to £50m for each and every incident, unlimited in the aggregate and covers visitors, students and members of the public for injury or loss caused by the School's negligence.

There are also specific medical practices which require insurance approval before they can be undertaken by school staff, the table at Appendix 11 gives details of these.

11. Complaints

The details of how to make a complaint can be found in the Complaints Policy:

- Stage 1 - Complaint Heard by Staff Member
- Stage 2 - Complaint Heard by Headteacher
- Stage 3 – Complaint Heard by Governing Bodies' Complaints Appeal Panel (CAP)

12. Monitoring arrangements

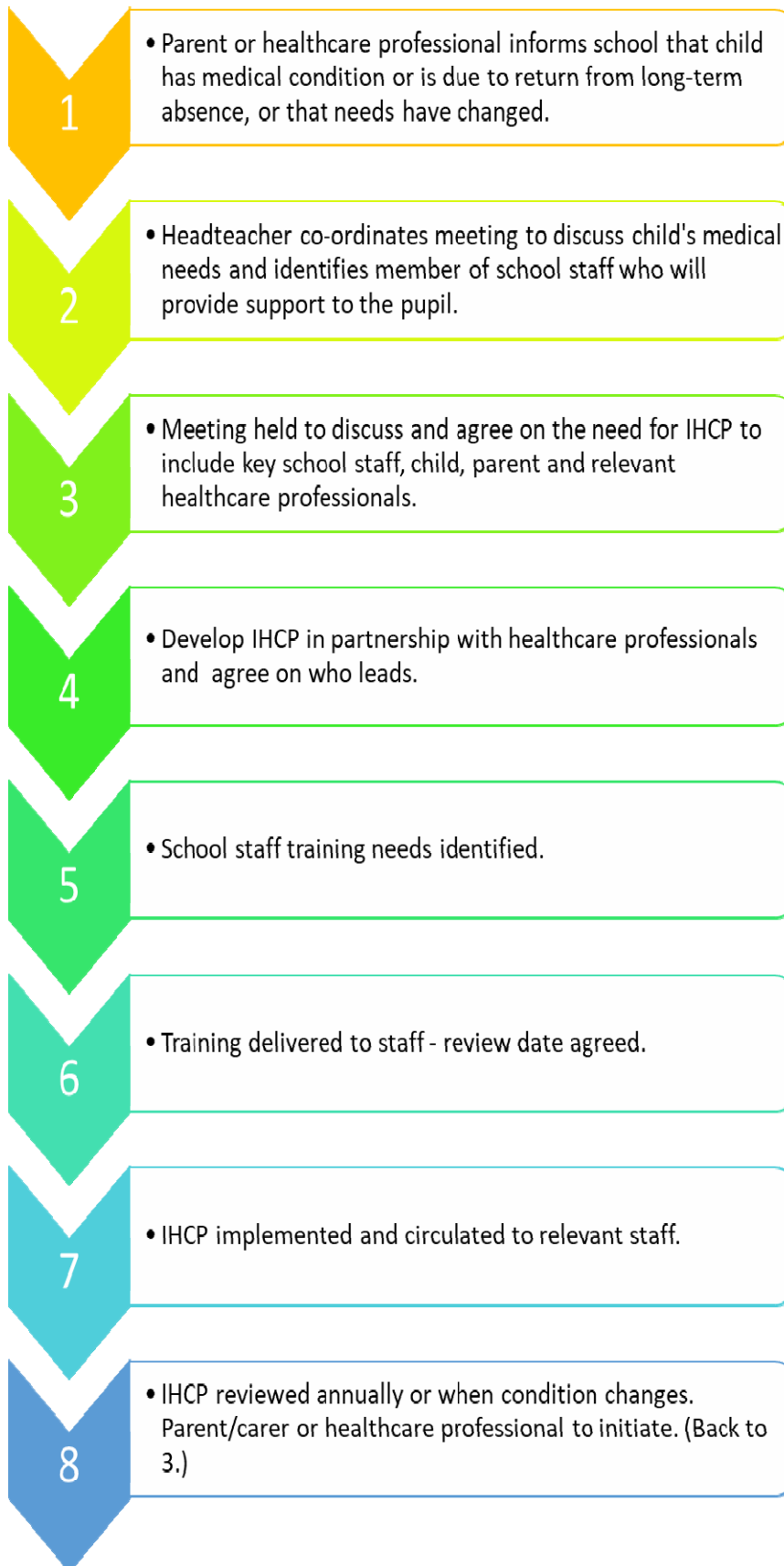
This policy will be reviewed and approved by the governing board every 2 years.

13. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equal opportunities
- Equality & diversity statement
- First aid
- Health and safety
- Safeguarding
- Special educational needs policy and information report

Appendix 1 - Individual healthcare plan implementation procedure



Appendix 2 - Individual healthcare plan template

New Mills School Individual Health Care Plan

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision.

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix 3 - Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent,

RE: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. Attached is a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan (IHP) to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. The meeting will include yourself, XX (student) and

- Mr Withers (Assistant Head)
- Mrs Winterbottom (SENCo)
- XX (Year Manager)
- YY (Healthcare Professional)

Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. Mr Withers would be happy for you contact him by email or to speak by phone if this would be helpful.

Yours sincerely,

Mrs C Jesson & Ms A Barker
Heads of School

Appendix 4 – Arrangements for administering medicines

Receipt of Medication

No medicines (prescribed or non-prescription) will be allowed into school unless accompanied by a fully completed consent form completed by a parent or guardian. This form can be found in appendix 5.

The consent form and the medicines should be brought to reception and handed to the receptionist or brought to S1 and handed to the Student Support Manager

Prescription medicines will only be accepted in their original container with the dispensing label clearly stating:

- the name of the young person
- the name of the dispensing pharmacy
- date of dispensing
- name of medicine
- amount of medicine dispensed and strength
- the dose
- how often medication is to be taken
- if necessary, any cautions or warning messages.

Non-prescription medicines should be in their original bottle/containers clearly labelled with the young person's name.

Any medicines not provided in the original containers, appropriately labelled and with a fully completed parental consent form will not be administered. If New Mills School decided not to administer the medicine the parent/carer will be informed immediately so they can make alternative arrangements for the medicine to be administered.

Ideally only enough medicines for the day are to be supplied as this will avoid confusion or the chance of too much medicine being given. However, where a pupil is on a long term course of medication the school will by arrangement with parent/guardian agree to store sufficient medicine to avoid unnecessary toing and froing of medicines on the understanding that these will be in date for the duration agreed supplied as per the previous statement and parent/guardian accept they are responsible for collecting and disposing of any excess medicines or medicines which are out of date. If the medication is a controlled drug, a maximum of 1 week's supply can be stored in school (see appendix 9) for other medication, a maximum of 4 week's supply of medication will be stored in school.

On receipt, the Receptionist or Student Support Manager will ensure that they check the information on the prescription label matches the information on the parental consent form. This check will be recorded on the Medicines Administration Record (MAR) sheet (see appendix 6) and signed by both the staff member and parent/guardian. If the medication is a controlled drug, the controlled drug register book will also be completed (a sample page is shown in appendix 10)

The school will ensure parents are made aware of the above requirements at the start of each year and are reminded of them periodically via parental communications.

Storage of Medication

All medicines should be brought to the Student Support Manager in S1. Medicines will be stored as follows:

- Medicines which are not "rescue medicines required immediately in an emergency" such as antibiotics, pain relief etc. will be store in a locked cupboard in S1
- Medicines requiring refrigeration will be stored in a labelled container within a fridge only accessible to staff in S1. Where this is a long-term medication the fridge will be regularly defrosted, cleaned and the temperatures will be checked and recorded daily.

Emergency or rescue medication is that which is required immediately in an emergency such as asthma inhalers, spacers or adrenalin auto injectors must be readily available to pupils as and when they are required.

- Where the pupil is deemed to have the competency to keep and administer their own rescue medications the school will encourage and support them to do so.
- Where pupils are not deemed to have sufficient capacity to store and administer their own rescue medication, these medications will be stored in an unlocked cupboard in S1 so that it is readily accessible in an emergency but is only available for the child it has been prescribed for. In this situation, suitable arrangements will be in place to ensure these emergency medications are readily available during activities away from the school site which will be detailed on the pupils' IHP.

All medications will be stored in their original labeled/named containers irrespective of where they are stored.

Administration of Medicines

There are 4 levels of administration of medicines in school:

- A. The child self-administers their own medicine of which the school is aware
- B. The child self-administers the medication under supervision
- C. The child self-administers the medication under supervision after a parental check has been completed
- D. A named and trained consenting staff member administers the medicine

Further details on each of the above can be found on pages 37-41 of the overarching guidance document "The Administration of Medicines and Associated Complex Health Procedures for Children Advice & Guidance for Children's Services in Derbyshire"

Administering medications is a purely voluntary activity (unless specified as part of a staff member's job description). Therefore, participation in the administration of medication is on a voluntary basis and staff cannot be compelled to administer medicines unless they have accepted job descriptions that include duties in relation to the administration of medicines. The school will encourage staff to be involved where necessary in administering medication to ensure pupils access to education is not disrupted however, individual decisions on involvement will be respected and punitive action will not be taken against those who choose not to consent.

In this school medicines will only be administered by the following staff

- Mrs Donnelly
- Mrs Johnston
- Mr Bailey
- Mrs James
- Ms Barker
- Mrs Jesson
- Mr Withers
- Mrs Adrio
- Ms Lenihan
- Mrs Hussey
- Mrs Taylor

All staff who administer medications will receive sufficient information, instruction, and where necessary training to undertake this task. For most routine administration of medicines, knowledge of this policy and the guidance contained within it will be sufficient as staff will not be expected to do more than a parent/carer who gives medication to a child.

Where a child has complex health needs and an individual treatment plan and requires specific or rescue medication the staff administering the medication will have detailed knowledge of the individual treatment plan and will have received suitable training from health professionals to undertake the administration of the medicine. Training from a health professional will always be required for invasive procedures requiring a specialised technique. Examples include (but are not limited to) diabetes, epilepsy, gastronomy, and rectal medication. This training will be refreshed annually or as required should there be any significant changes to the medicine or administration procedure.

For the administration of medicine at level B, C or D:

- Wherever possible two staff will be involved in the process to ensure that the correct dose of the correct medicine is given to the correct child. For controlled drugs there **must** be 2 people in attendance, at least one of whom should be on the approved list of staff. The controlled drugs register must be completed (appendix 10)
- Medication will only be given to 1 pupil at a time
- Medication will be obtained from its storage, with the consent form and Medicines Administration Record (MAR) (appendix 6)
- Only the medication for that pupil will be taken out of the storage and this will be returned to storage before starting the process for the next pupil
- Before the medicine is given, staff will ensure they have checked that there is the right:

Person	Is this the person named on the medication?
Medicine	Is this the medicine named on the consent form/MAR? Do the label instructions match up with the instructions on the consent form/MAR?
Dose	What is the dose on the medication label? Does it match with the consent form/MAR? Check not just the amount e.g. 5ml or 10ml but also the correct concentration e.g. 125mg/5ml
Time	Are you sure it is time for this dose? Does the timing match the details on the label, consent form and MAR?
Route	Are you sure that the way you are about to give the child this medication is the right way?
Date	Is this medication in date, and not expired? Check the medication label for instructions that may relate to this e.g. Do not use after 7 days.

- **If there is any doubt whether the medication should be given for any reason, then the medication will not be given. Staff should seek further advice from health professionals and /or parents. Staff will record this on the Medicines Administration Record (MAR) (appendix 6) and report it to their line manager.**
- After the medicine has been administered both staff present will sign the Medicines Administration Record (MAR) (appendix 6)
- If a pupil refuses to take their medication or it is suspected that they have not taken a full dose staff will record this on the MAR and immediately seek advice from health professionals and/or parents/carers. This should also be reported to their line manager. They should not attempt to give another dose or try and force the pupils to take another dose. New Mills School cannot be held responsible for side effects that occur when medication is refused.

Appendix 5 - New Mills School Parental Consent to Administer Medication Form

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date for review	
Name of child	
Date of birth	
Form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/ needs to know about?	
Administration (delete as appropriate)	<p>A. The child self-administers their own medicine of which the school is aware</p> <p>B. The child self-administers the medication under supervision</p> <p>C. The child self-administers the medication under supervision after a parental check has been completed</p> <p>D. A named and trained consenting staff member administers the medicine</p>
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	

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 policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Appendix 6 - New Mills School Medicine Administration Record (MAR)

Name of child
 Date medicine provided by parent
 Group/class/form
 Quantity received
 Name and strength of medicine
 Expiry date
 Quantity returned
 Dose and frequency of medicine

Staff signature _____ Parent signature _____

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials

Date

--	--	--

Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Appendix 7 - Record of medicine administered to all children

New Mills School

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Appendix 8 - Staff training record – administration of medicines

Name of school/setting:

--

Name:

--

Type of training received:

--

Date of training completed:

--

Training provided by:

--

Profession and title:

--

I confirm that the named member of staff above has received the training detailed above and is competent to carry out any necessary treatment.

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix 9 - Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act 1971 and its associated regulations. Some may be prescribed as medication for use by children. Controlled drugs likely to be prescribed to children which may need to be administered in school are, for example, Methylphenidate and Dexamfetamine for ADHD or possibly Morphine/Fentanyl for pain relief.

There are legal requirements for the storage, administration, records and disposal of controlled drugs. These are set out in the Misuse of Drugs Act Regulations 2001 (as amended). They do not apply when a person looks after and takes their own medicines.

In some circumstances a non-controlled drug should also be treated in the same way where a higher standard is considered necessary. For example, the administration of rectal diazepam or buccal midazolam – these may be requirements imposed by insurers as a condition of cover. If staff are concerned that a medicine that is not a controlled drug should be managed in the same way, it can be treated as a controlled drug.

Receipt, Administration and Disposal

The receipt, administration and disposal of controlled drugs must be recorded in a book intended for that purpose. It must bound with numbered pages. This is the "Controlled Drugs Register". Entries in this register must never be amended or deleted nor pages removed. If a recording error is made, a record to that effect will be entered on that page, countersigned with a statement "go to page...". Any discrepancies in the controlled drugs register must be reported and investigated immediately. If there is an administration error, the Code of Practice 8 in the Children's Services guidance will be followed.

Receipt

- A child who has been prescribed a controlled drug may legally have it in their possession to bring to school.
- The controlled drug must be received with a parental consent form.
- A MAR and parts 1 and 2 of a sheet in the controlled drugs register must be completed.
- A separate sheet is to be maintained for each child, for each controlled drug that is stored and for each strength of the drug

Storage

- The controlled drug must be stored in a lockable cabinet in S1.
- Staff responsible for the administration of the controlled drug must be aware of its location and have access.
- Where a drug is designed for emergency use (e.g. Buccal Midazolam), the need for ready access over-rides the general requirements in relation to safe storage. It will still be stored securely in S1 and not in a way where pupils could access it.
- School will minimise the storage of controlled drugs on site whilst understanding the need to avoid constantly having to receive and log controlled drugs on a daily basis and therefore will not store more than 1 weeks supply of a controlled drug at a time.

Administration

- When administering a controlled drug, two members of staff must be present - unless it has been agreed that the child may administer the drugs themselves. One member of staff should administer the drug, the other witness the administration. Both should complete part 3 of the correct sheet in the controlled drugs register
- There may be exceptional circumstances when it is not possible to ensure that 2 staff are available to comply with the requirements of this policy. If strict adherence to this policy could lead to a child being denied access to education or the safety of the child or staff being compromised, a single member of staff can administer controlled drugs. Where this occurs a member of SLT at intervals should countersign the controlled drugs register to evidence compliance with the procedures.
- The controlled drug must only be given by a member of staff who has received instruction in its administration
- The prescriber's instructions and any additional guidelines must be followed
- On each occasion the drug is administered, the remaining balance of the drug should be checked and recorded by the staff administering the drugs (part 3 of the of the correct sheet in the controlled drugs register)

Disposal

- A controlled drug, as with all medicines, will be safely disposed of by returning it directly to the parent/carer when no longer required to arrange for safe disposal
- If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

Off-site and in the Community

Appropriate arrangements will need to be made for pupils prescribe controlled drugs for activities off site or residential visits. These will be discussed, written down and agreed by parents/carer's, the Headteacher and the staff agreeing to undertake the administration.

The minimum requirements are:

- There must be a named person responsible for safe storage and administration of the medicine
- A second person will witness the administration
- During short duration or day visits off site if the controlled drug is required to be administered the named person should carry the medicine with him/her at all times and a lockable/portable device such as a cash box will be used to prevent ready access by an unauthorised person.
- Only the amount of medicine needed whilst off-site should be taken – it should be stored in a duplicate container which can be requested from the pharmacist and must have a duplicate of the original dispensing label on it.
- The controlled drugs register may also be taken where that is appropriate (e.g. a long absence where the register is not required elsewhere in respect of another young person); alternatively a record kept and the register updated on return to base.
- For residential visits, on arrival the controlled drug will be transferred from its portable storage and be stored in accordance with the guidance for storage in school wherever possible.

Misuse of Controlled Drugs

Misuse of a controlled drug, such as passing it to another child for use, is an offence and will be dealt with through the schools disciplinary process and police involved where appropriate.

Appendix 10 - Controlled Drugs Register (Sample Page)

Receipt

- The controlled drug must be received with a parental consent form
- A MAR and parts 1 and 2 of this record must be completed
- A separate sheet is to be maintained for each child, for each controlled drug that is stored and for each strength of the drug

Storage

- The controlled drug must be stored in a lockable cabinet in S1
- Staff responsible for the administration of the controlled drug must be aware of its location and have access
- Where a drug is designed for emergency use (e.g. Buccal Midazolam), the need for ready access over-rides the general requirements in relation to safe storage. It will still be stored securely in S1 and not in a way where pupils could access it

Administration

- The controlled drug must only be given by a member of staff who has received instruction in its administration
- The prescriber's instructions and any additional guidelines will be followed
- The dosage must be witnessed by a second member of staff, wherever possible. Where this is not possible member of SLT at intervals should countersign this record to evidence compliance with the procedures
- Part 3 of this record must be completed

Recording

- Any discrepancies must be reported and investigated immediately
- Entries must never be amended or deleted nor pages removed
- If a recording error is made, a record to that effect will be entered on that page, countersigned with a statement "go to page..."

PART 1			
NAME OF CHILD			
MEDICINE RECEIVED			
Name of medicine received:			
Strength:			
Form:			
Quantity/amount:			
Received from:	Pharmacy: or		Date
	Parent/carer		Date
Signed:		Date	
Witnessed:			
PART 2			
DISPOSAL METHOD			
Name of medicine received:			
Returned to:	Pharmacy: or		Date
	Parent/carer		Date
Amount: – <i>this should be the amount remaining from the administration record</i>			
Signed:		Date	
Witnessed:			

Appendix 11 – Asthma

Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK. There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK.

As such, at New Mills School all staff are:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms
- aware of the asthma policy
- aware of how to check if a student is on the Asthma register
- aware of how to access the emergency asthma kit
- aware of who the designated members of staff are, and how to access their help.

Emergency Asthma Kits

New Mills School hold emergency asthma kits in S1, the Finance Office and PE Office. See appendix 10 for asthma specific information and guidance. They contain:

- 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
- a note of the arrangements for replacing the inhaler and spacers (see below)
- a list of students permitted to use the emergency inhaler (see section 6) as detailed in their individual healthcare plans
- a record of administration (i.e. when the inhaler has been used)

Storage and Maintenance and Disposal of Emergency Asthma Kits

The storage and maintenance and disposal of emergency asthma kits is the responsibility of named volunteers. At New Mills School they are the Student Support Manager, Jackie Donnelly, the School Business Assistant, Jackie Partington, and the Facilities Manager, Jo Charles.

On a monthly basis emergency asthma kits are checked to ensure:

- 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.

The named volunteers are responsible for ensuring that:

Storage

- The inhaler and spacers for asthma incidents are accessible at all times but kept out of the reach and sight of students.
- The inhaler and spacers are not locked away.
- The inhaler is stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30°C, protected from direct sunlight and extremes of temperature.
- The inhaler and spacers are kept separate from any other student's inhaler which is stored in a nearby location
- The emergency inhaler should be clearly labelled to avoid confusion with a student's inhaler.

Maintenance

- An inhaler is primed when first used (e.g. spray two puffs).
- Inhalers are regularly primed by spraying two puffs (as they can become blocked again when not used over a period of time)

Use/Reuse

- The plastic spacer is not be reused to avoid possible risk of cross-infection. The spacer can be given to the student to take home for future personal use.
- The inhaler is cleaned if it is no risk of contamination with blood, and has been used with a spacer
 - After use the inhaler canister is removed, and the plastic inhaler housing and cap is washed in warm running water, and left to dry in air in a clean, safe place. The canister is returned to the housing when it is dry, the cap replaced, and the inhaler returned to the designated storage place.
- The inhaler is disposed of safely if there is any risk of contamination with blood or if the inhaler has been used without a spacer

Disposal

- Spent inhalers are returned to the pharmacy to be recycled, rather than being thrown away. To do this legally, New Mills School is registered as a lower-tier waste carrier via <https://www.gov.uk/waste-carrier-or-broker-registration>

Use of Emergency Asthma Kits

The procedures for emergency first aid can be found in the first aid policy.

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The student may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster. The main risk of New Mills School holding a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless student who does not have asthma.

The emergency salbutamol inhaler should only be used by students:

- **who have been diagnosed with asthma and prescribed a reliever inhaler or prescribed a reliever inhaler**
- **for whom written parental consent for use of the emergency inhaler has been given.**

This information should be recorded in a student's individual healthcare plan and is recorded in the Asthma Register.

Written consent is sought from parents of students on the register for the School to use the salbutamol inhaler in an emergency at the point of enrolling at New Mills School, and then as part of the data collection exercise at the start of each academic year. The form can be found in appendix 12.

At New Mills School, the Asthma Register is located in S1 and is maintained and reviewed at termly intervals by the Student Support Manager, Jackie Donnelly. It is designed to allow a quick check of whether or not a student is recorded as having asthma, and consent for an emergency inhaler to be administered.

Markers to indicate a medical condition are also placed against the student record on SIMS and Class Charts. These alert teaching staff, including cover teachers and agency staff, to the need for a quick response should the student encounter an asthma attack.

A student may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline).

The salbutamol inhaler should still be used by these students if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

Any member of staff may volunteer to help a student use the emergency inhaler, and be trained to do so, but they cannot be required to do so. At New Mills School, in the case of an asthma attack which can be potentially life threatening, all first aiders on the site have been designated to provide coverage and as such, should be fully aware of the contents of this policy and guidance.

Designated members of staff are trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary
- administering salbutamol inhalers through a spacer
- making appropriate records of asthma attacks.
- <http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers>

Use of the emergency inhaler is recorded, including

- where and when the attack took place (e.g. PE lesson, playground, classroom)
- how much medication was given
- whom administered the medication

The student's parents must be informed in writing so that this information can also be passed onto the student's GP. The draft letter in appendix 13 may be used to notify parents.

Appendix 12 – Use of Emergency Asthma Kit Consent Form

CONSENT FORM USE OF EMERGENCY SALBUTAMOL INHALER AT NEW MILLS SCHOOL

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate]
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: Date:

Name
(print).....

Student's name: Form

Parent's address and contact details:
.....
.....
.....

Telephone:

E-mail:

Appendix 13 – Communication to parent / carer re emergency inhaler use

EMERGENCY SALBUTAMOL INHALER USE NOTIFICATION

Student name:

Form:

Date:

Dear.....

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

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

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

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

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

*[*Delete as appropriate]*

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

Yours sincerely

Appendix 14 – Allergies and Anaphylaxis

Up to 8% of children in the UK have a food allergy. However, the majority of allergic reactions to food are not anaphylaxis, even in children with previous anaphylaxis. Most reactions present with mild-moderate symptoms, and do not progress to anaphylaxis. Fatal allergic reactions are rare, but they are also very unpredictable. In the UK, 17% of fatal allergic reactions in school-aged children happen while at school.

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly but can occur up to 2-3 hours later. **It is potentially life threatening and always requires an immediate emergency response.**

As such, at New Mills School all staff are:

- trained to recognise the range of signs and symptoms of an allergic reaction
- understand the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with prior mild (e.g. skin) symptoms
- appreciate the need to administer adrenaline without delay as soon as anaphylaxis occurs, before the patient might reach a state of collapse (after which it may be too late for the adrenaline to be effective)
- be aware of this policy
- be aware of how to check if a student can access emergency AAIs
- be aware of how to access the AAI
- be aware of who the designated members of staff are, and the policy on how to access their help

New Mills School has pupils with known allergies who follow the protocols detailed in this policy to ensure they have their own medication on site. Most students carry this medication on their person, with a backup stored in S1. If the student's own AAI cannot be used the school has purchased emergency AAIs which should be used for pupils in an emergency.

Emergency Adrenaline Auto-Injectors (AAI's)

New Mills School holds emergency AAIs in S1. The supply of these is obtained from a local pharmacy using the template letter in appendix 15, following the general advice relating to these transactions (i.e. small quantities on an occasional basis and the school does not intend to profit from it). At New Mills School the Student Support Manager, Jackie Donnelly in collaboration with her line manager determines the type of AAI to be held, seeking medical advice where necessary. This is dependent on the prescriptions of the students with AAIs in school. If different students are prescribed differing AAIs the most common brand is held.

Storage and Maintenance and Disposal of Emergency Adrenaline Auto-Injectors

The storage and maintenance and disposal of emergency adrenaline injectors is the responsibility of named volunteers. At New Mills School this is the Student Support Manager, Jackie Donnelly.

The named volunteer(s) are responsible for ensuring that:

Storage

- The AAIs are accessible at all times but kept out of the reach and sight of students.
- The AAIs are never more than 5 minutes away from where they may be needed
- The AAIs are not locked away.
- The AAIs are stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.
- The AAIs are kept separate from any other student's AAI which is stored in a nearby location
- The emergency AAIs should be clearly labelled to avoid confusion with a student's inhaler.

Maintenance

- On a monthly basis, the AAIs are checked to ensure they are in date
- Replacement AAIs are obtained when expiry dates approach

Use/Reuse

- Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidelines.

Disposal

- Used AAI's can be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the local council

Use of Emergency AAI's

The procedures for emergency first aid can be found in the first aid policy.

The emergency AAI's should only be used by students:

- **who are at risk of anaphylaxis**
- **prescribed an AAI or for whom specific consent for emergency AAI use has been obtained from a medical professional**
- **for whom written parental consent for use of the emergency AAI has been given.**

This information should be recorded in a student's individual healthcare plan.

Written consent is sought from parents of students on the register for the School to use the emergency AAI when the school is informed that a student is at risk of anaphylaxis. At New Mills School, the number of students needing this consent is small, so individualized information is kept on each student in the form of an anaphylaxis risk assessment (see appendix 16)

Markers to indicate a medical condition are also placed against the student record on SIMS and Class Charts. These alert teaching staff, including cover teachers and agency staff, to the need for a quick response should the student encounter an allergen

Any member of staff may volunteer to help a student by using the emergency AAI, and be trained to do so, but they cannot be required to do so. At New Mills School, in the case of an allergic reaction which can be potentially life threatening, all first aiders on the site have been designated to provide coverage and as such, should be fully aware of the contents of this policy and guidance.

Designated members of staff are trained in:

- recognising the range of signs and symptoms of severe allergic reactions
- responding appropriately to a request for help from another member of staff
- recognising when emergency action is necessary
- administering AAI's according to the manufacturer's instructions
- making appropriate records of allergic reactions.

Use of the emergency AAI is recorded, including

- where and when the attack took place (e.g. PE lesson, playground, classroom)
- how much medication was given
- whom administered the medication

Any person who has been given an AAI must be transferred to hospital for further monitoring. The pupil's parents should be contacted at the earliest opportunity. The hospital discharge documentation will be sent to the pupil's GP informing them of the reaction.

Appendix 14 – Letter to pharmacist to purchase emergency adrenaline auto-injector devices

[To be completed on headed school paper]

We wish to purchase emergency adrenaline auto-injector devices for use at New Mills School.

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase "spare" back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at www.sparepensinschools.uk).

Please supply the following devices:

Brand name*		Dose* (state milligrams or micrograms)	Quantity required
	Adrenaline auto-injector device		
	Adrenaline auto-injector device		

Signed: _____ (Headteacher) Date: _____
Print name: _____

*AAs are available in different doses and devices. New Mills School purchases the brand most commonly prescribed to its pupils (to reduce confusion and assist with training).

For students aged 6-12 years, the guidance from the Department of Health to schools recommends:

- Epipen (0.3 milligrams) **or**
- Emerade 300 microgram **or**
- Jext 300 microgram

For students aged 12+ years, the guidance from the Department of Health to schools recommends:

- Epipen (0.3 milligrams) **or**
- Emerade 300 microgram **or**
- Emerade 500 microgram **or**
- Jext 300 microgram

The guidance is available at: <https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

Further information can be found at <http://www.sparepensinschools.uk>

Appendix 15 – Anaphylaxis Risk Assessment

This form should be completed by the school in liaison with the parents and the child, if appropriate.

Child/Young person:	Date of Birth:
Setting:	Key Person (Year Manager/Linked TA):
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	
Date of Assessment:	Reassessment due:
Signatures: Setting Manager/Head teacher: Date Parents Date Young person Date	
What is this child allergic to? Under which conditions is the allergy? Ingestion <input type="checkbox"/> Direct contact <input type="checkbox"/> Indirect contact <input type="checkbox"/> Does this child already have an Individual Healthcare Plan? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Summary of current medical evidence seen as part of the risk assessment (copies attached)	
Describe the container the medication is kept in:	

Outcome of Risk Assessment	
Is an individual health care plan required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the child to take part.	
Curriculum Subjects (including indoor & outdoor PE)	
Food and Drink (Canteen/other spaces)	
Celebrations: e.g. Birthday, Easter:	
Hand washing:	
Recreation times	
Off site trips:	
Does the child know when they are having a reaction?	
What signs are there that the child is having a reaction?	
What action needs to be taken?	
If the medication is stored in one secure place are there any occasions when this will not be close enough if required? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes state when and how this can be adjusted:	
If the child is old enough – can the medication be carried by them throughout the day? Yes <input type="checkbox"/> No <input type="checkbox"/> If No state reason:	
How many adrenaline auto-injectors are required in the setting?	
How many staff need are required to be trained to meet this child's need?	

Appendix 17 – Procedures and insurance

The following information is subject to regular review. The most current version is maintained in the electronic version on the Derbyshire County Council Intranet/Extranet

Procedures can only be performed where parental permission has been given, staff are following written guidelines, have been trained and been judged to be competent to carry out a procedure

For advice on whether or not a procedure can be performed or for approval to be sought email the requirements to: HealthandSafetyCAYA@derbyshire.gov.uk

TASK/PROCEDURE	Confirmation of insurance required from Risk and Insurance Manager before commencement	INSURER or INDEMNITY CONDITIONS
Anal Plugs	Yes	
Apnea monitoring	No	Covered for monitoring via a machine following written guidelines. There is NO cover available in respect of visual monitoring
Bladder washout	Yes	
Blood samples	No	Covered - but only by Glucometer following written guidelines
Buccal midazolam by mouth	No	Covered - following written guidelines
Bursting blisters	Yes	
Catheters (urinary) including mitrofanoff - clean/change of bag	No	Covered - following written guidelines for the changing of bags and the cleaning of tubes. There is no cover available for the insertion of tubes.
Catheters (urinary) including mitrofanoff - insertion of tube	Yes	
Chest drainage exercise	No	To be undertaken by competent staff in line with a care plan
Colostomy/ileostomy/vesicostomy Stoma care - change of bag & cleaning	No	Covered - following written guidelines in respect of both cleaning and changing of bags

TASK/PROCEDURE	Confirmation of insurance required from Risk and Insurance Manager before commencement	INSURER or INDEMNITY CONDITIONS
Defibrillators/First Aid only	No	Covered - following written instructions and appropriate documented training.
Dressing Care - Application & replacement	No	Covered - following written health care plan for both application and replacement of dressings
Ear/Nose drops	No	Covered - following written guidelines
Eye care/ Eye Drops	No	Covered - following written guidelines for persons unable to close eyes
Gastrostomy & Jejunostomy care <ul style="list-style-type: none"> • General Care • Administration of medicine • Bolus or continuous pump feed 	No	Covered - in respect of feeding and cleaning following written guidelines but no cover available for tube insertion unless maintenance of Stoma in an emergency situation.
Gastrostomy & Jejunostomy tube - insertion/reinsertion	Yes	Covered - in respect of feeding and cleaning following written guidelines but no cover available for tube insertion unless maintenance of Stoma in an emergency situation.
Hearing aids - Checking, fitting and replacement	No	Covered for assistance in fitting/replacement of hearing aids, following written guidelines
Inhalers, and nebulisers	No	Covered - following written guidelines for both mechanical and hand held
Injections - pre-packed doses. (Includes epipens & dial-up diabetic insulin pens.	No	Covered but only for the administering of pre-packaged dosage using pre-assembled pen on a regular basis pre-prescribed by a medical practitioner and written guidelines
Injections - non pre-measured doses	Yes	
Injections - intramuscular and sub-cutaneous injections involving assembling syringe	Yes	

TASK/PROCEDURE	Confirmation of insurance required from Risk and Insurance Manager before commencement	INSURER or INDEMNITY CONDITIONS
Manual Evacuation	No	To be undertaken by competent staff in line with a care plan
Mouth toilet	No	Covered
Naso-gastric/jejunal tube feeding	No	Covered - following written guidelines but cover is only available for feeding and cleaning of the tube. There is no cover available for tube insertion which should be carried out by a medical practitioner
Naso-gastric/jejunal tube - reinsertion	Yes	
Oral prescribed medication	No	Covered subject to being pre-prescribed by a medical practitioner and written guidelines. Where this involves children, wherever possible Parents/Guardians should provide the medication prior to the child leaving home. A written consent form will be required from Parent/Guardian and this should be in accordance with LA procedure on medicines in schools etc.
Oxygen administration - assistance	No	Covered but only in the respect of assisting user following written guidelines, i.e applying a mask or nasal canula
Oxygen and care of liquid oxygen administration including filling of portable cylinder from main tank	No	All covered subject to adequate training except filling of portable cylinder from main tank as subject to HSE guidelines.
Pessaries	Yes	
Pressure area care (bed sores etc)	No	To be undertaken by competent staff in line with a care plan
Pressure bandages	No	Covered - following written guidelines.
Physiotherapy	Yes	Refers to physiotherapy provided by a professional physiotherapist or the drawing up of a treatment programme. Physiotherapy undertaken by trained volunteers carrying out prescribed exercises is allowed.

TASK/PROCEDURE	Confirmation of insurance required from Risk and Insurance Manager before commencement	INSURER or INDEMNITY CONDITIONS
Rectal administration generally e.g. morphine	Yes	
Rectal midazolam in pre-packaged dose	No	Covered - following written guidelines and two members of staff must be present.
Rectal diazepam in pre-packaged dose	No	Covered - following written guidelines and two members of staff must present.
Rectal Paraldehyde	Yes	
Stoma care	No	Including maintenance of patency of stoma in an emergency
Suction Machine - Oral Suction Yanker Sucker	Yes	
Suppositories	Yes	Applies to suppositories other than pre-packed midazolam or diazepam (which are shown separately)
Syringe drivers - programming	Yes	
Swabs - External	No	Covered - following written guidelines.
Swabs - Internal	Yes	No - other than oral following written guidelines.
Topical Medication	No	To be undertaken by competent staff in line with a care plan
Tracheostomy - clean external	No	Cover is only available for cleaning around the edges of the tube following written guidelines.
Tracheostomy - removal and re-insertion	Yes	
Vagas Nerve Stimulator	No	As long as written care plan is in place.
Ventilators	Yes	Covered - following written guidelines.

Appendix 18 – Contacts

Emergency Services

To request an ambulance - dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.

- Your telephone number – 01663 743284
- Your name
- Your location
 - New Mills School
 - Church Lane
 - New Mills
 - High Peak
 - SK22 4NR
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and state that the crew will be met and taken to the patient.

Derbyshire School Nurses

<http://www.derbyshireschoolnurses.org.uk/home>

New Mills and Glossop School Nurse Team

New Mills Health Centre
Hyde Bank Road
New Mills
High Peak
Derbyshire
SK22 4BP
01246 515100
DCHST.HighPeakSchoolNurseteam@nhs.net

Sources of Information on Specific Conditions

[Education for Health](#) is a charity providing asthma training with the most up to date guidelines and best practice

[Asthma UK](#) - supports the health and wellbeing of those affected by asthma

[Diabetes UK](#) – supports and campaigns for those affected by or at risk of diabetes

[Children's Heart Federation](#) - a children's heart charity dedicated to helping children with congenital or acquired heart disease and their families in Great Britain and Northern Ireland

[Education and Resources for Improving Childhood Continence \(ERIC\)](#) supports children with bladder and bowel problems and campaigns for better childhood continence care

[Anaphylaxis Campaign](#) - supports people at risk from severe allergic reactions (anaphylaxis)

[British Heart Foundation](#) - supporting those suffering from heart conditions

[Little Hearts Matter](#) - offers support and information to children, and their families, with complex, non-correctable congenital heart conditions

[CLIC Sargent](#) - a cancer charity for children and young people, and their families, which provides clinical, practical and emotional support to help them cope with cancer

[Sickle cell and Young Stroke Survivors](#) - supports children and young people who have suffered a stroke or at risk of stroke as a result of sickle cell anaemia

[Coeliac UK](#) - supports those with coeliac disease for which the only treatment is a gluten-free diet for life.

Guidance and advice to everyone involved with supporting a child with coeliac disease in school, including training and tips for caterers as well as parents

[The Association of Young People with ME](#) - supports and informs children and young people with ME/CFS, as well as their families, and professionals in health, education and social care

[The Migraine Trust](#) - a health and medical research charity which supports people living with migraine

[Migraine Action](#) - an advisory and support charity for children and adults with migraine and their families

[Stroke Association](#) - supports families and young people affected by stroke in childhood

[Young Epilepsy](#) - supports young people with epilepsy and associated conditions

[Epilepsy Action](#) - seeks to improve the lives of everyone affected by epilepsy

[East of England Children and Young People Diabetes Network](#) - provide diabetes guidelines for schools, colleges and early years settings