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# Supporting Pupils at School with Medical Conditions

## Model Reading Borough Council Policy Document

www.reading.gov.uk

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**Policy and Procedures**

Section 100 of The Children and Families Act 2014 requires Governing Bodies to ensure that arrangements are in place to support pupils with medical conditions: Both physical and mental health. The DfE guidance 'Supporting pupils at school with medical conditions" (December 2015) can be found via the link :
Supporting pupils at school with medical conditions (publishing.service.gov.uk) The governments guidance contains both statutory and non-statutory advice. The non-statutory advice is presented in text boxes.

All schools must follow this Statutory Guidance.

This legal duty means that all schools must take account of the statutory guidance. They must carefully consider it and if they choose to deviate from it, there would need to be a good reason to justify not complying with it.

Governing bodies must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This includes a named person who has overall responsibility for policy implementation.

Early years settings should continue to apply the: Statutory Framework for the Early Years Foundation Stage

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.

**Individual Health Care Plan (IHCP)**

Governing bodies should ensure that the school's policy covers the role of IHCP's, and who is responsible for their development, in supporting pupils at school with medical conditions.

IHCP's can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. 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.

The format of IHCP's may vary to enable schools to choose whatever is the most effective for the specific needs of each pupil. They should be 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.

Schools do not need to wait for a formal diagnosis before providing support to pupils.

Where a child has Special Educational Needs (SEN) but does not have an Education, Health and Care (EHC) plan, their special educational needs should be mentioned in their IHCP.

The Special educational needs and disability code of practice (https://www.gov.uk/government/publications/send-code-of-practice-0-to-25) explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014.

For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

IHCP's, (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 and in collaborative working between the school, parents, and a relevant healthcare professional, e.g. 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. Those involved 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 governing body should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be 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 well-being and minimises disruption. Where the child has a SEN statement, or an EHC plan, the IHCP should be linked to or become part of that statement or plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition) schools will need to work with the Local Authority and Brighter Futures for Children to ensure that the IHCP identifies the support the child will need to reintegrate effectively and refer to BFfC Medical Tuition Policy June 2021. See attached link; https://brighterfuturesforchildren.org/about/policies-publications-and-reports/

When deciding what information should be recorded on IHCP's, the governing body should consider 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 head teacher 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, e.g. 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 IHCP.

Individual Health Care Plans are the pivotal means through which responsibility holders communicate and record information acknowledging this through signing off the document. This provides a high level of assurance that information has been understood and agreement on actions reached. This will also facilitate, setting review dates, recording any changes introduced and also lends itself to future auditing.

A flow chart for identifying and agreeing the support a child needs and developing an IHCP is provided at annex A.

**3. Advice on Roles and Responsibilities**

**Advice on the role of governing bodies**

Governing bodies should ensure that:

- arrangements are in place to ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life including education, school trips and physical education.
- the focus is on the needs of each individual child and how their medical condition impacts their school life
- any members of school staff who provide support to pupils with medical conditions are able to access the relevant information, instruction and training
- school leaders consult health and social care professionals, pupils and parents during the process to ensure that the needs of children with medical conditions are properly understood and effectively supported.
- they ensure that the arrangements implemented are sufficient to meet the statutory responsibilities and ensure that the arrangements, and paperwork is properly and effectively implemented there is a clear procedure on how complaints concerning the support provided to pupils with medical conditions may be made and will be handled.

**Advice on the role of Headteachers**

Headteachers:

- should ensure that a 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.
- should ensure that all staff that need to know, are aware of the child's condition.
- should ensure 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. This may involve recruiting a member of staff for this purpose.
- have overall responsibility for the development of individual health care plans and their regular review
- should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- should ensure transitional arrangements are in place between schools and the process is followed up once the pupils has joined the school.
- should make every effort to ensure that arrangements are in place within two weeks of a pupil commencing at the setting

The school is responsible for informing the school nursing service of any child who has a medical condition that may require their support whilst at school, if they are not already aware.

**Advice on the role of 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 are not 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.
- should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

**Advice on the role of parents:**

Parents:

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

**Advice on the role of pupils:**

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 health care plan. It must be noted that other pupils may be sensitive to the needs of those with medical conditions.

**Advice on the role of local authorities:**

Local authorities and clinical commissioning groups (CCGs) **must** make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014)

Local authorities should provide support, advice and guidance, including training to school staff to ensure that individual care plans ae delivered effectively.
The Local Authority will set out arrangements when it is clear that a child will be away from school for 15 days because of medical needs, whether this be consecutive or cumulative across the year.

**Advice on the role of clinical commissioning groups (CCGs):**
They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 and **must** make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (as described above for local authorities).

Since 2013 Local Authorities have been responsible for commissioning public health services for school-aged children including school nursing. CCGs should be aware that this does not include clinical support for children in schools who have long term conditions and disabilities, which remains a CCG commissioning responsibility. Children in special schools in particular may need care which falls outside the remit of local authority commissioned school nurses, such as gastrostomy and tracheostomy care, or postural support. CCGs should ensure their commissioning arrangements are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school.

**Advice on providers of health services:**

Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

**Advice on the role of Ofsted:**
Ofsted's inspection framework is aimed at promoting greater consistency across inspection remits. Inspectors must consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and by pupils' spiritual, moral, social and cultural development.

## The child's role in managing their own medical needs
Governing bodies should 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 should be reflected within individual health care 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, 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 health care plan. Parents should be informed immediately so that alternative options can be considered.

**Medication Errors**

A medication error is when the administration deviates from the instructions of the medical professional and parent. Medication errors typically occur when schools have more than one pupil with the same name. Some examples of medication errors include:

- administration of a medication to the wrong pupil,
- administration of the wrong medication to a pupil
- administration of the wrong dosage of medication to a pupil,
- administration of the medication via the wrong route,
- administration of the medication at the wrong time

Each medication error must be reported to the Head teacher and an Incident Report Form completed online www.reading.gov.uk/accidentreporting to the Corporate H&S team.

Each school should have procedures in place to avoid any errors. For example, some schools put each pupil's medication and records in a sealed bag which includes a recent photograph of the pupil. Some schools ensure that when the medicine is administered it is witnessed and recorded by another member of staff.

**Managing and Storing Medicines**

All medicines should be stored safely. Children should know where their medicines are kept. Where relevant, pupils 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 always be easily accessible to those required to administer them. This is particularly important to consider when outside of the school premises e.g. on school trips.

Refrigerated Medicines

Medicines which require refrigeration will be stored in a specified medication fridge that must remain locked. When in the refrigerator, the medication must be maintained at a temperature between 2-8 0C. A maximum/minimum thermometer must be used to ensure this and records kept on each working day.

Insulin Unopened insulin products must be stored in the refrigerator. When needed, insulin should be left at room temperature for at least one-hour prior to administration. Once opened, insulin can be safely stored at room temperature for up to 28 days or 6-weeks (depending on the manufacturer). Upon opening a new insulin product the date of opening must be marked on the container to allow for destruction after 28 days or 6 weeks, as appropriate. If opened insulin is brought into the school with the child it is essential to identify when it was opened to ensure it is safe to use. If this cannot be determined then the parent or guardian must be asked to provide a new supply.

The School policy should reflect the following:

- 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. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to

confidentiality. Schools should 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, e.g. 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 if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.

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.

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so and school and the parents agree this can occur but passing it to another child for use is an offence. 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.

School staff may administer a controlled drug to the child for whom it has been prescribed where they are insured and trained. 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 in school

**Training**

Governing bodies should ensure that the school's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided.

The school's policy should be clear that any member of school staff providing support to a pupil with medical needs should have received suitable training. It should also set out the arrangements for whole school awareness training, so staff are aware of the policy for supporting pupils with medical conditions and their role in implementing the policy.

Staff who manage the administration of medicines and those who administer medicines should receive suitable training and support from a qualified health professional. The school should ensure the trainer incorporates a competency test and that the school should retain a copy of the record of this having been carried out.

Any action taken by a person undertaking support activities should be limited to the training given. This training should clearly communicate the serious risks entailed by undertaking activities outside those for which they have been formally trained.

Schools should ensure that they have sufficient numbers of trained staff to cover for school visits, staff sickness, and compassionate leave or for any other reason for absence from school.

It is good practice to collect written feedback at the end of the training. Information collected in this way provides a greater degree of assurance that the training has met the desired aims and allows for continual refinement of the training.

If there are any changes to the agreed care plan for example changes to dose or type of medication, staff changes etc. then a new care plan should be provided and new training by a health professional will be required. The new training must incorporate a competency test, and records retained. It should be recognised that should the school not have competent trained staff to undertake the care plan, then the responsibility to administer the medication could be passed back to the parent.

Where equipment is involved sufficient "hands on training" is essential. This will allow trainees to become fully familiar with equipment operations. This will give confidence particularly when first dealing with equipment in live situations. It is also recommended to update training after a break, e.g. due to school holidays, long sickness absence or other, is carried out.

Health care professionals including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure or in providing the medication.

**Records of training**

Records of training should be provided by the trainer and retained by the school.

**Induction Training**

All staff should receive Induction Training upon joining the school. This training should include:

- what the school's policy is on the administration of medicines
- where it can be found
- how to respond in an emergency

**Audit**

The school should make formal arrangements with the qualified health professional to ensure he/she regularly audits the trainees' competence. This should be done at a minimum of once every year.

During school inspections the Office for Standards in Education (Ofsted) must evaluate and report on how well schools ensure pupils' care, welfare, health and safety. Ofsted will look to see whether administration of medicines follows clear procedures.

The school will carry out a health & safety audit each year and will include the management of medicines, including staff training records in the audit programme.

**Staff Indemnity**

Reading Borough Council fully indemnifies its staff against claims for alleged negligence providing they are acting in good faith within the scope of their employment. This indemnity would include all School Governors and any volunteers assisting the school in their business activities. The Council's liability insurance provides indemnity for the administration of most

oral medication and most pre-assembled, pre-dosed medications. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice indemnity means that the Council and not the employee will meet the costs of any damages if a claim for alleged negligence be made. Please refer to the Risk Management Medical Malpractice Decision Tree and Treatment Table in Appendix 1 which gives further information and details procedures/activities that are currently included within Reading's liability insurance policies. For treatments falling outside these criteria, schools will need to provide comprehensive details of the treatment being proposed before the insurance section can approach insurers/brokers. For example, Insurance will need a Care Plan, Description of the Treatment, Details of school staff going to administer the treatment and their training and confirmation of parental consent. Cover may not always be available. Where additional cover is available, schools are responsible for paying any additional premium. Please contact the Insurance Section if you require any advice on insurance cover for healthcare procedures.

Schools must be aware that all insurance policies contain policy terms and conditions, the following are examples of those that may form part of a 'healthcare' or Medical Malpractice insurance policy.

**Loss Avoidance**

The Insured shall at all times take all reasonable steps to avoid or minimise loss hereunder'

Without prejudice to the generally of the foregoing it is warranted that:

a. the Insured shall ensure that all clinical waste is disposed of by an appropriately qualified waste disposal contractor;
b. no medication shall be administered to a patient except in accordance with the prescription of an appropriate practitioner (as defined in the Medicines Act 1968);
c. any device or instrument used or intended for use in the performance of the Insured's professional duties and which is intended to be in contact with bodily fluid (whether human or animal) or penetrate tissue (whether human or animal) shall be:

handled, used and stored in accordance with the manufacturers' instructions and where approved by the manufacturers and by the Department of Health or equivalent to be used more than once, sterilised prior to such use:

1. using only sterilising apparatus specially approved by the manufacturer and in accordance with instructions, recommendations or guidelines of such manufacturer
2. in accordance with Department of Health guidelines or equivalent

In addition, any surface which such device or instrument are likely to come into with or which has been in contact with any bodily fluid (whether human or animal) or tissue (whether human or animal) shall be disinfected by the use of an effective disinfectant in accordance with the manufacturers' instructions and Department of Health guidelines or equivalent

before the commencement of the employment of any Employee the Insured use best endeavours to ensure that references are taken up and qualifications checked, all gaps in employment history are checked and all relevant authority and police checks are undertaken.

**Maintain Records**

The Insured at all times shall:

a. maintain accurate descriptive records of all professional services and equipment used in procedures which shall be available for inspection and use by the Insurer or their duly appointed representatives insofar as they pertain to any Claim hereunder; and
b. retain the records referred to in (a) above for a period of at least seven (7) years from the date of treatment and, in the case of a minor, for a period of at least (7) years after that minor would attain majority; and
c. give to the insurer or their duly appointed representatives such information, assistance, signed statements or depositions as the Insurer may require; and
d. assist in the defence of any Claim without charge to the Insurer.

Failure to comply could mean that the policy would not respond in the event of a claim.

**IMPORTANT - PLEASE NOTE**

**The above wording and attachments only apply to those schools that purchase their insurance arrangements from Reading Borough Council. Schools making other arrangements must check with their own insurer.**

**School Trips**

Governing bodies should ensure that their arrangements are clear and unambiguous 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.

Schools may need to take additional safety measures for visits and consider arrangements for taking any medication. Staff supervising visits should always be aware of any medical needs and relevant emergency procedures.

Sometimes an additional supervisor or parent might accompany a particular pupil. If staff are concerned about whether they can provide for a pupil's safety or the safety of other pupils on the visit, they should seek advice from the pupil's GP/Consultant.

The LA uses the web-based system 'EVOLVE' to facilitate the efficient planning, management, approval, and evaluation of visits. All staff that lead or accompany visits can access their own EVOLVE account, which is set up by their establishment's Educational Visits Coordinator (EVC). This system is managed by the Corporate Health & Safety Team. email Corporate.Health&Safety@reading.gov.uk or gina.watson@reading.gov.uk

The Schools Offsite Activities insurance will provide an indemnity for any emergency medical assistance required for pre-existing medical conditions except where an individual is travelling against medical advice.

**The above wording and attachments only apply to those schools that purchase their insurance arrangements from Reading Borough Council. Schools making other arrangements must check with their own insurer.**

**Sporting Activities**

Some pupils may need to take precautionary measures before or during exercise, and/or need to be allowed immediate access to their medication if necessary. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

**Employee's Medicines**

Employees may need to bring their own medicine into school. They have a clear personal responsibility to ensure their medicines are not accessible to children.

**Staff Protection**

Staff should have access to protective disposable gloves and take care when dealing with spillage of blood or other body fluids and disposing of dressings or equipment. Practical and common-sense hygiene precautions will minimise the risk of infection where contact with blood or other body fluid is unavoidable.

**Emergency Procedures**

Governing bodies should ensure that the school's policy sets out what should happen in an emergency situation. As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation.

All staff must be aware of the likelihood of an emergency arising in a pupil with medical needs, whom to contact and what action to take. Back-up cover should be arranged for when the member of staff is absent or unavailable.

Where a child is in distress or has a need for an intevention and no one in the school feels confident to undertake it then the parent/guardian and a qualified health professional should be called immediately.

Staff should be trained to use the telephone and know how to call the emergency services. A member of staff should accompany a pupil if taken to hospital by ambulance and should remain with the pupil until his/her parents arrive.

Generally, staff should not take pupils to hospital in their own car. However, if after discussion with the 999 service, it is recommended that the child is taken direct to hospital in a member of staff's car, then checks must be made to ensure car insurance for business use is in place. It is also recommended that an additional person accompanies the member of staff to and from the hospital. In an emergency the best possible action is to call an ambulance.

**Automated external defibrillators (AEDs) from Department of Education**

The Department of Education has produced a guide to give schools an overview of the various issues they may wish to consider when installing and maintaining automated external defibrillators (AEDs) on their premises. It has been produced to meet the needs of maintained and academies in England. Other settings are also welcome to make use of the information, but should be aware that not all of it will be relevant to them.

The purchasing arrangements within the link below are available to the following types of settings in all nations of the UK:

- maintained schools
- academies
- independent schools
- sixth-form and further education colleges

- maintained and independent nursery schools
- pre-school establishments
- private, voluntary and independent nurseries
- playgroups
- holiday and out-of-school providers

Automated external defibrillators (AEDs) in schools - GOV.UK

**Guidance on the use of adrenaline auto-injectors in schools**

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allowed all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.

The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

Please see the link below which provides the following information;

- Introduction
- Arrangements for the supply, storage, care and disposal of AAIs
- Children to whom a spare AAI can be administered
- Responding to the symptoms to an allergic reaction
- Staff
- Useful links
- Letter template to Pharmacy to obtain an AAI

https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

**Use of emergency salbutamol inhalers in schools**

Guidance on the use of emergency salbutamol inhalers in schools (publishing.service.gov.uk)

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allow schools to keep a salbutamol inhaler for use in emergencies.

**The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.**

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. Schools which choose to keep an emergency inhaler should establish a policy or protocol for the use of the emergency inhaler based on this guidance.

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school. Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

The protocol could be incorporated into a wider medical conditions policy which will be required by *Supporting Pupils* from 1st September 2014. The protocol should include the following – on which this guidance provides advice:

• arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the schools policy on supporting pupils with medical conditions

• having a register of child in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should kept with the emergency inhaler

• having written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan

• ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use

• appropriate support and training for staff in the use of the emergency inhaler in line with the schools wider policy on supporting pupils with medical conditions

• keeping a record of use of the emergency inhaler as required by *Supporting pupils* and informing parents or carers that their child has used the emergency inhaler

• having at least two volunteers responsible for ensuring the protocol is followed

**Supply**

Schools can buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier, provided the general advice relating to these transactions are observed. Schools can buy inhalers in small quantities provided it is done on an occasional basis and is not for profit.

A supplier will need a request signed by the principal or head teacher (ideally on appropriately headed paper) stating:
- the name of the school for which the product is required;
- the purpose for which that product is required, and
- the total quantity required.

Schools may wish to discuss with their community pharmacist the different plastic spacers available and what is most appropriate for the age-group in the school. Community pharmacists can also provide advice on use of the inhaler. Schools should be aware that pharmacies cannot provide inhalers and spacers free of charge and will charge for them.

**Routine administration**

There will be many cases where the administration of medicines is routine and straightforward (prescribed painkillers, inhalers, antibiotics etc.) In these cases, professional training may not be necessary. If in doubt contact the School Nursing Team. Where training is identified the details must be included in the care plan. Staff should never volunteer to give non-prescribed

medicines to children unless the parent has given prior permission by signing the agreed care plan.

**Non-Routine administration**

Some children require non-routine administrations. This could be injection, administration of rectal diazepam, assistance with catheters or use of equipment for children with tracheotomies etc. Before the school accepts any commitment; professional training and guidance must be provided from the School Nursing Team or appropriate medical professionals. Once again, the training requirements and specific details must be included in the care plan signed off by the Parent and the Head Teacher.

**Unacceptable Practice**

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 for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer 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, e.g. by requiring parents to accompany the child.

**Templates**

Templates are provided at the end of this document. They are provided as an aid to schools and their use is entirely voluntary. Schools are free to adapt them as they wish to meet local needs, to design their own templates or to use templates from another source.

**Other relevant legislation**

Health & Safety at Work Act 1974 Health and Safety at Work etc Act 1974 - HSE

Misuse of Drugs Act 1971Misuse of Drugs Act 1971

Medicines Act 1968 Medicines Act 1968

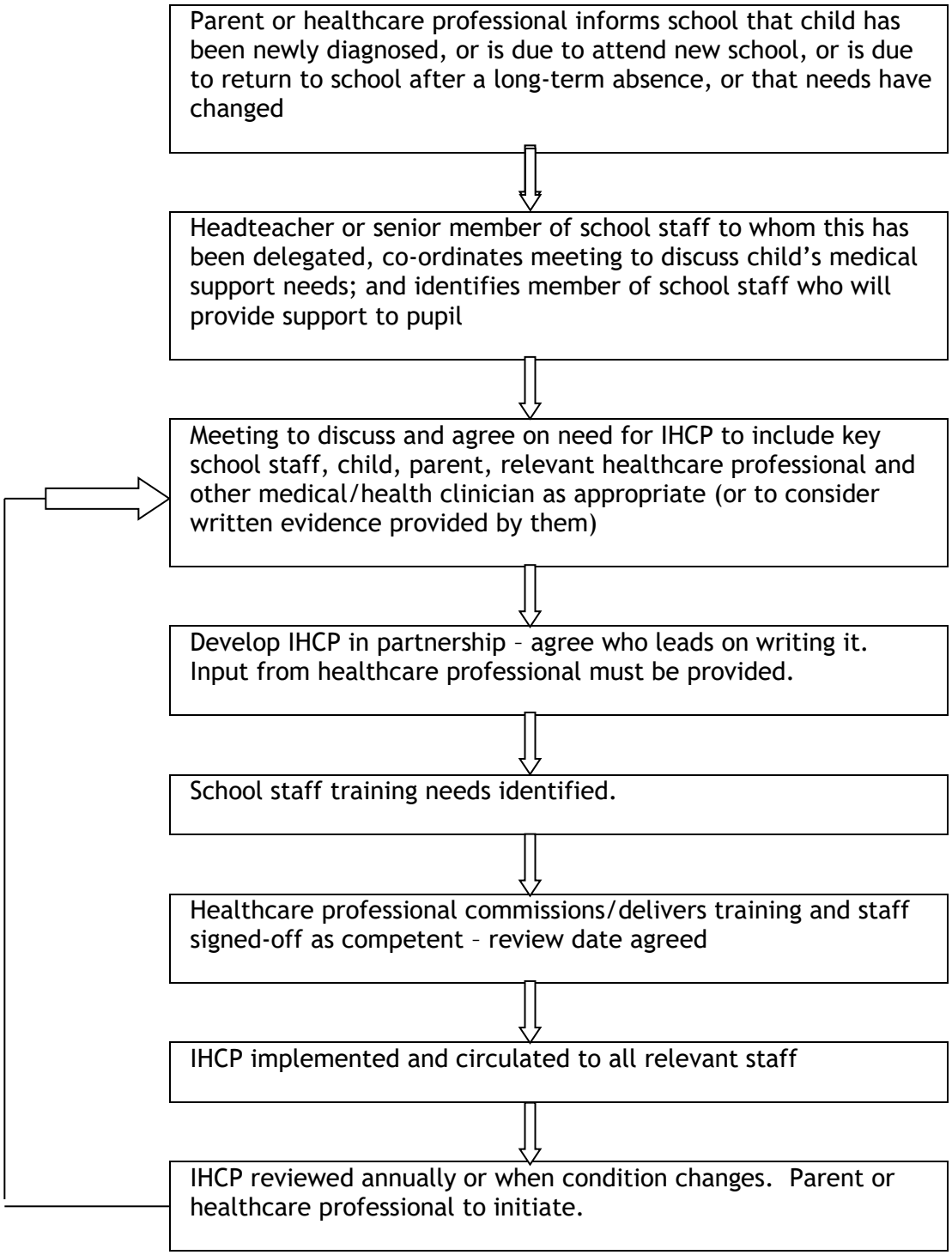
The Special Educational Needs and Disability Code of Practice SEND code of practice: 0 to 25 years - GOV.UK

Section 19 of the Education Act 1996 Education Act 1996

Part 3 C&F Act 204 – Section 100 – Duty to support pupils with medical conditions. Children and Families Act 2014

Supporting Codes of Practice – Section 5.11 – Early Years / Section 6.11 Medical Conditions SEND code of practice: 0 to 25 years - GOV.UK

**ANNEX A: MODEL PROCESS FOR DEVELOPING IHCP's**



**Template A: individual healthcare plan**

| | |
|---|---|
| Name of school/setting | |
| 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)*

Detail who was involved on the development of this plan

Staff training needed/undertaken – who, what, when

Provide details of all whom this for has / will be sent to

Parent signature

School rep

| |
|---|
| |

**Template B: Parental agreement for setting to administer medicine**

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

| | |
|---|---|
| Date for review to be initiated by | |
| Name of school/setting | |
| Name of child | |
| Date of birth | |
| Group/class/form | |
| Medical condition or illness | |

**Medicine**

| | |
|---|---|
| Name/type of medicine<br>*(as described on the container)* | |
| Expiry date | |
| Dosage and method | |
| Timing | |
| Special precautions/other instructions | |
| Are there any side effects that the school/setting needs to know about? | |
| Self-administration – y/n | |
| 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 | [agreed member of staff] |

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

Signature(s): _____ Date: _____

School rep receiving information:

Signature(s): _____ Date: _____

Template C

**CONSENT FORM:**

**USE OF EMERGENCY SALBUTAMOL INHALER**
[Insert school name]

**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 unusable, I consent for my child to receive salbutamol form an emergency inhaler held by the school for such emergencies.

Signed: Date: ……

Name (print)……

Child's name: ……..

Class: ……

Parent/ Guardian address and contact details:

……..

……..

……..

Telephone: ……..

E-mail: …….

Template D

# SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name: ……

Class: ……

Date: ……

Dear……,

[*Delete as appropriate*]

This letter 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,

**Template E: Record of medicine administered to an individual child**

| | |
|---|---|
| Name of school/setting | |
| 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:_____

Signature of parent/Guardian:_____

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

**E: Record of medicine administered to an individual child (Continued)**

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

**Template F: 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 [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature:_____

Date:_____

**I confirm that I have received the training detailed above.**

Staff signature:_____

Date:_____

Suggested review date:_____

**Template G: Contacting emergency services**

**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.**

1. your telephone number

2. your name

3. your location as follows [insert school/setting address]

4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code

5. provide the exact location of the patient within the school setting

6. provide the name of the child and a brief description of their symptoms

7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

8. put a completed copy of this form by the phone

**Template H Model letter inviting parents to contribute to individual healthcare plan development**

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose 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 to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, 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 on 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. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. 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.

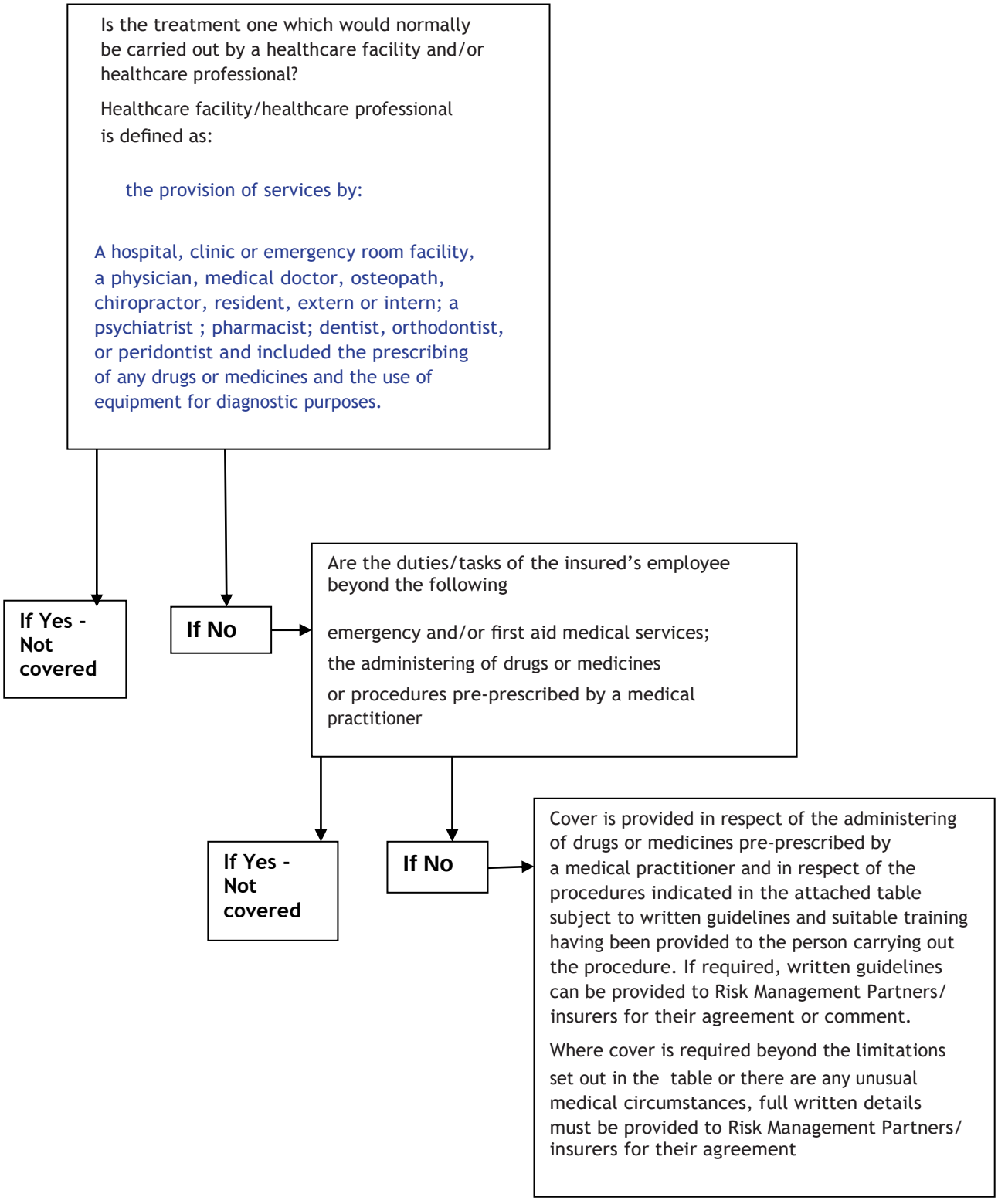
If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Reading Borough Council
Working better with you

# Medical malpractice decision tree

**(This table only applies to Insurance arrangements placed through Reading Borough Council)**



Reading Borough Council
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## Medical malpractice treatment Details

- If you have insurance with RBC and require Medical Malpractice insurance you need to email Insurance on insurance@reading.gov.uk advising of the following:School / Team:
- Date:
- Person who completed this form:
- Type of medical procedures being carried out (describe all procedures e.g. EpiPen, Asthma Inhalers, prescribed antibiotics, prescribe antihistamine, prescribed eczema cream
- Who conducts these procedures
- Who are the procedures being conducted on (e.g. clients, pupils, etc)
- What training has been provided to the relevant employees carrying out the procedures.

**RBC Policy – Medical treatment table**

| Procedure/Activity/Use of | Cover available | |
|---|---|---|
| • Acupuncture | • No | • But may be considered on receipt of written details of procedures |
| • Administration of medicines | • Yes | • Subject to being pre-prescribed by a medical practitioner and written guidelines. Via nasogastric tube, gastronomy tube or orally.<br>• Where this involves children, wherever possible parents/guardians should provide the medication prior to the child leaving home.<br>• A written consent form will be required from parent/guardian and this should be in accordance with LEA procedure on medicines in schools etc.<br>• Similar considerations should be given when asked to administer 'over the counter' medicines.<br>• In respect of monitoring via a machine following written guidelines. There |

| | | |
|---|---|---|
| | | is no cover available in respect of visual monitoring. |
| • Bathing | • Yes | • Following training and in accordance with written guidelines. |
| • Blood samples | • Yes | • But only by glucometer following written guidelines. |
| • Buccal midazolam | • Yes | • Following written guidelines |
| • Bladder washout | • No | |
| • Catheters | • Yes | • Following written guidelines for the changing of bags and the cleaning of tubes. There is no cover available for the insertion of tubes. |
| • Colostomy / Stoma care | • Yes | • Following written guidelines in respect of both cleaning and changing of bags. |
| • Chest drainage exercise | • Yes | • Following written healthcare plan provided under the direction of a medical practitioner. |
| • Counselling services | • No | • Cover is available via our Med Mal policy for Counselling services provided by the insured's own qualified employees within schools and to third parties. |
| • Defibrillators / First aid only | • Yes | • Following written instructions and appropriate documented training. |
| • Denture cleansing | • Yes | • Following appropriate training. |
| • Ear syringe | • No | |
| • Ear / Nosedrops | • Yes | • Following written |

| | | |
|---|---|---|
| | | guidelines. |
| • Epipen / Medipens | • Yes | • Following written guidelines with a preassembled epipen. |
| • Enema suppositories | • No | |
| • Eyecare | • Yes | • Following written guidelines for persons unable to close eyes. |
| • First aid | • Yes | • Should be qualified first aiders and applies during the course of the business for the benefit of employees and others. |
| • Gastrostomy tube – peg feeding | • Yes | • Cover available in respect of feeding and cleaning following written guidelines but no cover available for tube insertion. |
| Hearing aids | Yes | For assistance in fitting / replacement of hearing aids following written guidelines. |
| Inhalers, cartridges and nebulisers | Yes | |
| Injections | Yes | But only for the administering of pre-packaged dose on a regular basis pre-prescribed by a medical practitioner and written guidelines (see below for insulin injections) |
| Insulin injections | Yes | Where possible, these should be self-administered but can be undertaken by trained staff in accordance with written care plan. Cover will operate in respect of the administration of doses that need to be determined due to individual needs of the person as long as this is set out in their care plan and, for school children, has parental approval. |

| | | |
|---|---|---|
| Intranasal midazolam | Yes | Following written guidelines |
| Manual evacuation | Yes | |
| Mouth toilet | Yes | |
| Nasogastric tube feeding | Yes | Following written guidelines but cover is only available for feeding and cleaning of the tube. There is no cover available for tube insertion or reinsertion which should be carried out by a medical practitioner. |
| Occupational therapy | No | |
| Oxygen – administration of and assistance with | Yes | Following written guidelines and suitable training in use of the equipment including oxygen saturation monitoring where required. Excludes filling of oxygen cylinders from main tank. |
| Pessaries | No | |
| Reiki | Yes | |
| Physiotherapy | Yes | When undertaken by suitably trained staff but excluding treatment by qualified physiotherapists. |
| Pressure bandages | Yes | Following written guidelines |
| Rectal midazolam in pre-packaged dose | Yes | Following written guidelines and two members of staff must be present. |
| Rectal diazepam in pre-packaged dose | Yes | Following written guidelines and two members of staff must be present. |
| Rectal paraldehyde | No | |
| Splints | Yes | As directed by a medical practitioner. |
| Suction machine | No | |
| Syringe drivers – programming of | No | |
| Suppositories | No | Other than rectal diazepam and midazolam. |

| | | |
|---|---|---|
| Swabs – external | Yes | Following written guidelines. |
| Swabs – internal | Yes | Other than oral following written guidelines. |
| Toenail cutting | Yes | Following written guidelines. |
| Tracheostomy | No | Cover is only available for cleaning around the edges of the tube only, following written guidelines. |
| Ventilators | No | Other than for a person with a predictable medical condition and stable ventilation requirements following written guidelines |

For those who have insurance with RPA they have advised the following in relation to Administration of Medication:

The RPA will provide an indemnity if a Member becomes legally liable to pay for damages or compensation in respect of or arising out of personal injury occurring during the Membership Year within the Territorial Limits and in connection with the provision of medicines or medical procedures. Indemnity will also be provided to any member of staff (other than any doctor, surgeon or dentist while working in a professional capacity) who is providing support to pupils with medical conditions and has received sufficient and suitable training.

Cover provided by the RPA will be subject to adherence with the statutory guidance on supporting pupils at school with medical conditions: December 2015, link below:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

If your insurance is with any other provider, then ensure that you contact them to check what Administration of Medication cover is provided.

Document Control

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| Version | Date Change | Changed by | Items |
|---|---|---|---|
| 7 | September 2021 | S.Jolly | Page 4 – removed reference to Cranbury College. Added links to BFfC Medical Tuition Policy June 2021<br>Page 7 – Added storage for refrigerated medicines. |
| 8 | May 22 | V Swift | Updated Roles and responsibilities, some terminology and bad practice. |
| 9 | December 2022 | S Jolly | Removed Template F: record of medicine administered to all children. Schools to use Template E. |
| 10 | May 2025 | G Watson | Minor text adjustments. Changed link for AED. Added further information links. Updated medical malpractice table and added RBC and RPA insurance details |