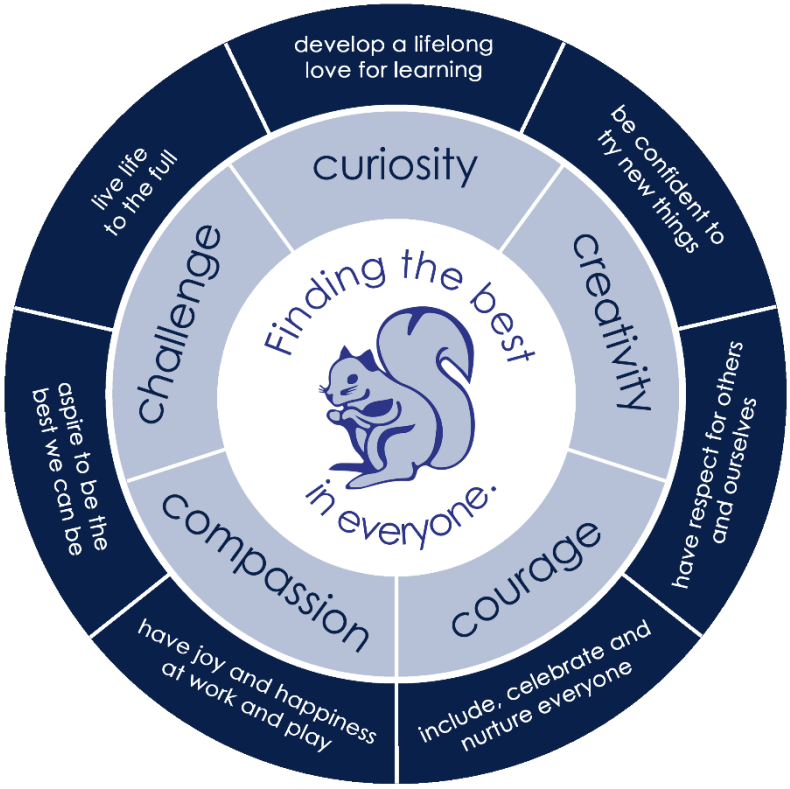
Felbridge Primary School

Finding the best in everyone.

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Managing Medical Needs, the Administration of Medicines and First Aid including Asthma Policy



This school is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Revised/Written by:	Emma Warland/ Emma Thorp
Discussed and approved	28.11.2025
Presented to Governing Body	01.12.2025
Date for Review	01.12.2026
Status	Statutory

Aims

At Felbridge Primary School, we believe that inclusion and equal opportunities for pupils with medical needs are an entitlement and we believe that as a school we have the responsibility to create the conditions for children to access their education and services provided. As a staff and governing body we will give regard to the required curriculum adjustments, necessary environmental aspects and desirable social support to minimise barriers for these most vulnerable members of our school community. We intend to foster a community which accepts others as they are and values the diversity of life.

This policy is written to compliment and expand upon the DCSF document "Managing Medicines in Schools and Early Years Settings" and guidance provided by Surrey County Council.

Felbridge Primary School follow RIDDOR (Reporting Injuries and Dangerous Occurrences) guidelines for reporting accidents and incidents. Behavioural incidents between children and Child Protection matters are NOT regarded as incidents and there are separate procedures for this.

It should be noted that children recovering from a short term illness/infection who are clearly unwell should not be in school and the Headteacher can request that parents/carers keep the pupil at home if necessary. We follow the Health Protection Agency guidelines when determining the period of absence for children with infectious diseases such as separate Risk Assessments/procedures.

Roles and Responsibilities

Parents and Carers

Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the full-time care of a child on a settled basis, such as a foster parent, but excludes babysitters, child minders, nannies and school staff.

It only requires one parent to agree to or request that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom we have day-to-day contact. Where parents disagree over medical support, the disagreement must be resolved by the Courts. The school or setting should continue to administer the medicine in line with the consent given and in accordance with the prescriber's instructions, unless and until a Court decides otherwise.

Parents are given the opportunity to provide the headteacher with sufficient information about their child's medical needs, treatment or special care needed via the application form and open-door policy. Where a health plan is deemed necessary parents and headteacher should reach agreement on the school's role in supporting their child's medical needs, in accordance with county policy. In accordance with information sharing protocols parental agreement should be sought before passing on information about a child's health to staff. It is recognised however that sharing information is important if staff and parents are to ensure the best care for a child.

Some parents may have difficulty understanding or supporting their child's medical condition themselves. Local health services can often provide additional assistance in these circumstances.

The Governing Body

The governing body is responsible for ensuring that there is a policy and that it is reviewed as appropriate.

The Headteacher

The Headteacher is responsible for putting Surrey policy into practice and for developing detailed procedures. Day to day decisions will fall to the Headteacher or in their absence a member of the SLT/SENDco or the child's class teacher. Policy must be made clear to staff and parents. The Headteacher should ensure that staff receive appropriate training.

For a child with medical needs, the Head will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the headteacher will seek advice from the school nurse or doctor, the child's GP or other medical advisers and, if appropriate, Surrey local authority.

Teachers and Other Staff

Some staff may be naturally concerned for the health and safety of a child with a medical condition, particularly if it is potentially life threatening. Staff with children with medical needs in their class, setting or group will be informed about the nature of the condition, and when and where the children may need extra attention. The child's parents and health professionals should provide this information to the school.

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

Children or young people who are not of compulsory school age

The council will not normally provide support for pupils who are under or over compulsory school age.

However, provision for Reception aged children who are not of compulsory school age and are unable to attend schools due to their medical needs will be considered on a case-by-case basis.

In schools with Early Years Foundation Stage provision, at least 1 person who has a current paediatric first aid (PFA) certificate must be on the premises at all times. All our EYFS staff undertake paediatric first aid training.

Managing Medical Needs

Children with Medical Needs

Government guidance – In December 2023, the DfE published statutory guidance for local authorities entitled "Arranging education for children who cannot attend school because of health needs", replacing "Ensuring a good education for children who cannot attend school because of health needs" from 2013.

Children with medical needs have the same rights of admission to school as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children, however, have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis. Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack. Most children with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. However, we recognise that staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk. An individual health care plan can be used to help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk.

Access to Education and Associated Services

Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. The DDA defines a person as having a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on his abilities to carry out normal day to day activities. Under Part 4 of the DDA, responsible bodies for schools must not discriminate against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of school life including school trips and school clubs and activities. We recognise and believe it right that we should be making reasonable adjustments for disabled children including those with medical needs at different levels of school life.

Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.

Governing bodies should ensure that school leaders consult health and social care professionals, pupils, and parents/carers to ensure that the needs of children with medical conditions are effectively supported.

The Governing body understands its duty to plan strategically to increase access, over time, to our school.

The named person responsible for the practical implementation of the medical policy within the school is the Chair of Governors, who can be contacted on m.barcraft-barnes@felbridgetlt.co.uk

Support for Children with Medical Needs

Parents and those with Parental Responsibility have the prime responsibility for their child's health and should provide schools and settings with information about their child's medical condition. Parents, and the child if appropriate, should obtain details from their child's General Practitioner (GP) or paediatrician, if needed. The school doctor or nurse or a health visitor and specialist voluntary bodies may also be able to provide additional background information for staff. We recognise that the issue of managing administration of medicines and supporting children with more complex health needs must be planned as it will greatly assist the smooth integration of children into the life of the school or setting.

Request for Involvement

As soon as it is clear that the child or young person's school can no longer independently support their health needs and provide a suitable education, the school should contact the Council to consider about putting interim provision in place.

There is no absolute legal deadline by which local authorities must start to arrange education for children or young people whose health needs that might prevent from attending school. However, as soon as it is clear that a child will be away from school for 15 days or more because of their health needs, the Council should ensure suitable interim provision. The 15 days may be consecutive or over the course of a school year.

Schools can make a request for interim provision by completing the Request for Involvement form. Local Authority Request for Support - Contact Details - Surrey County Council

All Requests for Involvement and interim provision are considered at a weekly decision-making Panel. The Panel is made up of representatives from Education, Inclusion Service,

Health, Mindworks, Early Help Services and the Medical PRU.

For the Panel to be able to consider whether additional interim provision is appropriate, schools should provide the Panel the following -

- A completed Request for Involvement Form
- Any medical evidence that has been provided by the parent/carer
- An up-to-date attendance certificate
- A Medical - Student Support Plan detailing all reasonable adjustments made to support regular attendance at school
- Minutes of review meetings held with the child, family and support services
- Individual Healthcare Plan detailing the support, intervention and any consultation with health professionals that has taken place to maintain attendance / participation in school
- Details of any referrals made to any specialist support e.g. mental health services, outreach support, Early Help Advisers.

Schools will be informed of the outcome of the Panel within 5 working days of the Panel meeting.

In the event that there is no evidence detailing the physical or mental health need that is preventing the child or young person from attending school, or the evidence provided is considered insufficient by the Panel, a member of the appropriate Council team will explore existing support and interventions with the child or young person's school. Further recommendations for support and additional evidence will also be signposted.

Schools are also encouraged to report to their allocated Inclusion Officer, children or young people who are absent for 15 days from school through sickness in any given half term. Inclusion Officers can signpost schools to support and offer advice to the process and thresholds for securing interim provision from the council.
Medical conditions and education | Surrey Local Offer

Long Term Medical Needs

The school's role is to:

- work with health professionals to maintain a child's attendance and participation at school.
- maintain an up-to-date Medical Student Support Plan or Individual Healthcare Plan with health professionals that identifies any reasonable adjustments that can be made to maintain attendance and participation at school.

- where necessary, request up to date medical advice from the parent/carer when it is clear a child or young person's health condition is preventing them from attending and participating in school regularly.
- when it is clear a child or young person's health condition is preventing them from attending and participating in school, complete a request for involvement form and provide supporting evidence for the council to consider making Alternative Provision.
- host and chair regular review meetings (normally every 6 weeks); produce action plans and distribute notes of these meetings.
- provide materials for an appropriate programme of work and work plans.
- maintain a Medical Student Support Plan or Individual Healthcare Plan (IHP), which records progress made towards a supported return to school.
- to agree and make reasonable adjustments to support maintaining a child's attendance at school.
- ensure all staff are kept informed of any reasonable adjustments made.
- ensure the parent/carer are kept informed and included in all decision making around support and provision
- when appropriate, ensure the child is kept informed and supported to be involved in all decision making of plans and future planning, in a way that is accessible for their age, ability, aptitude, any special educational needs they may have
- provide the child's academic attainment levels including any relevant examination requirements such as permissions for extra time and scribes for example.
- make arrangements with the child for SATs or examinations.
- assess coursework with the child.
- provide a named teacher with whom each party can liaise; usually SENDco or Headteacher.
- provide a suitable, appropriate and inclusive working area within the school, where appropriate/ necessary.
- to request the council, provide alternative provision where it is clear that the support provided by the school has not secured regular attendance or participation at school.be active in the monitoring of progress and the reintegration into school, using key staff to facilitate the reintegration back into school.
- ensure that children who are unable to attend school, stay in touch with school via digital learning platforms, school newsletters, school social media about school social events and are given opportunities to participate.
- encourage and facilitate liaison with peers, for example, through visits and videos.

Where able the child or young person's role is to:

- fully engage with support provided.
- help school and professionals understand the help they might require to attend school
- be prepared to communicate their views.
- attend necessary meetings if appropriate.
- prepare to participate in learning at the earliest opportunity.

The parents/carers' role is to:

- engage with a plan of reintegration back to education and learning at the earliest opportunity.
- access and share medical evidence or advice from Health Professionals with the school regarding the child or young person's medical condition.
- be willing to work together with all professionals involved in the child's care provide early communication if a problem arises or support is needed.

- maintain communication with school.

It is important that we have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school or a setting. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state.

Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family. We need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary.

We ask for information on the admissions form but for some children it is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals.

Children or young people who are not of compulsory school age with an EHCP

For Children or young people with an Education Health and Care Plan, the Council must make provision until the age of 25. The education, health and social care support and provision is detailed within the child or young person's Plan.

EHCPs are reviewed annually. However, if there are changes required to the provision and support required by the child or young person, an interim review will be held to agree any changes to the child or young person's Plan and possible provision.

If evidence suggests that a child or young person is unable to access the provision and support detailed in their Plan because of their medical needs an Interim Review will be held with the family, child or young person, current provider, health professionals to agree how those needs will be met.

Hospital in-patients returning home

When a child has been hospitalised, plans need to be put in place to ensure continuity of education, where well enough, both when in hospital and when they return home. If it is clear that a child's ongoing treatment of their health condition will not allow them to attend school, following discharge from hospital or a child or young person is in hospital, liaison between the school, hospital, link officer and A2E should ensure continuity of provision and consistency of curriculum.

Ongoing liaison with the family and child or young person whilst in hospital or following discharge can ensure that the school is able to make information available about the curriculum and work the child or young person may have missed.

Children and young people with life limiting and terminal illness
The council will continue to provide education for as long as the child or young person, parents/carers, and the medical staff wish it. If the child or young person or parents/ carers wish to withdraw from education their wishes will be respected if the decision is supported by medical advice. This can be discussed and reviewed at any point if a child or young person (or their parents) wishes to continue to then have access to education provision.

Pupils with Chronic Conditions

For pupils with conditions such as Myalgic Encephalopathy (ME)/chronic fatigue syndrome (CFS), Juvenile Arthritis, Sickle Cell, Crohn's disease (please note that this is not an exhaustive list) or pupils diagnosed with similar conditions, the provision put in place will be guided by the medical advice provided by relevant professionals.

This may include, for example, periods of school attendance, periods of rest, periods of 1:1 tuition at home or on-line learning.

Pupils with mental health concerns

Early identification of mental ill health that might impact on a child's ability to attend school is *vita*l to provide supported intervention to maintain regular school attendance.

We encourage you to discuss with us any considerations or adaptations that would help enable pupils to access learning. We are encouraged to adopt a flexible approach to reintegrate pupils back into school and to work closely with services, for example children and young people's mental health service, Mindworks and the Education Psychology Service, to build individual packages of support for a child or young person's engagement in school. Our ELSA is also available to support pupils.

Summary of responsibilities where a mental health issue is affecting attendance (publishing.service.gov.uk)
Support for pupils where a mental health issue is affecting attendance: effective practice examples (publishing.service.gov.uk)Working together to improve school attendance (applies from 19 August 2024) (publishing.service.gov.uk)

Emotionally Based School Non-Attendance (EBSNA)

In Surrey and our school, EBSNA is a term used to describe the difficulty children and young people experience in attending school due to emotional reasons, such as stress, anxiety and / or feeling overwhelmed. This can result in prolonged periods of absence from school.
At the earliest opportunity, we work with the child and parents or carers to identify any adjustments that could be made to support maintaining regular attendance at school. We have staff who are trained in supporting pupils with EBSNA and our ELSA is also supportive under our Ordinary Available Provision.

If we identify children experiencing EBSNA and are unclear as to the support or intervention that would be appropriate for the individual child then they should consult with their linked Primary Mental Health Worker in the first instance, as well as their School Nurse. Schools also have a linked Locality Early Help Adviser who can offer advice and support to the school on what they can do to help and support the child and/or family.

If Schools need help in understanding how they might support a child experiencing EBSNA they should reference the Ordinarily Available Provision outlined within Surrey's Local Offer as well consulting with the support materials developed by the EBSNA Partnership.

Emotionally Based School Non-Attendance (EBSNA) | Surrey Local Offer
Ordinarily available provision (schools) | Surrey Local Offer

Procedures for managing prescription medicines on school trips, outings and offsite activities

We encourage all children to participate in all areas of the curriculum and this includes children with medical needs participating in safely managed visits. The administration of medicines on trips etc. follows the same procedures as administration of medicines in school. Where necessary we consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits.

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional teaching assistant, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency. A parent of a child may be invited to accompany him or her on all school trips according to the Educational Visit Risk Assessment.

Staff supervising each group carries the medication for the younger children on educational visits off site.

Depending on the medication, older children are encouraged to manage their own for example their inhalers. Risk assessments are detailed with medical information necessary for some children so that adults are aware of relevant medical conditions and/or any preventative medicine that may need to be taken and emergency procedures.

Staff Responsibilities on the school trips, outings and offsite activities

Before administering medicines, staff will:

- Check the child's name
- The prescribed dose
- The expiry date
- Written instruction by the prescriber on the label or container.
- Ensure this information is also detailed on the Risk Assessment and that it is shared with all members of staff. Volunteers should be given a redacted version of the Risk Assessment, which does not divulge individual pupil's medical conditions. This is in-line with guidance around GDPR.
- Only employees/members of staff are responsible for the administration of medicines.
- If there is any doubt then staff will not administer the medicines and check with the parent/carer. Each time medicine is administered it will be recorded on the school's medicine record.

If the pupil refuses medication then they will not be forced to take it – this will be recorded on the pupil's medicine record and the parent/carer contacted.

Members of staff administering medicines will receive appropriate training and guidance.

Pupils who are pregnant

It is an expectation that children and young people who are pregnant will continue to be educated at school whilst it is reasonably practical, and it is in the interests of the pupil.

Each case will be considered on an individual basis, education provision and support to the mother will generally be provided for six weeks prior to, and six weeks following, the birth of the baby. This will typically be provided by Surrey County Council's Access to Education (A2E) service. However, where there are extenuating circumstances, supported by appropriate medical evidence, it is possible to consider support outside the normal timeframe.

The child or young person will remain on roll of their school, if the child or young person has not reached statutory school leaving age, it is expected that they will reintegrate back into school.

Evidence needs to be provided by a Health Professional to the school to confirm when the baby is expected so that an appropriate referral to the A2E Service can be made.

Sporting Activities

Most children with medical conditions can participate in physical activities and extra-curricular sport. We are flexible in our approach allowing for all children to follow in ways appropriate to their own abilities.

For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan and all adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Parents are reminded that if the child is attending events outside of the school day, such as a competition that they are attending with their child or a school fair, then they are also responsible for ensuring their child has the correct medication e.g. inhalers.

Roles and Responsibilities

Child safety is paramount and so it is vital that roles and responsibilities are clearly defined.

Parents and Carers

Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the full-time care of a child on a settled basis, such as a foster parent, but excludes babysitters, child minders, nannies and school staff.

It only requires one parent to agree to or request that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom we have day-to-day contact. Where parents disagree over medical support, the disagreement must be resolved by the Courts. The school or setting should continue to administer the medicine in line with the consent given and in accordance with the prescriber's instructions, unless and until a Court decides otherwise.

Parents are given the opportunity to provide the headteacher with sufficient information about their child's medical needs, treatment or special care needed via the application form and open-door policy. Where a health plan is deemed necessary parents and headteacher should reach agreement on the school's role in supporting their child's medical needs, in accordance with county policy. In accordance with information sharing protocols parental agreement should be sought before passing on information about a child's health to staff. It is recognised however that sharing information is important if staff and parents are to ensure the best care for a child.

Some parents may have difficulty understanding or supporting their child's medical condition themselves. Local health services can often provide additional assistance in these circumstances.

Administration of Medicines

Medicines in School

There is an increasing number of children attending schools with medical conditions. Many children will also need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent.

There is no legal duty that requires school or setting staff to administer medicines however, schools acting in loco parentis, have a duty to take reasonable care of children which includes the possibility of having to administer medicines and/or prescribed drugs and the governing body expects school staff to work within the ethos of this policy and so it is likely that staff will administer or dispense medicines. The school will make every effort to safeguard the health and safety of those pupils who may be more at risk than their peers due to existing medical conditions. Please note that Febridge Primary School will only administer antibiotics that are prescribed 4 x daily. It is expected that antibiotics prescribed 3 x daily can be administered around the school day.

As such, Surrey County Council fully indemnifies all of its staff against claims for alleged negligence providing that they are acting within the remit of their employment. As the administration of medicines is considered to be an act of "taking reasonable care" of the child, staff can be reassured that in the event that a claim for alleged negligence being successful Surrey County Council and not the employee would meet the cost of damages.

Dealing with Medicines Safely

All medicines may be harmful to anyone for whom they are not appropriate. As a school that agrees to administer medicines we must ensure that the risks to the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

Storing Medicines

We do not store large volumes of medicines. We only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. This should be easy if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's

instructions. Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers. Medicines are kept in the office, unless refrigeration is required, and all emergency medicines, such as asthma inhalers and adrenaline pens, are readily available to children and not locked away. Inhalers are held in the child's classroom.

Access to Medicines

Children need to have immediate access to their medicines when required. All school staff know where the medicines are kept and are made aware of children with medical needs via photographs on Arbor.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each school year. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Prescribed Medicines

Medicines should only be sent into school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. We will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage. We will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

Parents/Carers are encouraged to give doses outside the school day if possible e.g. 3 times per day could be taken in the morning, after school and before bedtime.

School procedure for the administration of medicines requires parent/carer to complete a 'Pupil medication' request form which will be stored in the pupils file in the School office and destroyed once the course has been completed.

Each time medicine is administered the member of staff concerned will ensure that a complete entry is made on the schools' medicine record to includes date, time, dosage and signature.

Asthma

Parents with children who are asthmatic and have inhalers which need to be kept in school are asked to complete a "School Healthcare Plan". – see asthma policy

Eye Medication

If a pupil requires eye medication, this will need to be administered by the parent or staff will 'guide' pupil with permission from the parent.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medicine for use by children, e.g. methylphenidate. A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed. In the unlikely event that a child in our care has been prescribed controlled drugs and needs to take them during the school day they will be kept in a locked non-portable container and only named staff will have access. A record should be kept for audit and safety purposes.

Diabetes

We want every child with diabetes to feel confident and safe at school. School, the local authorities and health services work together to make sure they meet the needs of children with diabetes. We work closely with the Paediatric diabetes teams who provide training and support to school, so school staff have the skills and confidence they need to look after a child with diabetes. We work in conjunction with parents to ensure they also feel confident we will be able to treat their child's diabetes.

We aim for at least two people to be trained in how to care for a child with diabetes. Planned staff absences are co-ordinated so that there is always one trained person in school.

- Children with diabetes should never be left alone when having a hypo or be prevented from eating or drinking to prevent or treat a hypo.
- Children with diabetes should never be prevented from blood testing or taking insulin and should be able to look after their equipment themselves.
- When children with diabetes have exams, specific plans will be included in that year's individual healthcare plan and agreed between the schools, the child and their parents.
- Children with diabetes should not be sent home frequently or penalisied for poor attendance when absence is related to their diabetes.
- Every child with diabetes should be listened to and their views taken into account.

Non-Prescription Medicines

County policy is that schools cannot be expected to take responsibility for any non-prescribed medicines that parents may wish to send into school to help with minor ailments. However, we are aware that some parents follow pharmacist advice and may make a request for a nonprescribed medicine to be administered, for example, "Piriton" for hay fever and "Calpol" for a toothache. Staff should never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents and in addition, the Headteacher must agree to administer a non-prescribed medicine. (A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.)

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in an individual child's health care plan. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

The staff at Felbridge Primary School are prepared to administer medicines if parents/carers:

- Follow guidelines in this policy
- Complete a 'Pupil medication request' form

Day to Day Procedures

All medicines should be bought into school by the parent, or other responsible adult and handed to a member of the office staff, or in their absence the headteacher or class teacher. Medicines will be stored in the school office, or where appropriate the fridge and must be accompanied by a medication request.

In all cases, a record will be kept of the date, child's name, medicine, dosage, time and name of person administering the medication. This record is kept in the school office, as well as a check on the time that the last dose was administered. (A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.) In all cases parents must complete a medication request (see Appendix A) and a record is kept, detailing the child's name, medicine and dose given and time

Standard Procedures for the Administration of Medicines

The following standard practice should be followed by staff when administering medicines:-

- Check the written instructions received by the school and confirm with details on the medicine container, paying particular notice to dosage information.
- Check the child's name on the medicine
- Check the prescribed dosage
- Check the expiry date of the medicine
- Check timing/frequency details
- Check record book (to avoid double dosage)
- Measure out the prescribed dose
- Give the medicine
- Complete the record book with name of medicine

CHECK LIST

1. Administration of medicines in school will usually be by school staff. Rarely children may self-administer. Medicines are encouraged to be given outside of school hours, such as before school, after and bedtime although we understand this is not always possible. In this instance, parents may visit school to give their children medication.

2. Medicines are only accepted by office staff and they must be brought in by the parent/carer, not via the pupil.

3. In all cases parents/carers must complete a medication request and a record is kept, detailing the child's name, class, medicine and dose given and time(s) of day at which it should be taken together with any special conditions for storage of the medicine (e.g. kept in the fridge).

4. Medicines will be kept in a secure central position in the school office.

5. Children should never be given medicine to keep on their person – all medicines to be handed in to the office.

6. School cannot accept any medicine that has been taken out of the container as originally dispensed or make changes to dosages on parental/carer instructions

7. At the parent/carer's request, over the counter remedies may be administered by staff – this may include paracetamol/ibuprofen for children and other symptom relieving remedies e.g. throat lozenges which may be administered in cases of pupils experiencing severe pain but not less than 4 hours before the time they first came into school. Permission from parents should always be sought via telephone prior to administering – permission may be given by paramedics in the instance that the emergency services have been called.

8. Pupils are not allowed to bring over the counter remedies into school at any time – including cough sweets, nasal inhalers etc.

9. It is the responsibility of the parent to ensure that medicines are collected at the end of the day or
10. school year, whichever is most appropriate. Medicines should not be given to children but collected from the school office and handed directly to the parent/carer.

11. It is expected that parents of children who require medication on a long term basis will secure supplies from their GP to enable sufficient to be stored in school. It is the parents' responsibility to ensure that medicines do not exceed their best before date.

Emergency Assistance

When a child becomes unwell at school or is injured in an accident (other than minor cuts or bruises) the parent or other nominated contact will be contacted and an arrangement made for the child to be collected as soon as possible. It will then be the responsibility of the parent to accompany the child to their GP surgery or hospital accident and emergency department, as appropriate.

In cases where professional medical care should be sought immediately e.g. suspected fractures, eye injuries, serious head injuries, acute illness or other serious medical conditions that will not respond to first aid treatment an ambulance should be summoned by dialling 999. Meanwhile the parents will be contacted.

Where a child has to be transported to hospital and it has not been possible for a parent to accompany them, a member of staff will attend with the child and remain at the hospital with them until the parent arrives. The staff member cannot give consent for any medical treatment as he/she does not have parental responsibility for the child. However, consent is not generally required for any lifesaving emergency treatment and in the absence of the parents to give their consent for any other non-life threatening (but nevertheless urgent) medical treatment, the medical staff will carry out any procedures deemed appropriate.

Defibrillator

The school has an onsite Defibrillator and in the case of an emergency this can/will be used. This is readily available on the wall of the corridor outside of the office. The school will ensure that training has been made available to staff.

Staff Training

Initial training and regular updating must be given to staff who may administer medication for asthma, diabetes, epilepsy, anaphylaxis or any other needs. The Headteacher will ensure that this is arranged via the School Health Service. A record will be kept of the following: trainers, subject, those trained, date trained and date of expected update training.

We have staff who have First Aid Training and some members of staff who have paediatric First Aid Training who work in Early Years. All first aid and safeguarding training is regularly updated – details are kept by the school office.

Reporting Procedures and First Aid

- The school's arrangements for carrying out the policy include nine key principles.
- Places a duty on the Governing body to approve, implement and review the policy.
- Place individual duties on all employees.
- To report, record and where appropriate investigate all accidents.
- Records all occasions when first aid is administered to employees, pupils and visitors.
- Provide equipment and materials to carry out first aid treatment.
- Make arrangements to provide training to employees, maintain a record of that training and review annually.
- Establish a procedure for managing accidents in school which require First Aid treatment.
- Provide information to employees on the arrangements for First Aid.
- Undertake a risk assessment of the first aid requirements of the school

The school will report any incidents on the accident report sheets. Children will be given a blue wrist band when head bumps occur. Any severe non-emergency incidents will be relayed to the parent/carer by a member of staff.

Arrangement for First Aid Materials, equipment and facilities

It is every supervising adult's responsibility to provide First Aid in case of a minor accident. Should an adult not have first aid training, they then can request help/ second opinion from a qualified First Aider. In case of a major accident or a head injury a qualified First Aider should be asked to assist in giving First Aid.

A list of all qualified first aiders is displayed around the school and where medicines for those children are stored locally for speed of access.

The office ensure that First Aid materials are regularly checked and that the stations are fully stocked.

Each class have their own first aid box in their classroom. A separate first aid box is taken onto the playground for use during playtimes and during class time/PE sessions etc. It is the responsibility of the adults of that class to notify the appointed person if stocks are running low.

<u>First Aid Bags</u>
First Aid bags can be found in the office and should be taken on school outings. It is the responsibility of the office staff to ensure that these bags are appropriately stocked and all items are in date.

Primary First Aid station can be found on the playground. We also have a first aid area in the school office. Each class has their own first aid kit for use in the class setting, during PE or outdoor sessions.

Our accident forms are stored in a file, which is accessible to all staff at all times. All staff know how to complete these forms and record any injuries. The forms detail the:

- The child's FULL name
- Date and time of accident
- Details of accident
- First aid procedure given
- Blue wrist bands are given to children with head bumps giving details and time of incident

HEAD INJURIES Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an ice pack. Parents and Guardians must be informed by telephone if the bump is severe. The adults in the child's class room should be informed and keep a close eye on the child. All bumped head accidents should be recorded in the accident file. Children with a bumped had should be given a head injury letter and an 'I bumped my head' wrist band to take home. A blue wristband highlights a head injury.

CUTS - ANYONE TREATING AN OPEN CUT SHOULD USE RUBBER GLOVES, the cut cleaned and dressed. The accident form should be completed by the member of staff who dealt with the accident. If the first aider has any concerns a call will be made home to the parent to advise them of the incident.

Procedure for minor injury or illness

One of our first aiders, will decide upon the appropriate action to take if a child becomes ill or suffers a minor injury.

If a child becomes ill during the day with a temperature, sickness, diarrhoea, or any head or stomach issues the first aider will contact the parents/carers and ask them to come and collect their child as soon as possible. During this time the child will be made as comfortable as possible and closely supervised.

If a child suffers a minor injury, first aid will be administered and the relevant adults will be made aware if appropriate. If necessary, the child's parent/carer will be contacted and asked to collect the child as soon as possible.

Procedure for a major injury or serious illness /Calling the Emergency services.

In the event of a child becoming seriously ill or suffering a major injury, it is the decision of the fully trained first aider as to whether the child needs emergency treatment or whether it's safe to wait for their parent/carer to arrive. Staff are expected to support and assist the trained first aider in their decision.

The Headteacher or Deputy Headteacher should be informed if such a decision has been made even if the accident happened on a school trip or on school journey. If the casualty is a child, their parents/ guardians should be contacted immediately and given all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are available from the school office.

We will contact the child's parents/carers and if they are unavailable we will call the other emergency contacts that we have on file for that child.

- If we are unable to contact a parent/carer and a child needs emergency treatment which requires them to go to hospital, a member of staff will accompany them and stay with them until a parent/carer arrives. If applicable the child's care plan will be sent with the member of staff who will refer information on as appropriate. A major incident will be referred to the MAT Health and Safety Department / Head Teacher/SLT to investigate and consider whether any changes need to be made to the school's policies or procedures.
- The office will upload the details for the OSHENS (www.oshens.com) a comprehensive health and safety management system) and a copy of the report is sent to the MAT Health and Safety Department to review.
- We will notify Ofsted and a report will be sent to the Health and Safety Executive using the format for the reporting of Injuries, Diseases and Dangerous Occurrences following School procedures on the RIDDOR site.
- We will notify HSE under RIDDOR in case of a death or major injury on the premises (e.g.: broken limb, amputation, dislocation, etc. – see the HSE website for full list of reportable injuries) following School procedures.

Communicable diseases and conditions

- If an infectious or communicable disease is detected at school, we will inform parents/carers as soon as possible. For example, if Covid-19, Scarlett Fever, Chicken Pox/ other diseases/ rashes/ etc are suspected, we will look at the child's arms or legs. Their chest and back will only be looked at if we are further concerned in the presence of a First Aider and another adult. The office will recommend that the parent take the child to a GP or Pharmacy. The child should always be asked if it was ok to check.

- If there is an incident of food poisoning affecting two or more children the MAT Health and Safety Department will inform the school's catering company as soon as possible.

- If there is an outbreak of a notifiable disease at school, we will inform the MAT Health and Safety

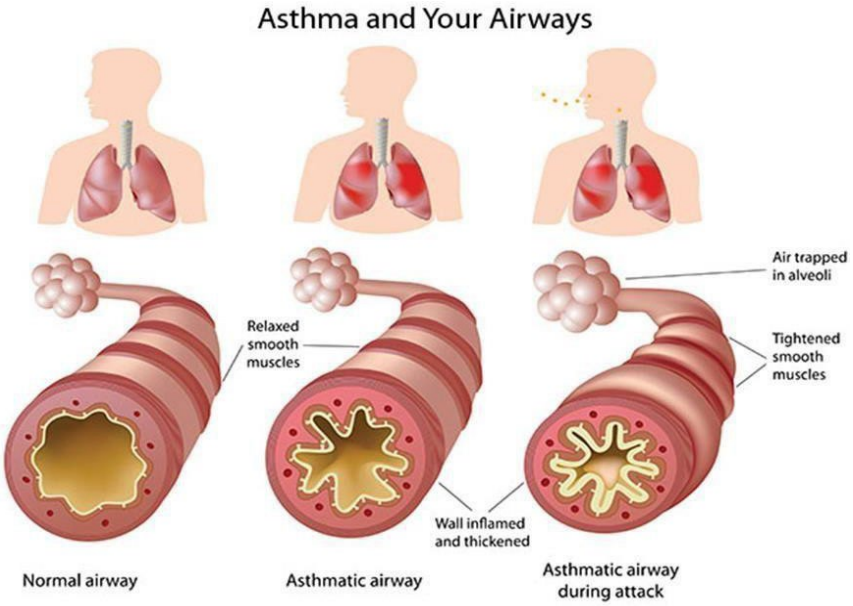
- Department, follow advice given, inform the local health protection, inform Public Health England/Surrey unit and the HSE under RIDDOR (if appropriate).

Asthma

Background

This section of the policy has been written in conjunction with NHS guidance from Asthma UK and the DfE. Felbridge Primary School recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. We positively welcome all pupils with asthma and encourage pupils with asthma to be fully involved in all aspects of school life by having a clear policy that is understood by all the community.

Asthma is long term a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK).



As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all pupils with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- an asthma register
- up-to-date asthma policy
- up to date first aiders all staff have regular asthma training
- All classes have access to their inhalers in the classroom
- all pupils have an up-to-date asthma action plan
- an emergency salbutamol inhaler is stored in the school office
- promote asthma awareness pupils, parents and staff

Asthma Register

We have an asthma register of children within the school, which we update yearly or when a pupil joins the school. We do this by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the pupil has been added to the asthma register and has:

- an up-to-date copy of their Health Care Plan,
- their reliever (salbutamol/terbutaline) inhaler in school,
- permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.

Medication and Inhalers

All children with asthma should have immediate access to their reliever (usually blue) inhaler at all times. The reliever inhaler is a fast acting medication that opens up the airways and makes it easier for the child to breathe.(Source: Asthma UK). See above for Year groups.

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should not bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed. (Source: Asthma UK).

The inhaler baskets should be taken out of the classroom for PE and playtimes.

Teachers taking children out of the classroom for school trips, PE lessons or swimming are responsible for ensuring that they have the appropriate bags with them, are responsible for looking after the bags while they are not in the classroom and should return them to the classroom at the end of the session or when the child returns to the classroom.

Children who have asthma must have the correct medication in school and it must be available to them at all times. For this reason no child who has Asthma will be allowed to be in school or go on school trips if the medication is not available. If a child is found to be in school without the correct medication parents/ carers will be asked to bring it to school. If this is not possible they will be asked to collect the child and only return when the child has the medication.

School staff are not required to administer asthma medicines to pupils, however, many children have poor inhaler technique, or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma training, and are happy to support children as they use their inhaler, can be essential for the wellbeing of the child. If we have any concerns over a child's ability to use their inhaler we advise parents/carers to arrange a review with their GP/nurse. Please refer to the medicines policy for further details about administering medicines. (Source: Asthma UK)

Asthma Action Plans

Asthma UK evidence shows that if someone with asthma uses care plan they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise that having to attend hospital can cause stress for a family. Therefore we believe it is essential that all children with asthma have a personal care plan to ensure asthma is managed effectively within school to prevent hospital admissions. (Source: Asthma UK)

Staff training

Staff first aiders have up to date certificates.

School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupil's asthma triggers will be recorded as part of their personal care plan and the school will ensure that pupil's will not come into contact with their triggers, where possible.

We are aware that triggers can include:

- *Colds and infection*
- *Dust and house dust mite*
- *Pollen, spores and moulds*
- *Feathers*
- *Furry animals*
- *Exercise, laughing*
- *Stress*
- *Cold air, change in the weather*
- *Chemicals, glue, paint, aerosols*
- *Food allergies*
- *Fumes and cigarette smoke (Source: Asthma UK)*

As part of our responsibility to ensure all children are kept safe within the school grounds and on trips away, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where possible.

Children are encouraged to leave the room and go and sit in the breakout area if any particular fumes trigger their asthma.

Exercise and activity

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which children in their class have asthma and all PE teachers at the school will be aware of which pupils have asthma from the school's asthma register. (Source: Asthma UK)
Pupils with asthma are encouraged to participate fully in all activities. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that pupils who are mature enough will carry their inhaler with them and those that are too young will have their inhaler labelled and kept in a bag at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so. (Source: Asthma UK)

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is, therefore, important that the school involves pupils with asthma as much as possible in and outside of school. The same rules apply for out of hours sport as during school hours PE. (Source: Asthma UK)

When asthma is effecting a pupil's education

The school are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that if asthma is impacting on their life a pupil, and they are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with parents/carers, the school nurse, with consent, and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the pupil needs an asthma review, to review inhaler technique, medication review or an updated Personal Asthma Action Plan, to improve their symptoms. However, the school recognises that Pupils with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

Emergency Salbutamol Inhaler in school

As a school we are aware of the guidance 'The use of emergency salbutamol inhalers in school/nurseries from the Department of Health' (March, 2015) which gives guidance on the use of emergency salbutamol inhalers in school/nurseries (March, 2015). The document can be found under the downloads for school/nurseries section on Guidance on the use of emergency salbutamol inhalers in schools . We have summarised key points from this policy below.

As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription. We can do this using the NHS request form, which can again be found under the downloads for school/nurseries section on Guidance on the use of emergency salbutamol inhalers in schools

In school we have:

- A salbutamol metered dose inhaler;
- At least two spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer;
- Instruction 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;

We understand that 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 are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given. The school office team will ensure that:

- On a monthly basis the inhaler are present and in working order, and the inhaler has sufficient number of doses available;
- 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. Before using a salbutamol
- inhaler for the first time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air

Any puffs should be documented so that it can be monitored when the inhaler is running out.

The inhaler can be reused, so long as it hasn't come into contact with any bodily fluids. Following use, the inhaler canister will be removed and the plastic inhaler housing and cap will be washed in warm running water, and left to dry in air in a clean safe place. The canister will be returned to the housing when dry and the cap replaced.

Spent inhalers will be returned to the pharmacy to be recycled.

The emergency salbutamol inhaler will only be used by children:

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

The name(s) of these children will be clearly written in our emergency kit(s). The parents/carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

Common 'day to day' symptoms of asthma

As a school we require that children with asthma have a personal asthma action plan which can be provided by their doctor / nurse. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them in an individual basis. We will also send home our own information and consent form for every child with asthma each school year. This needs to be returned immediately and kept with our asthma register.

However, we also recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough
- wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise). As per DOH document; they would not usually require the child to be sent home from school or to need urgent medical attention.

Asthma Attacks

The school recognises that if all of the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur. Staff first aid training is on-going. In addition guidance below will be displayed in the staff room and in first aid bags.



The department of health Guidance on the use of emergency salbutamol inhalers in school/nurseries (March 2015) states the signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

If the child is showing these symptoms we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

*Appears exhausted
*Has a blue/white tinge around lips
*is going blue
*has collapsed

It goes on to explain that in the event of an asthma attack:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- *Shake the inhaler and remove the cap
- *Place the mouthpiece between the lips with a good deal, or place the mask securely over the nose and mouth
- *Immediately help the child to take two puffs of salbutamol via the spacer, one at a time.(1 puff to 5 breaths)
- If there is no improvement, repeat these steps* up to a maximum of 10 puffs

- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP
- If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives

References

- Asthma UK website (2015)
- Asthma UK (2006) School Policy Guidelines.
- BTS/SIGN asthma Guideline
- Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in school/nurseries

Any revisions to this policy will be notified to all staff. The policy will be reviewed annually.

Appendix A

Parental agreement for school/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.

Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Date dispensed	/ /
Expiry date	/ /
Agreed review date to be initiated by	[name of member of staff]
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school/setting needs to know about?	
Self Administration	Yes
Procedures to take in an emergency	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

I understand that this is a service that the school/setting is not obliged to undertake.
I understand that I must notify the school/setting of any changes in writing.

Date _____ Signature(s) _____