



Kirkbie Kendal School Academy Trust

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“Kirkbie Kendal School promotes the safeguarding and welfare of children in its care; all policies and procedures support the Child Protection Policy.”

KIRKIBIE KENDAL SCHOOL ACADEMY TRUST

SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY

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1 STATEMENT OF INTENT

This policy is based on the statutory Department for Education (DfE) guidance document ['Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England'](#) (April 2014; Revised December 2015 and subsequent updates) to coincide with the application of section 100 of the Children and Families Act 2014 which came into force on 1 September 2014. Section 100 places a statutory duty on governing bodies to make arrangements to support pupils at school with medical conditions. It will be reviewed regularly and made readily accessible to parents/carers, staff and, where appropriate, other adults working or volunteering in school.

The governors of Kirkbie Kendal School (hereinafter referred to as 'the school') believe that all children with medical conditions, in terms of both physical and mental health, should be properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential including access to school trips and physical education (PE).

We understand that the parents/carers of children with medical conditions are often concerned that their child's health will deteriorate when they attend school because they may not receive the on-going support, medicines, monitoring, care or emergency interventions that they need while at school to help them manage their condition and keep them well. This school is committed to ensuring parents/carers feel confident that effective support for their child's medical condition will be provided and that their child will feel safe at school by putting in place suitable arrangements and procedures to manage their needs. We also understand that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences and our arrangements take this into account. We undertake to receive and fully consider advice from involved healthcare professionals and listen to and value the views of parents/carers and pupils. Given that many medical conditions that require support at school affect a child's quality of life and may even be life-threatening, our focus will be on the needs of each individual child and how their medical condition impacts on their school life, be it on a long or short term basis.

In addition to the educational impacts, we realise that there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health.

Local Authorities have a duty to arrange suitable full time education (or part time when appropriate for the child's needs) for children who are unable to attend a mainstream or special school because of their health. This duty applies to all children and young people who would normally attend mainstream schools, including Academies, Free Schools, independent schools and special schools, or where a child is not on the roll of a school. It applies equally whether a child cannot attend school at all or can only attend intermittently. Further guidance on the Local Authority duty can be found in DfE statutory guidance 'Ensuring a good education for children who cannot attend school because of health needs' (January 2013 and subsequent updates).

We fully understand that reintegration back into school needs to be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term and frequent absences, including those for appointments connected with a pupil's medical condition, (which can often be lengthy) also need to be effectively managed and the support we have in place is aimed at limiting the impact on a child's educational attainment and emotional and general wellbeing.

This school also appreciates that some children with medical conditions may be disabled and their needs must be met under the Equality Act 2010. Some children may also have special educational needs or disabilities (SEND) and may have a Statement of Special Educational Needs, or an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with special educational needs or disabilities (SEND), this policy should be read in conjunction with our SEND Policy and the DfE statutory guidance document '[Special Educational Needs and Disability: Code of Practice 0-25 Years](#)', January 2015 (and subsequent updates).

Please note: Some or all of this information may be shared on a *confidential and strictly need to know basis*, with adults other than school staff who may be working with children and young people in a paid or voluntary capacity. **Such adults are bound by the school's code of conduct on confidentiality.**

2. Responsibilities

2.1. Local Authority

This school understands that our Local Authority **must** arrange suitable full time education (or as much education as the child's health condition allows) for children of compulsory school age who, because of illness, would otherwise not receive suitable education.

Local Authorities should:

- provide such education as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative. They should liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child;
- ensure that the education children receive is of good quality, as defined in statutory guidance, allows them to take appropriate qualifications, prevents them from slipping behind their peers in school and allows them to reintegrate successfully back into school as soon as possible;
- address the needs of individual children in arranging provision. 'Hard and fast' rules are inappropriate: they may limit the offer of education to children with a given condition and prevent their access to the right level of educational support which they are well enough to receive. Strict rules that limit the offer of education a child receives may also breach statutory requirements.

2.2. The Governing Body

The governing body is legally responsible and accountable for fulfilling the statutory duty to make arrangements to support students with medical conditions in school, including the development and implementation of this policy.

Supporting a child with a medical condition and ensuring their needs are met effectively, however, is not the sole responsibility of one person - it is the responsibility of the governing body as a whole to ensure that:

- no child with a medical condition is denied admission or prevented from taking up a place at this school because arrangements to manage their medical condition have not been made, while at the same time, in line with safeguarding duties, school must ensure that **no** student's health is put at unnecessary risk, for example, from infectious diseases;
- there is effective cooperative working with others including healthcare professionals, social care professionals (as appropriate), local authorities, parents/carers and students as outlined in this policy;

- there is a clear understanding at this setting's strategic level and, where relevant, across all partnership workers that:
 - Local Authorities (LA) and Clinical Commissioning Groups (CCG) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (S26: Children and Families Act 2014);
 - LAs are responsible for commissioning public health services for statutory school-aged children including school nursing, but this does not include clinical support for children in schools who have long term conditions and disabilities, which remains a CCG commissioning responsibility. When children need care which falls outside the remit of school nurses, e.g. postural support or gastrostomy and tracheotomy care, CCG commissioned arrangements must be adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school; and
 - providers of health services should co-operate with school including appropriate communication, liaison with school nurses and other healthcare professionals such as specialists and children's community nurses, as well as participating in locally developed outreach and training.
 - Ofsted will consider how well a setting meets the needs of the students with medical conditions, making key judgements informed by the progress and achievements of these children alongside those students with special educational needs and disabilities, and also by students' spiritual, moral, social and cultural development.
- sufficient staff have received suitable training and are competent before they take on duties to support children with medical conditions;
- staff who provide such support are able to access information and other teaching support materials as needed.
- funding arrangements support proper implementation of this policy e.g. for staff training, resources etc.

1.3 The Head Teacher

The Head teacher of this school (Phil Hyman) has a responsibility to ensure that this Policy is developed and implemented effectively with partners.

To achieve this, the Head teacher will have Overall responsibility for the development Health Care Plans (IHCPs) and will make certain that school arrangements include ensuring that:

- there is a named person (usually the SENDCo) who can be contacted by, and will liaise with the Local Authority and parents in relation to children with health needs. At Kirkbie Kendal School, this person is Mrs K Townley (Head of Learning Support).
- all staff are aware of this policy and understand their role in its implementation;
- all staff and other adults who need to know are aware of a child's condition including supply staff, peripatetic teachers, coaches etc.;
- every effort is made to ensure that the provision offered to the child is as effective as possible and that the child can be reintegrated back into school successfully;
- where a child needs one, an IHCP is developed with the proper consultation of all people involved, implemented and appropriately monitored and reviewed;
- sufficient trained numbers of staff are available to implement the policy and deliver against IHCPs, including in contingency and emergency situations;

- staff are appropriately insured and are aware that they are insured to support students in this way;
- appropriate health professionals i.e. the school nursing service are made aware of any child who has a medical condition that may require support at school that has not already been brought to their attention;
- children at risk of reaching the threshold for missing education due to health needs are identified and effective collaborative working with partners such as the Local Authority (LA), South Lakes Federation alternative education providers e.g. hospital tuition, parents/carers etc., aims to ensure a suitable;
- risk assessments take account of the need to support students with medical conditions as appropriate e.g. educational visits, activities outside the normal timetable etc.

2.4 School Staff

Any member of staff may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so. While administering medicines is not part of teachers' professional duties, they should still consider the needs of students with medical conditions that they teach. Arrangements made in line with this policy should ensure that we attain our commitment to staff to receiving sufficient and suitable training and achieving the necessary level of competency before they take on duties to support children with medical conditions.

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

The SENCo has specific responsibility for the development of Education Health Care Plans.

2.5 School Nurses and Other Healthcare Professionals

Kirkbie Kendal School has access to a school nursing service which is responsible for notifying the school when a child has been identified as having a medical condition which will require support. Wherever possible, they should do this before the child starts at school and our arrangements for liaison support this process.

While the school nurse will not have an extensive role in ensuring that this school is taking the appropriate steps to support students with medical conditions, they are available to support staff on implementing a child's IHCP and provide advice and liaison, for example on training. The school nurse can also liaise with lead clinicians or a child's General Practitioner (GP) locally on appropriate support for the child and associated staff training needs.

2.6 Students

It is recognised that the student with the medical condition will often be best placed to provide information about how their condition affects them. This school will seek to involve them fully in discussions about their medical support needs at a level appropriate to their age and maturity and, where necessary, with a view to the development of their long term capability to manage their own condition well. They should contribute as much as possible to the development of, and comply with, their IHCP.

It is also recognised that the sensitive involvement of other students in school may be required not only to support the student with the medical condition, but to break down societal myths and barriers and to promote inclusion.

2.7 Parents/carers

Parents/carers are key partners in the success of this Policy. They may, in some cases, be the first to notify school that their child has a medical condition and where one is required, will be invited to be involved in the drafting, development and review of their child's IHCP.

Parents/carers should provide school with sufficient and up-to-date information about their child's medical needs. They 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.

3 Arrangements/Procedures

3.1 Procedure for the Notification that a Student has a Medical Condition

The school will work collaboratively with agencies and Primary Schools to ensure Year 7 transition maximises success. When the school is alerted to a medical condition for an older child or in year admission, the school will work with parents/carers to establish needs and partner agencies as requested.

3.2 School Attendance and Re-integration

Every LA must have regard to the DfE statutory guidance, *'Ensuring a good education for children who cannot attend school because of health needs'*, January 2013 (and subsequent updates) and this school undertakes to liaise with the LA to ensure that everyone is working in the best interests of children who may be affected. Where a student would not receive a suitable education at this school because of their health needs, the LA has a duty to make other arrangements, in particular when it becomes clear that a child will be away from school for 15 days or more (whether consecutive or cumulative across the school year). The school will inform the LA through the single contact form to request assistance. The school will make appropriate and supportive arrangements for and re-integration and regular review.

3.3 Individual Healthcare Plans (IHCP)

An IHCP is a working document that will help ensure that the school can effectively support a student with a medical condition. It will provide clarity about what needs to be done, when and by whom and aims to capture the steps which school should take to help the child manage their condition and overcome any potential barriers to get the most from their education. It will focus on the child's best interests and help ensure that this school assess and manage identified risks to their education, health and social well-being and minimises disruption.

An IHCP 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, relevant healthcare professional and parent will need to agree, based on evidence, when an IHCP would be appropriate or disproportionate. If consensus cannot be reached, the Head teacher is considered best placed to and will take the final view.

The level of detail within an IHCP will depend on the complexity of the child's condition and the degree of support they need and this is important because different children with the same health condition may require very different support. Where a child has SEND but does not have an EHC Plan, their special educational needs will be mentioned in their IHCP. Where a child has SEN identified in an EHC Plan, the IHCP will be linked to or become part of that EHC Plan.

In general, an IHCP will cover:

- the medical condition, its triggers, signs, symptoms and treatments;

- the student’s resulting needs, including medication (dose, side-effects and storage), and other treatments, time, facilities e.g. need for privacy, equipment, testing, access to food and drink (where this is used to manage their condition), dietary requirements and any environmental issues.
- specific support for the student’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. The level of support needed, (some children will be able to take responsibility for their own health needs and this is encouraged), 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 their proficiency to provide support for the child’s medical condition from a relevant healthcare professional (where necessary); 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/carers and relevant staff for medicines to be administered by a member of staff, or self-administered by the student during school hours, any separate arrangements or procedures required for school trips or other 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. If a child has an emergency health care plan prepared by their lead Clinician, it will be used to inform development of their IHCP.

IHCPs, (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. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with this school.

Parents/carers are asked to review and request IHCP annually, and/or advised as appropriate through the school year. IHCPs will be shared with all staff unless there is a specific good reason not to.

3.4 Students Managing their own Medical Conditions

After discussion with parents/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures and this will be reflected in their IHCP.

To facilitate this, wherever possible, children will be allowed to carry their own medicines and relevant devices or will be able to access them for self-medication quickly and easily. Children who can take their medicines or manage procedures themselves may require an appropriate level of supervision and this will be reflected in the IHCP too. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but will follow the procedure agreed in the IHCP as well as inform parents/carers. This is an occurrence that may trigger a review of the IHCP.

3.5 Training

Any member of school staff providing support to a student with medical needs will receive sufficient training to ensure that they are competent and have confidence in their ability to fulfil the requirements set out in IHCPs. They will need an understanding of the specific medical condition(s) they are being asked to deal with; any implications and preventative measures and staff training needs will be identified during the development or review of IHCPs. It is recognised that some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not always be required, but staff who provide support will be included in meetings where training is discussed. The family of a child will often be key in providing relevant information about how their child's needs can be met, and parents/carers will be asked for their views - they should provide specific advice, but will not be the sole trainer.

A relevant healthcare professional, often the school nurse, may lead on identifying and agreeing with school, the type and level of training required, and how training can be obtained usually through the development of IHCPs. Healthcare professionals (including the school nurse) can also provide confirmation of the proficiency of staff in a medical procedure, or in providing medicines and school will keep records of training and proficiency checks.

Staff must not give prescription medicines or undertake health care procedures without appropriate training, which school undertakes to update to reflect any IHCPs. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions, but some training could be very simple and delivered by an appropriate person in school – for example basic training covering school procedures for administering a non-emergency prescribed oral medicine. Staff can be trained in the administration of specific medicines, even if they are not first aiders.

3.6 Managing Medicines

This school is committed to the proper management of medicines and there are clear procedures that must be followed.

- Medicines are only to be administered at school when it would be detrimental to a child's health or school attendance not to do so and the necessary IHCP is in place.
- No child under 16 is to be given prescription or non-prescription medicines without their parent's written or verbal consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents/carers. Every effort will be made to contact parents/carers prior to administration, where necessary, to check this and to inform them that pain relief has been given. In such cases, every effort will be made to encourage the child concerned to involve their parents/carers while respecting the child's right to confidentiality.
- A child under 16 is never to be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, is never to be administered without first checking maximum dosages and when the previous dose was taken. Every effort will be made to contact parents/carers prior to administration, where necessary, to check and to inform them that pain relief has been given.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Only prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and which include instructions for administration, dosage and storage are accepted by the school. Any over the counter medicines supplied to school to be dispensed must be in date, labelled and provided in the original container and packaging. The exception to this is insulin which must still be in date, but will generally be made available to school inside an insulin pen or a pump, rather than in its original

container. This may also be the case for certain emergency administration medicines such as a reliever inhaler for the treatment of an asthma attack or adrenalin for the treatment of anaphylaxis. Primary carers are expected to deliver medicines to school. This is to be made clear within a child's IHCP as appropriate.

- All medicines are stored safely in their original containers and in accordance with their storage instructions in a locked cupboard. Any medicines requiring refrigeration are kept in a fridge containing food but should be provided in an airtight container and clearly labelled. Access to the refrigerator is in reception. Children should know where their medicines are at all times and be able to access them immediately if they might need them. Where relevant, they should also know who holds the key to any locked storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens may be readily available to children, as per IHCPs and not locked away. Off-site this will be especially considered as part of the risk assessment process for educational visits.
- When no longer required, medicines will be returned to the parent/carer for them to arrange safe disposal. Any uncollected medicines will be disposed of at the end of each school term.

Controlled Drugs

The supply, possession and administration of some medicines e.g. methylphenidate (Ritalin) are strictly controlled by the Misuse of Drugs Act 1971 and its associated regulations and are referred to as 'controlled drugs'. Therefore, it is imperative that controlled drugs are strictly managed between school and parents/carers.

Ideally controlled drugs should be brought into school on a daily basis by parents/carers and the medicine details and quantity handed over be carefully recorded on the child's own Record of Medicine Administered to an Individual Child sheet (Appendix D). This sheet must be signed by the parent and the receiving member of staff. If a daily delivery is not a reasonable expectation of the parent, supplies should be limited to no more than one week unless there are exceptional circumstances. In some circumstances, the drugs may be delivered to school by a third party e.g. transport escort. In this case, the medication should be received in a security sealed container/bag.

We recognise that a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary and will be agreed on in the IHCP, otherwise school will keep controlled drugs prescribed for a student securely stored in a non-portable container to which only named staff will have access. They will still be easily accessible in an emergency and clear records kept of doses administered and the amount of the controlled drug held in school.

School staff may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions and a record will be kept in the same way as for the administration of other medicines. It is considered best practice for the administration of controlled drugs to be witnessed by a second adult. The name of the member of staff administering the drug should be recorded and they should initial under 'Staff initials (1)'. The second member of staff witnessing the administration of controlled drugs should initial under 'Staff initials (2)'. These initial signatures should be legible enough to identify individuals.

3.7 Record Keeping

School will 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 the student experiences are also to be noted.

Where a student has a course of or on-going medicine(s) they will have an individual record sheet which a parent should sign when they deliver the medicine (Appendix B). Where a student requires administration or self-administration of a controlled drug they will have an individual record sheet which allows for the signature of a second witness to the administration. Details of receipts and returns of the controlled drug will be accurately recorded on the administration record.

Where a student is given a medicine as a one-off e.g. pain relief, it will be recorded on a general record sheet along with such medicines administered to other children (Appendix D): (Record of Medicine Administered to All Children).

3.8 Emergency Procedures

The child's IHCP should be the primary reference point for action to take in an emergency. It will clearly state what constitutes an emergency for that child and include immediate and follow-up action.

To ensure the IHCP is effective, adequate briefing of all relevant staff regarding emergency signs, symptoms and procedures is required and will be included in the induction of new staff, re-visited regularly and updated as an IHCP changes. Similarly, appropriate briefings for other students are required as far as what to do in general terms i.e. inform a teacher immediately if they think help is needed.

In general, immediately an emergency occurs, the emergency services will be summoned in accordance with normal school emergency procedures. (Appendix F).

If a child needs to be taken to hospital, a member of school staff may remain with them until a parent arrives. This may mean that they may need to go to hospital in the ambulance.

3.9 Allergens

3.9.1 School Meal and Breakfast Club

Our school catering team adhere to all allergen requirements and staff are suitably trained and made aware of all potential allergens in the foods they provide. They:

- take the pupil IHCPs that we share into account when planning menus and allergen management;
- record the ingredients used in each dish to display in the food preparation area, or be readily available to all relevant staff, and keep a copy of the ingredient information on labels of pre-packed foods e.g. sauces, desserts etc.;
- keep ingredients in their original containers, or a copy of the labelling information in a central place, with each product suitably enclosed to prevent cross-contamination in storage;
- ensure allergen information is kept up to date e.g. if foods purchased are changed or products substituted.

Our recipes are analysed and details of allergen contents is available from our kitchen team with each menu cycle. This information is available from school.

Information is passed to the Catering Manager who meets regularly with the Business Manager. Children with food allergies have an IHCP which is shared as necessary to inform menus and practices.

When setting up or reviewing a child's IHCP, part of the process includes appropriate information sharing, such as dietary restrictions, with the kitchen team and others. Part of the educational visits planning process written into our risk assessment is to ensure dietary needs are addressed in advance and needs shared appropriately with third party providers like residential centres.

All food handlers receive suitable training on their first day of employment and before food handling duties commence in relation to managing food allergens to include:

- cross referencing IHCPs with ingredients regularly, especially when changing products or recipes;
- handling requests for allergen information;
- how cross contamination can occur and how to prevent it;
- the signs and symptoms of an allergic reaction and what to do, and who to report to should this occur.

3.9.2 Other Food Handlers

Other potential food handlers (food technology, classroom baking, cookery club and other staff serving snacks and treats etc.), will be made aware of information about the Major Food Allergens, and understand that they must take this into account when planning any food-related activity for children with known allergies.

Staff or volunteers working with food in play or the curriculum will receive sufficient instruction on and follow the good practice outlined in Section 3.9.1 above in managing exposure to allergens.

3.9.3 Emergency Situations

First Aiders receive (as outlined in Section 3.5 above) basic awareness training in the common medical and health needs that we manage at school. This includes anaphylaxis, the causes, signs, symptoms, and treatment.

There are three brands of adrenaline auto-injector (AAI) device licensed for distribution in the UK. Specific training in administering the Jext, the Emerade, and/or the Epi-Pen has been provided for relevant staff and will always be requested of our first aid providers on first aid courses that our staff attend. We are also able to view appropriate training videos provided by the manufacturer via their websites at any time and trained staff are encouraged to view them regularly.

Procedures are in place to ensure that every child requiring AAIs, and who is deemed competent to by us, carries them on their person at all times with other arrangements in place where impractical e.g. carried by staff in a travel first aid kit on shore whilst canoeing. Arrangements are also in place to ensure that a spare AAI is available in suitable locations depending on the likelihood and severity of an incident of anaphylaxis.

Staff will refer to 'Guidance on the use of Adrenaline Auto-Injectors in Schools', September 2017, or KAHSC Safety Series M02 - Managing Anaphylaxis and Allergies for further guidance and useful record keeping templates as necessary.

3.10 Emergency Adrenaline

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

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allows (but does not require) all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use with children who are at risk of anaphylaxis.

3.10.1 Steps to Reduce Anaphylaxis Risks

We seek the cooperation of the whole school community in implementing the following to reduce the risk of exposure to allergens.

- If food is purchased from the school canteen, parents/carers should check the appropriateness of foods by speaking directly to the catering manager. The child should also be taught to check allergen information with catering staff, before purchasing.
- Where we provide the food, our staff will be educated on how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Trading and sharing of food, food utensils or food containers will be actively discouraged and monitored.
- Training will include that unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary allergen labelling suggesting a risk of contamination with allergen.
- Careful planning for the use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) with adequate substitutions, restrictions or protective measures put in place (e.g. wheat-free flour for play dough or cooking), non-food containers for egg cartons.
- Careful planning for out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), outings or camps, thinking early about the catering requirements and emergency planning (including access to emergency medication and medical care).

3.10.2 Storage and Care of Auto-Injectors

Students spare AAIs are kept in the medicine cabinet in the Office Managers office, which is a safe and suitably central location, known to all staff, accessible at all times, but which is out of the reach and sight of children.

Storage will always be in line with manufacturer's guidelines, usually at room temperature in a cool dark place preferably at 18-26°C, and we take into account what the prolonged ambient temperature might be in storage locations during holiday periods without any heating on.

3.10.3 Disposal

Any out of date medicines are returned to the pharmacy to be recycled or returned to the parent.

3.10.4 Staff Use and Training

Staff will be trained on managing anaphylaxis in accordance with Section 3.10 above. When staff recognise the signs of anaphylaxis:

- the child should be made as comfortable as possible and their own AAI located, and the spare sent for at the same time;
- the students spare AAI will be administered.
- although all staff have received allergen awareness training which included training videos on AAI administration and there are very clear administration instructions in each kit, where possible, the AAI will be administered by a first aider whose first aid course included AAI practice;
- administration will be recorded in the kit record and on the individual child's personal administration record (where one is being kept);

- in line with the Department of Health guidance, arrangements will be made as soon as possible to transfer to hospital any pupil that we have administered adrenaline to for further monitoring of their condition;
- Parents/carers will be informed about AAI administration through normal emergency contact arrangements as soon as possible, and usually by telephone.

3.11 Day Trips, Residential Visits and Sporting Activities

Through development of the IHCP, staff will be made aware of how a child's medical condition might impact on their participation in educational visits or sporting activities. Every reasonable effort will be made to ensure there is enough flexibility in arrangements so that all children can participate according to their abilities and with any reasonable adjustments. This may include reasonable adjustment of the activity offered to all children i.e. changing a less accessible venue for one that is more so, but can still achieve the same educational aims and objectives. A student will only be excluded from an activity if the Headteacher considers, based on the evidence, that no reasonable adjustment can make it safe for them or evidence from a clinician such as a GP states that an activity is not possible for that child.

A risk assessment for an educational visit may need to especially consider planning arrangements and controls required in order to support a student with a medical condition. The IHCP will be used alongside usual school risk assessments to ensure arrangements are adequate. This may also require consultation with parents/carers and students and advice from a relevant healthcare professional.

3.12 Other Arrangements

Home to School Transport

While it is the responsibility of the LA to ensure student safety on statutory home to school transport the LA may find it helpful to be aware of the contents of a student's IHCP that school has prepared. The LA *must* know if a student travels on home to school transport and has a life-threatening condition and carries emergency medication so that they can develop an appropriate transport healthcare plan. School undertakes to appropriately share IHCP information with the LA for this purpose and will make this clear to parents/carers in the development meeting.

Where transport is organised by the school on a private arrangement with parents/carers, the responsibility for ensuring that the transport operator is aware of a student with a life-threatening medical condition rests with the school in consultation with the parents/carers. In some cases, it may be appropriate to share elements of the student's IHCP with the transport operator.

3.13 Defibrillators

Sudden cardiac arrest is when the heart stops beating and it can happen to people at any age and without warning. When it does happen, quick action (in the form of early Cardio-Pulmonary Resuscitation – CPR – and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's normal heart rhythm when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and this school has one as part of our first aid equipment.

KKS defibrillator is located on the wall in the Attendance Administrators Office next to the HOY office. From September 2016, all First Aiders are appropriately trained in its use.

3.14 Unacceptable Practice

While it is essential that all staff act in accordance with their training, in any given situation they should be confident in using their discretion and judging each case on its merits with reference to a child's IHCP. It is not however, generally acceptable practice at this school 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/carers; or ignore medical evidence or opinion, (although staff will be supported to appropriately challenge this where they have genuine concerns);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the student becomes ill, sending them to the Attendance Officer unaccompanied.
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child; 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/carers to accompany the child.

3.15 Insurance

Staff will be appropriately insured to carry out tasks associated with supporting students with medical conditions and the Insurance Policy wording is made available to such staff on request

The Insurance Policy provides liability cover relating to the administration of medicines and any required healthcare procedures as identified through the IHCP process.

Every IHCP review must consider whether current insurance arrangements remain compatible with any identified changes required. A significant change, for example an entirely new medical procedure required, will be checked as compatible with current insurance arrangements direct with the school's insurers. If current insurance is inadequate for the new procedure additional insurance will be arranged.

3.16 Complaints

Should parents/carers or students be dissatisfied with the support provided they should discuss their concerns directly with Mike Bousfield, Designated Safeguarding Lead. If for whatever reason this does not resolve the issue, they may make a complaint through the normal school complaints procedure by contacting the Headteacher preferably in writing

GUIDANCE

'Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England' April 2014; Revised December 2015 (and subsequent updates).'

'Special Educational Needs and Disability: Code of Practice 0-25 Years, January 2015' (and subsequent updates).

'Ensuring a good education for children who cannot attend school because of health needs, January 2003' (and subsequent updates)

'Keeping Children Safe in Education, September 2019' (and subsequent updates)

RELATED POLICIES

The School's Supporting Students with Medical Conditions Policy is closely related to the following School policies:

CHILD PROTECTION POLICY

BEHAVIOUR FOR LEARNING POLICY

SPECIAL EDUCATIONAL NEEDS POLICY

ATTENDANCE POLICY

SINGLE EQUALITY POLICY

MANAGING ANAPHYLAXIS AND ALLERGIES DOCUMENTS

THIS DOCUMENT IS AVAILABLE IN THE FOLLOWING FORMATS:

PAPER

ENLARGED PRINT

EMAIL

WEBSITE

School/Setting:				PHOTO
Name of Child:				
Date of Birth:				
Address of Child:				
Gender:	MALE / FEMALE	Class/Form:		
Date:		Review Date:		
Who is responsible for providing support in school?				
Medical Diagnosis or Condition				
EMERGENCY CONTACT INFORMATION				
Family Contact 1			Family Contact 2	
Name:			Name:	
Relationship to Child:			Relationship to Child:	
Work Tel. No:			Work Tel. No:	
Home Tel. No:			Home Tel. No:	
Mobile Tel. No:			Mobile Tel. No:	
Clinic or Hospital Contact			GP Contact	
Name:			Name:	
Contact No:			Contact No:	
Describe the child's medical needs (e.g. details of any symptoms, triggers, signs, treatments, facilities, equipment/devices, environmental issues etc.)				

<p>Medicine details (e.g. name of medicine, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision, whether carried by the child and how carried etc.)</p>
<p>Agreed procedure in the event that medicine or procedures are refused by the child</p>
<p>Daily care requirements (e.g. before sports activities, at lunchtime etc.)</p>
<p>Specific support in place for any educational, social and emotional needs (include re-integration and any partnership working following absences e.g. Local Authority hospital/home tuition services etc. and sensitive management of re-integration after serious or embarrassing incidents at school.</p>
<p>Arrangements for educational visits or other activities outside the normal timetable</p>

Other Information			
Describe what constitutes an emergency and the action to take if this occurs			
Describe any follow-up care required			
Who is responsible in an emergency? (Please state if different for different activities e.g. off-site etc.):			
Staff training needs identified or already undertaken (e.g. names of staff trained, what training they have received and when, along with any plans to train others and when)			
Plan developed with: (e.g. child, parents/carers, healthcare professional, school nurse, therapist etc.)			
Print Name	Signature	Relationship to child:	Date
Form copied to (Please state who holds copies of this information and where):			

This school/setting will not give your child medicine unless it is in accordance with our Supporting Pupils with Medical Conditions Policy and Procedures **and** you complete and sign this form.

School/Setting:			
Name of Child:		Gender:	MALE / FEMALE
Date of Birth:		Class/Form:	
Date for review to be initiated by:			
Medical diagnosis, condition or illness			
MEDICINE(S)			
Name/type of medicine(s) (as described on the container)			
Expiry date			
Dosage and method of administration			
Timing			
Special precautions or other instructions e.g. with food etc.			
Side effects that the school/ setting must know about			
Can the child self-administer?	YES / NO	If YES is supervision required?	YES / NO
Does any medicine need to be carried by the child on their person, what and where will they keep it?	YES / NO		
Procedures to take in an emergency			

PLEASE NOTE: medicines must be in the original containers as dispensed by the pharmacy.

CONTACT INFORMATION			
Name:			
Relationship to Child:			
Address:	Work Tel. No:		
	Home Tel. No:		
	Mobile Tel. No:		
I understand that I must deliver the medicine personally to: (name the agreed member(s) of staff)			
I understand that my child must have a working, in-date and sufficiently full inhaler, clearly labelled with their name, which they will bring with them every day.			YES NO N/A
I consent to my child receiving, in an asthma emergency, salbutamol which has not been prescribed to them.			YES NO N/A
I understand that my child must have the number of working and in-date AAls that their medical practitioner has recommended, clearly labelled with their name, which they bring with them every day.			YES NO N/A
I consent to my child receiving, in an anaphylaxis emergency, adrenaline not prescribed to them			YES NO N/A
The above information is, to the best of my knowledge, accurate at the time of writing and I consent to school/setting staff administering medicine in accordance with the policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medicine or if the medicine is stopped.			
Signed:		Date:	

Record of Medicine Administered to an Individual Child

Appendix C

All medicines administered to individual children must be recorded on this sheet.

In addition, the supply, possession and administration of some medicines are strictly controlled by the Misuse of Drugs Act and its associated regulations and are referred to as 'controlled drugs'. Examples would include methylphenidate (Ritalin), Midazolam, Diazepam etc. In the case of controlled drugs, it is best practice for the administration of such substances to be witnessed by a second adult. Record the name of the member of staff administering the drug and they should initial under 'Staff initials (1)'. The second member of staff witnessing the administration of controlled drugs should initial under 'Staff initials (2)'. These initial signatures should be legible enough to identify individuals.

The quantity of controlled drugs received from and returned to parents/carers must be carefully accounted for and recorded on this sheet. .

Name of school/setting:								
Name of child:				Date of Birth:			Class/Form:	
Name and strength of medicine:								
Dose and frequency of medicine:								
Date medicine received from parent:			Expiry date of medicine:			Date medicine returned to parent:		
Quantity of medicine received:					Quantity returned to parent:			
Staff Signature:				Parent Signature:				

PLEASE NOTE: parents/carers must be informed of the non-administration of medicine that is due - record the reason for non-administration under 'Any reaction'

Date:								
Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								
Staff initials (1):								
Staff initials (2):								

Date:								
Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								
Staff initials (1):								
Staff initials (2):								

Date:								
Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								
Staff initials (1):								
Staff initials (2):								

Date:								
Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								
Staff initials (1):								
Staff initials (2):								

Staff Training Record – Supporting Pupils with Medical Conditions

Appendix E

This form is for recording all training delivered to staff (and as appropriate volunteers) with the aim of supporting pupils with medical conditions, including the Whole School Awareness briefing.

Name of School/Setting:			
Name(s) of Staff:			
Type of Training Received: Describe in brief what was covered e.g. Whole School Awareness (and the content of it), physiotherapy, administering medicine, tube feeding etc.			
Date Training Completed:			
Name of Trainer:			
Training Provider: Organisation, profession and job title of the person delivering the training.			
I confirm that the above named member(s) of staff received the training detailed above and they are competent to carry out any necessary treatment.			
Date by which I recommend this training be updated:			
Trainer Signature:		Date:	
I confirm that I have received the training detailed above.			
Staff Signature(s):		Date:	

Based on DfE publication 'Templates - Supporting students with medical conditions' May 201

Summoning Emergency Services

To summon an ambulance, dial 9 to get an outside line followed by 999, ask for an ambulance and be ready with the following information.

Your telephone number including any extension number.	
Your name.	
Your location.	Kirkbie Kendal School Lound Road Kendal Cumbria
Your location postcode.	LA9 7EQ
The exact location of the patient within the school.	
The name of the patient and a brief description of their symptoms.	
The best entrance for the ambulance crew to use and state they will be met and taken to the patient.	

Display a suitably amended copy of this form close to any phone that might reasonably be used to summon emergency services