INGLEWOOD INFANT SCHOOL

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY AND PROCEDURES

2016/2017

APPROVED BY: Inglewood Infant School Full Governing Body

Name: J Smith

Position: Chair of Governors

Signed: *J Smith*

Date: 18h October 2016 **Review Date:** October 2017

[1] The Governing Body are free to delegate approval of this document to a Committee of the Governing Body, an individual Governor or the Head teacher

[2] This document must be reviewed annually

REVIEW SHEET

The information in the table below details earlier versions of this document with a brief description of each review and how to distinguish amendments made since the previous version date (if any).

Version Number	Version Description	Date of Revision
1	Original	August 2014
2	Amended to take into account new legislation which will allow schools to hold emergency Salbutamol inhalers for pupils diagnosed with asthma	September 2014
3	Very minor tweaks to include topical medicines where oral are mentioned and clarify the acceptance procedure for non-prescription medicines.	June 2015
4	New introductory section 'How to use this document' with formatting tips, reference to SEND Jan 2015 (updated from Jul 2014). Section 4.6 important clarification on when non-prescription medicines might be administered. Appendix A - clarification when/how decisions not to instigate IHCPs are made and that it is not just parents and healthcare professionals that can trigger an IHCP review.	November 2015
5	Updated reference DfE document '*Supporting Pupils at School with Medical Conditions, Dec 15'* resulting in only 1 change in **Section 3.1** a new bullet point about LAs, CCGs and service providers (3rd one down). **Revised Appendix B**: IHCP with space for other people involved in the development to sign if they want to or there is a need. **New Appendix C2**: a landscape version of parental consent to administer with space for a medical practitioner to sign if there is a need.	March 2016
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1 DEFINITIONS

For the purposes of this document a child, young person, pupil or student is referred to as a 'child' or a 'pupil' and they are normally under 18 years of age.

Wherever the term 'parent' is used this includes any person with parental authority over the child concerned e.g. carers, legal guardians etc.

Wherever the term 'Head teacher' is used this also refers to any Manager with the equivalent responsibility for children.

Wherever the term 'school' is used this also refers to academies and Pupil Referral Units (PRU) and references to Governing Bodies include Proprietors in academies and the Management Committees of PRUs and will usually include wrap around care provided by a setting such as After School Clubs and Breakfast Clubs.

2 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 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, staff and, where appropriate, other adults working or volunteering in school.

The governors of Inglewood Infant 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 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 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 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. 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.

3 ORGANISATION

3.1 The Governing Body

The governing body is legally responsible and accountable for fulfilling the statutory duty to make arrangements to support pupils 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, ensure that **no** pupil'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 and pupils as outlined in this policy;
- there is 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 tracheostomy 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 pupils with medical conditions, making key judgements informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' 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.

3.2 The Head Teacher

The Head teacher of this school Miss D Boekestein has a overall 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 IHCPs and will make certain that school arrangements include ensuring that:

- 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.;
- 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 all IHCPs, including in contingency and emergency situations;
- staff are appropriately insured and are aware that they are insured to support pupils 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 LA, alternative education providers e.g. hospital tuition, parents etc., aims to ensure a good education for them;
- risk assessments take account of the need to support pupils with medical conditions as appropriate e.g. educational visits, activities outside the normal timetable etc.

3.3 School Staff

Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. While administering medicines is not part of teachers' professional duties, they should still take into account the needs of pupils with medical conditions that they teach. Arrangements made in line with this policy should ensure that we attain our commitment to staff 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 pupil with a medical condition needs help.

Miss Holland SENCO/Inclusion Manager and Miss Ivison SEN Support have specific responsibility for the development of IHCPs which are explained in Section 4.3.

3.4 School Nurses and Other Healthcare Professionals

This 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 appropriate steps to support pupils 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.

3.5 Pupils

It is recognised that the pupil 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 pupils in the school may be required not only to support the pupil with the medical condition, but to break down societal myths and barriers and to develop inclusivity.

3.6 Parents

Parents 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 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.

4 ARRANGEMENTS/PROCEDURES

4.1 Procedure for the Notification that a Pupil has a Medical Condition

While it is understood that school does not have to wait for a formal diagnosis before providing support to a pupil because in some cases their medical condition may be unclear or there may be a difference of opinion, judgements will still need to be made about the support to provide and they will require basis in the available evidence. This should involve some form of medical evidence and consultation with parents. Where evidence is conflicting, it is for school to present some degree of challenge in the interests of the child concerned, in order to get the right support put in place.

In the first instance the notification will be recorded by the class teacher. The SENCO will then refer to the school nurse or health visitor to verify medical evidence and the need for an IHCP.

A review of an IHCP may be triggered by medical reviews, changes to medication, or other changes in circumstances having an effect on the contents of the plan.

Children changing schools will follow our Transition Policy and a full handover will take place by the SENCO.

4.2 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 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 pupil 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 SENCO will liaise with the hospital education staff and will discuss transition arrangements with parents and the class teacher. The SENCO will inform the LA inclusion team if a child becomes at risk of missing education for 15 days in any one school year due to their health.

School will stay in touch with an absent child by phoning for regular updates, sending school newsletters and letters from classmates. If they have internet access at home then e-mails may be sent and the school website could be utilised. The Pastoral Support Worker could also visit the child at home.

Educational support will be planned by the class teacher if appropriate in discussion with the SENCO and parents.

A risk assessment will take place to tailor a reintegration plan for a child returning to school. This will specify any reasonable adjustments that may need to be made before the return to school.

4.3 Individual Healthcare Plans (IHCP)

An IHCP is a working document that will help ensure that this school can effectively support a pupil 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 can assesses 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 inappropriate or disproportionate. If consensus cannot be reached, the Head teacher is considered best placed to and will take the final view. Our flow chart for identifying and agreeing the support a child needs and developing an IHCP is at Appendix A.

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 pupil's resulting needs, including medicine (dose, side-effects and storage), l 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 environmental issues e.g. crowded corridors, travel time between lessons etc. and being added to the register of asthma sufferers who can receive salbutamol where applicable;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions etc.;
- 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 medicine, 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 and the Head teacher for medicines to be administered by a member of staff 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.

An IHCP will be reviewed at least annually and earlier if there is any evidence that a child's needs have changed. This review should also trigger a re-check of any registers held e.g. asthma sufferers with permission to receive emergency salbutamol and may require a re-check of school insurance arrangements especially where a new medical procedure is required.

4.4 Pupils Managing their own Medical Conditions

After discussion with parents, 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. This is an occurrence that may trigger a review of the IHCP.

4.5 Training

The Head teacher has overall responsibility for ensuring that there are sufficient trained numbers of staff available in school and off-site accompanying educational visits or sporting activities to implement the policy and deliver against all IHCPs, including in contingency and emergency situations. This includes ensuring that there is adequate cover for both planned and unplanned staff absences and there are adequate briefings in place for occasional, peripatetic or supply staff.

Any member of school staff providing support to a pupil 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 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, will normally 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 medicine 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.

School provides whole school awareness and training for medical conditions such as anaphylaxis, epilepsy, asthma or diabetes. Healthcare professionals like the school nurse will run the session and work with school to write a Healthcare Plan that details how to identify the on-set of any symptoms, what to do in the event of an attack/episode, who is responsible, where medication is kept, dosages etc. Specified, named members of staff will administer the medication.

New members of staff will go through an induction process and arrangements will be made for them to receive the same training.

4.6 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.
- No child under 16 is to be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child concerned to involve their parents 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. Medicine, 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 prior to administration, where necessary, to check this and to inform them that pain relief has been given.

  Non-prescription Medication

  This type of medication is not normally given within normal school hours. Such medication would include cough syrups, dietary supplements like vitamins, lotions etc.

  Paracetamol is also included in this group of medication. This medication would only be administered under **exceptional circumstances**. A discussion would also take place to allow school staff to assess whether the child was well enough to be in school and parents would always be encouraged to come in and administer the medicine themselves where possible. Parents would need to seek prior consent from school with written instructions of dosages and frequency for the medication to be administered. A record would be kept of doses given and a note sent home to parents indicating the amount and frequency of doses administered.

A young person under the age of 16 will **never** be given aspirin or medicines containing ibuprofen unless prescribed by their own doctor. Such medication can result in respiratory difficulties in children and a G.P. will be aware of any genetic predisposition e.g. family history before prescribing them.

- Ali's Breakfast and After School Club staff can obtain written consent from parents to administer medication as detailed above. A member of club staff will hand the form and medication over to the Head or Deputy. Equally, medication given to school staff which needs to be administered in After School Club will be handed over to the manager with full instructions of how it should be stored and administered.
- 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 to be accepted. 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. This is to be made clear within a child's IHCP as appropriate.
- Medicine must be personally delivered by the parent/carer can be obtained Appendix C – Parental Consent to Administer Medicine, contains a parental declaration to that effect. In exceptional circumstances this may not be reasonable (such as in cases where pupils are transported significant distances to school) and any different course of action should be agreed and form part of the IHCP.
- All medicines are to be stored safely, in their original containers and in accordance with their storage instructions. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. Access to a refrigerator holding medicines should be restricted. If large quantities of medicine are kept refrigerated school will consider purchasing a lockable fridge. Children should know where their medicines are at all times and be able to access them immediately 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 are to always be readily available to children 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 for them to arrange safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps. Arrangements will be made to take a sharps container on school off-site visits if required. This will be the responsibility of the Head teacher/SENCO.

4.61 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.

Ideally controlled drugs should be brought into school on a daily basis by parents 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 medicine 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 pupil 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 will be recorded and they will initial under 'Staff initials (1)'. The second member of staff witnessing the administration of controlled drugs will initial under 'Staff initials (2)'. These initial signatures should be legible enough to identify individuals.

4.62 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 pupil experiences are also to be noted.

Where a pupil 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 D: Record of Medicine Administered to an Individual Child).

Where a pupil 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 (see Appendix D).

Where a pupil 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 E1: Record of Medicine Administered to All Children).

4.63 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 pupils 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 and Appendix G.

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

4.64 Emergency Salbutamol Inhalers

Asthma is the most common chronic condition in the UK, affecting one in eleven children. There are on average, two children with asthma in every classroom[1] and over 25,000 emergency hospital admissions every year for asthma amongst children.[2] An Asthma UK survey found that 86% of children with asthma have at some time been without an inhaler at school having forgotten, lost or broken it, or the inhaler having run out. Before 1 October 2014, it was illegal for schools to hold emergency salbutamol inhalers for the use of pupils whose own inhaler was not available.

From 1 October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 allows (but does not require) schools to keep a salbutamol inhaler for use in an asthma emergency.

Inglewood Infant School will **not** hold emergency salbutamol inhalers. We will continue to be vigilant in checking inhalers are in date and that children who need them have sufficient supplies in school. The asthma register will be kept up to date by the named first aider.

4.65 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 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 activities 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 pupil will only be excluded from an activity if the Head teacher 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 pupil 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 and pupils and advice from a relevant healthcare professional.

4.66 Home to School Transport

While it is the responsibility of the LA to ensure pupil safety on statutory home to school transport the LA may find it helpful to be aware of the contents of a pupil's IHCP that school has prepared.

The LA *must* know if a pupil travels on home to school transport and has a life-threatening condition and carries emergency medicine 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 in the development meeting.

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

4.67 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

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[1] Asthma UK, 'Asthma Facts and FAQs', http://www.asthma.org.uk/asthma-facts-and-statistics.
[2] The NHS Atlas of Variation in Healthcare for Children and Young People gives the numbers of emergency admissions of children and young people for asthma in each former PCT / local authority area http://www.sepho.org.uk/extras/maps/NHSatlasChildHealth/atlas.html

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. This school does not have a defibrillator but we are within a 1/2 mile radius of a doctor's surgery.

4.68 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 medicine and administering their medicines when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although 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 child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medicine or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

4.69 Insurance

Staff will be appropriately insured to carry out tasks associated with supporting pupils with medical conditions and the Insurance Policy wording is made available to such staff on request (this can be accessed in the school office).

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.

4.70 Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the Head teacher. If for whatever reason this does not resolve the issue,

they may make a formal complaint through the normal school complaints procedure (details are available from our website www.inglewood-inf.cumbria.sch.uk

Process for Developing an Individual Healthcare Plan (IHCP)