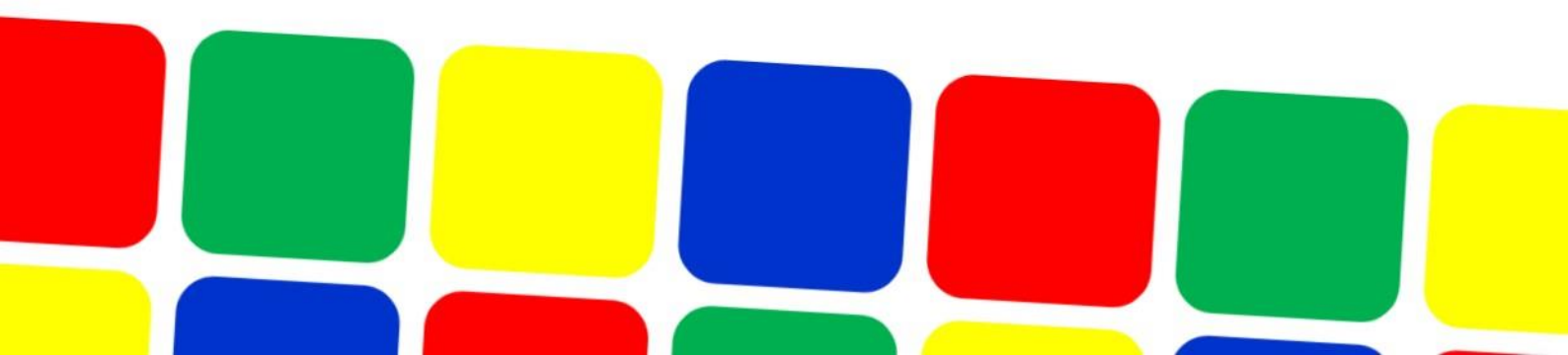




Supporting Pupils at School with Medical Conditions Policy

Approved by:	Governing Body
Date:	March 2018
Review date:	March 2022
Shared with staff:	March 2020



OUR INTENT

OUR VALUES



OUR VISION

Provide a safe, supportive, and stimulating environment that enables and encourages highest standards of achievement (**ambition**).

Broad, balanced and **creative** curriculum which makes the most of the learning opportunities offered by the richness and diversity of the **cultures** and environment on our doorstep.

Provide an **enriched practical** curriculum based on excellence and **enjoyment** which allows for **exploration, enquiry**, and opportunities to ask questions.

OUR AIMS

1

All of our children are to become **successful, independent** learners.

2

All of our children are to be equipped with skills and knowledge to meet their current and future needs and **creative** potential.

3

All of our children are to be **confident** individuals who can live safe and **healthy** lives.

4

All of our children are to **respect** and value each other's contributions irrespective of race, gender, religion or ability.

5

All of our children are to be **self-aware** and able to manage their own behaviour, understanding that it has an impact on others.

6

All of our children are to be active and motivated **citizens** within the wider school community.

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Asthma and Allergies Policy



1. The UN Convention on the Rights of the Child (UNCRC) Articles which inform this policy

Article 3 (Best Interests of the Child)

The best interests of the child must be a top priority in all things that affect children.

Article 23 (Children with Disability)

A child with a disability has the right to live a full and decent life with dignity and independence, and to play an active part in the community. Governments must do all they can to provide support to disabled children.

Article 24 (Health and Health Services)

Every child has the right to the best possible health.

Article 28 (Right to Education)

Every child has the right to an education.

2. Documents to be read in conjunction with this policy

- [Supporting Pupils with Medical Conditions at School](#), December 2015
- [Children and Families Act 2014 \(Section 100\)](#)
- [Equality Act 2010](#)
- [Special Educational Needs and Disability Code of Practice](#), July 2014

- [Guidance on the Use of Emergency Salbutamol Inhalers in Schools](#), March 2015
- [Guidance on the Use of Adrenaline Auto-injectors in Schools](#), September 2017
- *Local Authority Model Health and Safety Policy* (Version 1.3), September 2016
- [Asthma and Allergy Recommendations for Schools](#), Compass Wellbeing, January 2018
- [Statutory Framework for the Early Years Foundation Stage](#), March 2017
- Other school policies, such as [Child Protection](#) and [Safeguarding](#).

3. Introduction

Halley Primary School is an inclusive community school that aims to support and welcome children with medical conditions. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children will have long-term and complex medical conditions and may require medicines or care to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. Halley Primary School recognises that each child's needs are individual.

The School recognises that some children who require support with their medical conditions may also have special educational needs (SEN) and may have an Education Health and Care Plan (EHCP). We will work in partnership with parents, other schools, health professionals and the Local Authority (LA).

Children with medical needs have the same rights of admission to a school or setting as other children. Admission to the school will be conducted by Tower Hamlets LA. No child with a medical condition will be denied admission on the grounds that arrangements for his or her medical condition have not been made. In line with the school's safeguarding duties, the school does not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so. In

line with government guidelines we would ask that children are not sent to school when they are clearly unwell or infectious.

The following roles and responsibilities are used for the Medical Conditions Policy at Halley Primary School. These roles are understood and communicated regularly.

4. Governing Body Responsibility

The governing body is legally responsible and accountable for fulfilling their statutory duty to ensure that arrangements are in place to support children with medical conditions. This includes:

- The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of Halley Primary School.
- Ensuring that children with medical conditions enjoy equal access to the same opportunities as all children.
- Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- Staff trained and competent to provide the support that pupils need with medical conditions.
- Ensuring the level of insurance in place reflects the level of risk.
- Handling complaints regarding this policy as outlined in the Complaints Policy..

5. Head Teacher Responsibility

The head teacher has responsibility for the implementation of the policy by ensuring that:

- All staff will be aware of this policy and understand their role in its implementation.
- All relevant staff will be made aware of the child's condition.
- Sufficient numbers of staff will be trained against individual healthcare plans (HCP) including in emergency situations.
- Cover arrangements will be in place in the event of staff absence to ensure that someone is always available, as far as is reasonably possible.
- Staff are appropriately insured in supporting pupils with medical conditions.
- Health Care Plans (HCPs) are developed.

The head teacher has delegated authority to the Inclusion Advocate (IA) for the management of medical conditions within the school.

6. Inclusion and Welfare Officer Responsibility

The Inclusion and Welfare Officer has responsibility to:

- Liaise with the Advisor for Children with Disabilities and Medical Needs for planned absence due to a medical procedure or complex health need.
- Liaise with the school nurse / healthcare professional for children with HCP.
- Maintain and update any changes to the asthma register, including whether parental consent has been obtained for the use of an emergency inhaler.
- Maintain and update any changes to the medical condition (allergies, eczema and epilepsy) register, including whether consent has been given for the use of an emergency adrenaline auto-injector.
- Provide the Out-of-School-Hours Learning Co-ordinator (OOSHL) and School Administrator with an up-to-date medical register.
- Communicate any changes to key staff: Class Teacher, Support Teacher, Senior Middy Meals Supervisor (SMMS), OOSHL.

- Liaise with the SMMS to ensure that there is clear communication with kitchen staff of children with food allergies.
- Oversee the PE absence register (due to health reasons) and communicate any concerns to parents and health professionals, so that current medication can be reviewed.
- Arrange and book the training required for the designated staff who manage medical conditions.
- Contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Review on a monthly basis that the emergency kits (asthma and anaphylaxis) are present, in date and replace them prior to the expiry date.

7. Inclusion and SEND Lead Responsibility

The Inclusion and SEND Lead has responsibility to:

- Line manage the Inclusion and Welfare Officer and maintain an overview of the management of children with medical conditions.
- Help update the Medical Conditions Policy.
- Liaise with the Advisor for Children with Disabilities and Medical Needs for planned absence due to a medical procedure or complex health need.

8. School Staff Responsibility

All school staff have a responsibility to:

- Understand and adhere to Halley’s Medical Needs Policy and Asthma and Allergy Policy.
- Know which children in their care have medical conditions and be familiar with the contents of the HCP.
- Be aware of the signs, symptoms or triggers of common medical conditions and know what to do in an emergency.
- Maintain effective communication with parents/carers, informing them if their child has been unwell at school.
- Allow all children to have immediate access to their emergency medication when needed.
- Ensure that children’s medication is with the designated adult, when they go on a school visit.
- Be aware of children who may be experiencing bullying or need extra social support.
- Follow procedure when recording a prescribed medicine as written on a child’s HCP. Only staff named on a child’s HCP or designated trained staff should administer prescription medication.
- Brief any supply teachers of the medical needs within the class.

9. Teaching Staff Responsibility

All teaching staff have a responsibility to:

- Ensure that a link is maintained with a child who is not able to attend school due to a long-standing medical condition. Where appropriate the teacher should liaise with the parent and send work home.
- Be aware of, complete a risk assessment and make reasonable adjustments for children with medical conditions when planning and conducting out of school visits.

- Ensure that medication is taken on a school outing (including the additional auto-injector) and that asthmatic children have their inhalers with them.
- Show sensitivity and empathy as some medical conditions (such as eczema) can affect children's learning. Provide additional support to children when needed to help them with their learning.
- Ensure that children with medical conditions are not excluded unnecessarily from activities which they wish to participate in, including Physical Education and swimming.
- Maintain the register of PE absence due to health reasons.
- Ensure that they read and are familiar with the medical list for the children in their class.
- Take special care and consult with parents when holding Eid / Christmas parties, or when using food in crafts, cooking classes, science experiments and special events.
- Recognise that they may need to restrict the use of certain food, depending on the allergies of particular children and their age, through substitution with an appropriate alternative ingredient.
- Be observant of any changes to the emotional well-being of a child with a medical condition. Bring this to the IA's attention.

10. Catering Staff Responsibility

All catering staff have a responsibility to:

- Be confident in reading labels for food allergens.
- Take careful measures to prevent cross-contamination during the handling, preparation and serving of food.
- Not give food to food-allergic children, by co-operating fully with the SMMS during the preparation and distribution of meals at lunchtime.

11. School Nurse Responsibility

The school nurse has a responsibility to:

- Help update the Medical Conditions Policy.
- Notify the IA when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts school.
- Write the HCP in collaboration with the child's parents and the IA or nominated adult, ensuring that it is legible and includes emergency procedures.
- Provide training, advice and support for the more common medical conditions.
- Provide information about sources of training for more specialised medical conditions.
- Advise on the use of emergency medication for asthma and anaphylaxis, including which dose and brand to purchase using the age-appropriate criteria.

12. Other Healthcare Professionals, including Specialist Local Health Teams Responsibilities

Other healthcare professionals have a responsibility to:

- Provide advice and support for children with particular conditions.
- Assist with the co-ordination and ordering of more specialised medical equipment that is needed in school (such as oxygen, naso-gastric / button feeding devices).
- Train named staff to a level of skills competency for children with complex medical conditions.
- Provide information and advice on accessing more specialised training.

- Provide advice or attend Annual Reviews, Team around the Child (TAC) or transition meetings for children with complex medical needs.

13. Parental Responsibility

Parents and carers have a responsibility to:

- Provide Halley with information about their child's medical condition. This should be done upon admission or when the child first develops a medical need.
- Be involved in drafting and reviewing their child's individual HCP with the school nurse, health care professionals, IA and the child where this is appropriate.
- Act on any agreement as part of the implementation of the HCP such as providing medicines (labelled, in-date, in the original box) and equipment.
- Ensure that medication (as part of the HCP) is promptly brought to school at the start of the academic school year.
- Keep their child at home if they are not well enough to attend school.
- Ensure that their child catches up on any school work that they have missed.
- Ensure that their emergency contact numbers or that of a nominated adult are provided, kept up-to-date and they are contactable at all times.
- Inform school staff in advance of any planned absence due to a medical procedure.
- Support the school by encouraging their child to take part in all activities (with reasonable adjustments) and provide evidence from a clinician if this is not possible.
- Ensure that any packed lunch brought to school is in a box, clearly labelled with their child's name.

14. Pupil's Responsibility

Pupils at Halley School have a responsibility to:

- Treat all children with respect.
- Tell their parent(s), teacher or nearest staff member if they are not feeling well.
- Let a member of staff know if another child is feeling unwell.
- Treat all medications with respect and recognise that it is for their use only.
- Know how to gain access to their medication in an emergency.
- If mature and old enough, know how and when to take their medication, under adult supervision.

15. Managing Admissions

16. Notification of a Pupil with a Medical Condition

When Halley Primary School is notified that a pupil who has a medical condition will be joining the school, the following procedure will take place for a child starting in Early Years:

- The Early Years Team will share with the Inclusion and Welfare information obtained from the parent during the home visit.
- The Inclusion and Welfare Officer will contact the Health Visitor prior to the child starting school, to obtain copies of any HCP.
- The parents will be instructed to bring the required medication into school with the HCP or asthma card before the first day that the child starts school.
- The Inclusion and Welfare Officer will write an interim Care Plan (if necessary) with the parent, if there is a delay in receiving the HCP from the Health Visitor.

- The Inclusion and Welfare Officer will share information with key school staff about the child's medical needs and update any registers.

When Halley Primary School is notified that a pupil who has a medical condition will be joining the school mid-term, the following procedure will take place:

- The Inclusion and Welfare Officer will gather information from the parent during the admissions process.
- The Inclusion and Welfare Officer or Inclusion and SEND Lead (for a child with SEN) will contact the nursing team and / or the previous school to request that a HCP is sent securely across.
- The parents will be instructed to bring the required medication into school before or on the first day that the child starts school.
- The Inclusion and Welfare Officer will meet with the parents and share information with key school staff about the child's medical needs and update the medical register and allergy card.

When Halley Primary School is notified that a pupil who has a medical condition will be leaving the school mid-term, the following procedure will take place:

- The Inclusion and Welfare Officer or Inclusion and SEND Lead (for a child with SEN) will notify the receiving school.
- The HCP will be securely transferred to the new school.

The School will endeavour to put in place the following arrangements within two weeks of notification that a child has a new diagnosis:

- Hold a meeting with parents, child (as appropriate) and healthcare professionals to gather information about the child's condition and management at school.
- Arrange for an updated HCP to be written.

- Identify training needs of staff with the healthcare professional and decide who will manage the condition at school.

17. Reintegration

Some children may have long-term absences due to health problems or short-term and frequent absences, including those for appointments connected with a medical condition. This can affect a child's educational attainment, impact on their ability to integrate with their peers and affect their general well-being and emotional health.

The School will work on a case-by-case basis and aim to support the management of a child's absence and reintegration by:

- Advising parents to arrange medical appointments where it is **possible** outside of school hours.
- Organising a home visit to maintain contact with the parents and child.
- Working with healthcare professionals, parents and the LA for a phased return to school.
- Offering emotional support from the Inclusion Team.
- Holding TAC meetings with healthcare professionals, parents and school staff to problem-solve.
- Offering interventions, so that the child does not fall behind.

18. Individual Healthcare Plans

The School Nurse will be responsible for the development of HCPs in conjunction with the Inclusion and Welfare Officer. Their purpose is to ensure that they provide clarity about addressing individual medical needs in school; how, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a

high risk that emergency intervention will be needed, and they are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professionals and parents should agree, based on evidence, when a HCP would be inappropriate or disproportionate. If a consensus cannot be reached, the head teacher is best placed to take a final view.

The HCP is a confidential document, but with parental consent it will be shared with key staff to ensure its safe implementation for the child. The level of detail within each will depend on the complexity of the child's condition and the degree of support needed. The School will request that the HCP is typed by the nursing team so that it is legible, with a photograph of the child. It should contain the following:

- triggers, signs, symptoms, treatment (dose, side effects and storage), testing
- access to food and drink where this is used to manage the condition
- any dietary requirements and environmental issues
- training needs, confirmation of proficiency to provide support for the child's medical condition from a healthcare professional (in some circumstances)
- who in the school needs to be aware of the child's condition and the support required
- what to do in an emergency, including whom to contact
- whether there is consent for an emergency auto-adrenaline injector (AAI) or inhaler to be used
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate
- written permission from parents for medication to be administered by a member of staff

HCPs and their review may be initiated in consultation with the parent by the Inclusion and Welfare Officer or a healthcare professional involved in providing care for the child.

Plans will be drawn up in partnership between the School, parents and a relevant healthcare professional e.g. specialist or community nurse. Wherever possible the child will also be involved in the process. The aim is to capture the steps which the school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

A child with SEN., regardless of whether or not they have an EHC Plan, will have an HCP, if they have medical needs. This is in addition to their EHC Plan, as a HCP is more detailed and covers the management of the condition in school. Children with more complex medical needs may have individual plans for the management of each of their conditions.

The HCPs are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. The plans are devised with the child's best interests in mind, ensuring that an assessment of risk to the child's education, health and social well-being is managed minimizing disruption.

19. Staff Training and Support

Any member of school staff may be asked support or administer medicines to a child, although they will not be required to. Staff new to the school will receive induction as to the procedure for supporting children with medical needs.

Whole school staff attend First Aid training as part of the cycle of INSET training. This provides staff with an awareness on how to respond in an emergency, including CPR, anaphylaxis, epileptic seizures and asthma attack.

Key staff are identified and invited to attend annual refresher training on specific medical conditions (epilepsy, allergies, asthma, and diabetes) according to the needs

within the school. A decision on who to train is based on where children are in the school with medical needs.

All staff can also access the following Allergy Wise online training to refresh their allergy awareness: <https://www.anaphylaxis.org.uk/information-training/allergywise-training>

Training is obtained via:

- The school nursing team (for HCP) through discussion of the Plan, in collaboration with parents
- Off-site diabetes training, commissioned by the school nursing team
- Mile End Hospital (epilepsy, allergies, asthma)
- The Specialist Community Nursing Team (children with complex medical needs)
- Reputable private providers of Paediatric First Aid training (St John's Ambulance, Code Blue or Paediatric courses commissioned by neighbouring Tower Hamlets Schools)

For children with more complex medical needs and an EHC plan, the Inclusion and SEND Lead will work with the relevant healthcare professionals in arranging general awareness training on the medical condition for the team of adults working in the child's class. Named adults who support the child will receive sufficient training and achieve the necessary competency prior to managing the child's medical needs, including how to respond in an emergency. Where extensive training for specialised medical conditions is required for children new to the school, the school will seek the support of the nursing team, previous school attended and parents until competency has been obtained. Additional members of staff within the school will be trained by healthcare professionals to ensure that there is adequate cover in the event of staff absence, as far as is reasonably possible. Awareness training will be reviewed annually when children move to a new class.

An overview of all medical training will be maintained and kept in a training folder stored in the Inclusion Room and Main Office. The head teacher and Assistant Headteachers will also have copies.

20. Managing Medicines on School Premises

21. Prescription Medicine

Medicines should only be brought to school where it would be detrimental to a child's health if the medicine were not administered during the school day. Halley School can only accept prescription medicines that have been prescribed by a doctor, dentist, nurse or pharmacist. Medicines must always be provided in the original container, as dispensed by a pharmacist, and include the prescriber's instructions for administration.

- Where it is clinically possible, parents will be asked to administer medication outside of school hours.
- Prescription medicines will only administered with written parental consent drawn up in an interim HCP with the Inclusion and Welfare Officer. Any member of staff giving medicine to a child should check: the child's name, prescribed dose, expiry date, written instructions provided by the prescriber on the label or container. If in doubt about any procedure, staff should not administer the medicine but check with parents or a health professional before taking further action.
- Parents will be asked to complete an HCP for the administration of long term medication with the Inclusion and Welfare Officer and School Nurse.
- The School will maintain a record of what medicine, how much was administered, when, by whom and any side effects in the medicine record book, which is kept in each classroom.

- Oxygen is stored in a lockable fire-proof cabinet outside the building. The adults working with the child know where to access the key. A spare key is also kept in the school safe.
- Prescription medicines including blue asthma inhalers, creams and 1 adrenaline pen per child (who requires it according to their HCP) are stored safely within the classroom, above child height in an easily identifiable plastic box. Each individual box is labelled with the child's name and photograph. This is to ensure quick and easy access. Children who need to access their medicines will be shown where they are kept by the Inclusion and Welfare Officer. Their (Interim) HCP will be included in the box.
- Some medication will be stored in a labelled container in the fridge.
- Blood glucose testing meters and insulin are kept in a labelled box in the Inclusion and Welfare Officer's room, close to the child's classroom.
- A parent or carer should make arrangements to collect the medicine from school at the end of the academic year. Medicines will not be handed to a child to take home unless agreed as in self-management.

22. Non-Prescription Drugs

Children, who have an infectious illness, should remain at home until they are well enough to return to school. This is to prevent the spread of disease.

The School has taken the decision not to administer non-prescription medication.

23. Administration of Medicines Containing Ibuprofen or Aspirin

The School is **unable** to administer **any medicines that contain ibuprofen or aspirin** for a child under 16 unless prescribed by a doctor. However, some children with rare and

complex medical conditions may require the administration of prescribed aspirin for pain relief. In this case, the adult should:

- Check the maximum dosage.
- Check when the previous dose was given, which may require contacting the parents.
- Follow the HCP., which may require ensuring that the medication is not taken on an empty stomach
- Inform the class teacher and parents of the time and dose that is given.
- Record in the class medical log book.

This medication is stored securely within the classroom, in a box labelled with the child's name and photograph. Their (Interim) HCP will be included in the box.

24. Controlled Drugs

Prescription drugs (e.g. morphine, pethidine, and methadone) that are classified as controlled under 'The Misuse of Drugs Regulations 2001' will be securely stored in a non-portable container, which only named staff will have access to.

25. Self-Management

Older children with a long-term illness should, wherever possible, assume some responsibility under the supervision of their parent, carer or member of school staff. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to the child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals will assess, with parents or carers

and children, the appropriate time to make this transition, and to adjust the child's HCP appropriately.

26. Refusal of Medicine

If a child refuses to take medicine, we will not force them to do so, but will note this in the records and contact the parent(s) or carer. If a refusal to take medicine results in an emergency then our emergency procedures will be followed.

27. Disposal of Medication

Inhalers and spacers are returned to the pharmacy. Used AAI's are handed directly to the ambulance crew. Medication that has expired is returned to parents. **There is a sharps bin for used syringes.**

28. Record Keeping

(Interim) HCPs are stored in a folder in the Medical / SEN Room. Copies are kept in each child's individual medical box.

A succinct register of children with medical needs (including allergies, eczema and asthma) is maintained by the Inclusion and Welfare Officer. This includes dates for the renewal of HCPs. It is kept in a yellow medical folder in the SEN / Medical room.

At Halley, each class has a SEN folder and a supply teacher's folder. At the back of the folders there are photographs of each child who has a medical condition. Underneath each photograph the following is listed: medical need, medication, storage and consent for emergency medication. Staff who are working in the classroom should familiarise

themselves with this information. Any changes to a child's medical condition will be brought to the attention of staff who work with the child, by the Inclusion and Welfare Officer.

Each class has a medical log book. When medication is given, the adult records this in the log book. The 'Asthma and Allergies Policy' contains further information about record-keeping in an emergency.

29. Emergency Procedures

A child's HCP will clearly define what constitutes an emergency and the action to be taken, including ensuring that all relevant staff are aware of an emergency, symptoms and procedures. If a child is taken to hospital, staff will remain with the child until the parents arrive. The School will provide accurate information to the emergency services upon transfer to hospital.

30. Educational Visits

At Halley we understand that we are required to make reasonable adjustments to enable children with medical needs to participate fully and safely on visits. Any risk assessments undertaken will allow for such children.

Staff supervising excursions will be aware of any medical needs, and relevant emergency procedures. Medication (including an additional AAI and inhaler) and a copy of any HCP will be taken on visits in the event of information being needed in an emergency. Teachers should plan ahead by liaising with the Inclusion and Welfare Officer and Inclusion and SEND Lead to ensure that they are taking the relevant trained designated staff on excursions, to cover the medical conditions of children within their class.

If class teachers are concerned about whether they can provide for a child's safety, they will bring this to the attention of the Inclusion and Welfare Officer or Inclusion and SEND Lead. The views of the child's parent(s) or carer(s), and that of healthcare professionals may be sought.

31. Sporting Activities

Most children with medical conditions can participate in physical activities and extra-curricular sports. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in physical activity should be recorded in their HCP. The School is aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Class teachers monitor if a child is regularly not participating in physical activity due to health reasons. This is recorded on the PE absence register, which is monitored by the IA and relayed to parents and healthcare professionals.

32. Other Issues for Consideration

33. Emergency Salbutamol Inhalers

The School holds 2 emergency use salbutamol inhalers and 2 spacers. These are stored in boxes in the Medical / SEN room. In accordance with the Department of Health 'Guidance on the use of Inhalers' these should be only used by children who have

asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

Further information about the use, storage and recording of the use of emergency inhalers is written in the 'Asthma and Allergies Policy.'

34. Spare Adrenaline Auto-Injectors for Emergency Use

At Halley, parents are requested to provide 2 AAI for children at risk of anaphylaxis. One of these is stored in a box labelled with the child's name and photograph, in the classroom. The second AAI is stored in the Medical / SEN room, within close proximity to the lunch hall.

The School has purchased "spare" emergency AAIs. These are stored in a labelled box in the Medical / Hygiene room. In accordance with the Department of Health 'Guidance on the use of Adrenaline Auto-Injectors in Schools' the "spare" AAI in the Emergency Kit should be administered in an emergency to:

- a pupil who has a HCP with a prescribed AAI and where **written parental consent** has been provided for use of the spare AAI
- a pupil with a suspected anaphylactic reaction – a member of the team should call 999 and ask whether to use the emergency AAI

"Should a staff member suspect an anaphylactic reaction where these conditions have not been met, a member of the team should call 999 and ask whether to use the emergency AAI. If in doubt, the AAI should be used as delays in administering AAIs have been associated with fatal outcomes." **Asthma and Allergy Recommendations for Schools, January 2018**

DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES so in the event of an emergency, any member of staff should:

- Summon the assistance of a designated member of staff (trained in administering an AAI).
- Collect the spare AAI in the emergency kit
- **ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED**

The designated member of staff should administer the AAI.

Staff should be mindful of their Duty of Care and that they are acting ‘in loco parentis.’ Medical advice to Tower Hamlets schools has been that the speedy administration of an AAI can save a child’s life.

Further information about the use, storage and recording of the use of emergency AAIs is written in the ‘Asthma and Allergies Policy.’

35. Management of Risk during Mealtimes

The following measures are implemented at Halley to minimise risk at mealtimes:

- There is an ‘allergy’ card for each child who has an allergy. This has the child’s photograph and the key allergens / food to avoid.
- Any changes to the allergy card are updated by the Inclusion and Welfare Officer.
- Copies of these cards are displayed in the dinner hall and medical room. All children who may require an AAI have an additional copy displayed on the staffroom wall.
- Children in KS1 or Early Years with a food allergy are served first. The cook checks the food to be served against the child’s allergy badge.
- The meal is checked again by the SMMS against the allergy badge.

- Children in KS2 have their food checked by the school caterer prior to serving. Children bring their meal to the SMMS to be checked again.
- Emergency medication (spare AAI's and asthma pumps) and an additional auto-injector for each child, is kept in the Medical Room, adjacent to the lunch hall.

36. Automated External Defibrillator

The school has a number of trained Paediatric First Aiders amongst the staff. Where staff have been trained in CPR, consideration may be given to the purchase of a defibrillator in the future. If installed the School will notify the London Ambulance Service of its location.

37. Unacceptable Practice

Although staff at Halley should use their discretion and judge each case on its merits with reference to the child's IHC Plan, it is not generally acceptable to:

- Prevent children from easily accessing their inhalers and medication and administering their medicating when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents or ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch unless this is specified in their HCP.
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise children for their attendance records if their absence is related to a serious 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.
- Make parents feel obliged to attend school to administer medication or provide medical support to their child including toileting issues; as an ongoing arrangement. No parent should have to give up working because the school is failing to support their child's medical needs.
- 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.

38. Liability and indemnity

The Governing Body at Halley School ensures that appropriate insurance is in place and that it reflects the level of risk. The insurance covers staff providing support to pupils with medical conditions. From time to time, the school may need to review the level of cover for health care procedures and any associated related training requirements,

39. Complaints

Parents who are dissatisfied with the support provided should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they make a formal complaint via the school's complaints procedure.