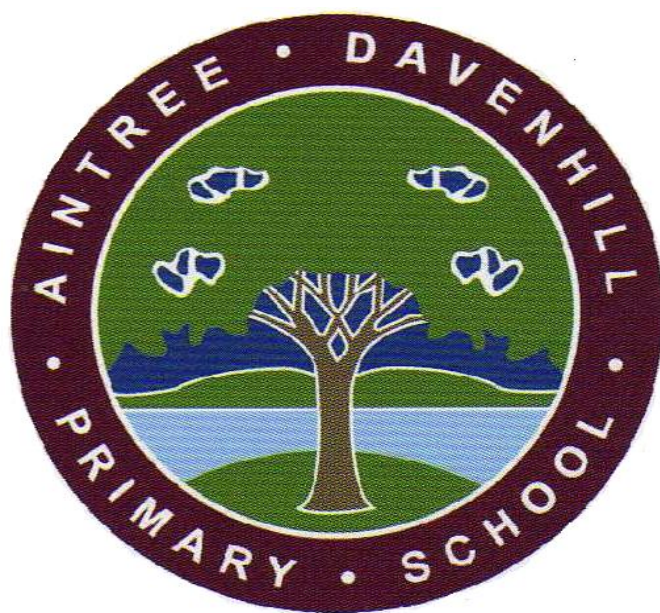


Aintree Davenhill Primary School



Medication Policy (including medical conditions)

Approved by the Headteacher
July 2025

Supporting pupils in school with medical conditions including the administration of medication

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of schools to make arrangements for supporting pupils at their school with medical conditions. Further guidance can be found in the DfE publication 'Supporting pupils at school with medical conditions' dated September 2014.

Policy Statement

Aintree Davenhill Primary school is an inclusive community that welcomes and supports pupils with medical conditions. We recognise that some children will need medication at some time in their school life.

Aintree Davenhill provides all pupils with any medical condition the same opportunities as others at school.

Aims:

- To ensure pupils with medical conditions are properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.
- The school ensures all staff understands their duty of care to children and young people in the event of an emergency.
- All staff feel confident in knowing what to do in an emergency.
- This school understands that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood.
- This school understands the importance of medication and care being taken as directed by healthcare professionals and parents.
- All staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact that medical conditions can have on pupils.

**The named member of school staff responsible for this policy and its implementation is:
Miss Clay (Head teacher) and Miss Parker (HLTA)**

Aintree Davenhill School has clear arrangements for the administration of medication in School.

Aims:

- To have nominated persons, with appropriate training, to undertake the responsibility of administration of medication.
- To promote and safeguard the interest and wellbeing of the child.
- To acknowledge any limitation and decline any duties or responsibilities unless able to perform in a safe and skilled manner.

The school, via the School Prospectus, informs parents:

- that pupils who are unwell should be kept at home
- what the school policy and practice is on the administration of medication
- what will happen if a pupil becomes unwell in school

Person/s with parental responsibility have prime responsibility for their child's health and it is essential that they:

- are responsible for the arrangements made for the administration of medication to their child
- ensure that their child is well enough to attend school
- provide the school with information about their child's medical condition
- ensure any medication is in date and collected when needed i.e. at the end of the day
- inform school if there is any change in dosage or frequency of the medication or if the medicine is stopped

Infectious Diseases:

- The advice from the Health Protection Agency recommends that children be kept away from school for 48 hours from last episode of diarrhoea or vomiting. This is to limit the spread of infection.
- As a school, we follow guidance from the government to guide staff on managing cases of infectious diseases in schools and other childcare settings.
[Health protection in schools and other childcare facilities - GOV.UK \(www.gov.uk\)](https://www.gov.uk/health-protection-in-schools-and-other-childcare-facilities)
- A table of the common (for our school) infectious diseases are at the back of this policy.

General Information

The school is informed from the medical records about children with long term medical conditions. Parents are asked to complete the relevant school Healthcare Plan to be kept with their child's medication. Record forms are kept with the child's medication in class and a register of children with long term medical conditions is kept in the school office, child's class and with Miss Parker.

All medication to be administered in school must be accompanied by the person with parental responsibility written consent and appropriate records maintained. Parents should tell the school about the medicines that their child needs to take. They should provide details of any changes to the prescription or support required.

Medicines may only be administered at school when it would be detrimental to a child's health or school attendance not to do so. All medication to be administered in school must be accompanied by the parent or carer's written consent. Medicine forms are available in the office for this purpose.

Medicines should always be provided in the original container, as dispensed by a pharmacist, clearly labelled with the child's name, dosage and contents, and 'in date'. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container. Parents are encouraged to ask about medicines being provided in dose frequencies which enable it to be taken outside school hours. For example, if a medicine needs to be taken three times a day that could be in the morning, after school and at bedtime. Separate arrangements would need to be made for children attending after-school club. Non-prescribed medicines should not normally be

administered in school. If rare circumstances occur to necessitate this, the parent or carer should make an appointment with the Headteacher prior to possible permission being given. If parents wish to come into school to administer medication to their children, the school will provide facilities for them.

Medicines will be returned to parents/carers when no longer required. Long-term medicines, i.e. asthma inhalers, allergy medicines will be returned to parents/carers at the end of the school year. (Inhalers will be sent home each term to be washed and checked in accordance with Alder Hey Hospital.)

Self-Management

At Aintree Davenport, we consider it good practice to allow children, who are able to do so, to manage their own medication.

If children can take their medicine themselves, staff may only need to supervise.

The Legal and Contractual Position

The administration of medicines is primarily the responsibility of parents and carers. Wherever possible, medicine should be given to children before or after school.

Further information at the back of this policy

School/Staff Responsibilities

There is no legal duty which requires school staff to administer medication; this is a voluntary role.

N.B. Any member of staff who manages the arrangements for medicines or volunteers to administer medication, acting directly on the instructions of the Headteacher, in accordance with prior parental consent, will be fully supported by the LEA and thus covered by Sefton's Insurance Scheme.

Staff administering medicines should do so in accordance to the prescriber's instructions and receiving training for long term medication, following IHCPs.

Staff managing the administration or supervision of medicines should receive appropriate training and support from health professionals.

Any member of staff giving medicines should check:

- Child's name
- Prescribed dose
- Expiry date
- Written instructions (provided by prescriber)

If in any doubt staff should check with parent or health professionals before taking further action.

If staff has any concerns administering medicine to a particular child the issue should be discussed with headteacher, senior first aid officer, parent or health professional.

Recording

Staff must record when the child has had the short-term medication, for long term medication follow the child's IHCP (Individual Healthcare Plan) and record as appropriate. All completed records to be kept and archived.

The parent/carers should complete the 'Medicine Form' and the member of staff administering the medicine should complete and sign the 'Record of Medicine Administered' section every

time a child receives medication. However, a second person is to provide a double check to the administration of medication and initial procedures.

Storage of Medicines

Certain medicines are kept in a locked cabinet in the PPA room; medicine that needs to be refrigerated must be kept in the locked fridge in the PPA room. All short-term medication is to be kept out of the reach of children.

Medicine forms are available from the office or on the secure staff shared drive.

Staff complete and sign the 'Record of Medication Administered in School' sheet every time a child receives medication.

Administering Prescribed Medicines in School

- Written instructions should be received from the parent or carer and medicine should not be administered without these.
- It is the responsibility of the parent to provide medicine, which is:
 - Clearly labelled in its original container
 - Clearly labelled with the child name (i.e. prescriptions only)
 - Clearly labelled with the child's date of birth
 - Clearly labelled with the dose
 - Prescribed by a doctor
- Prescription medicines (if agreed by the school) should be received from and returned to a responsible adult only.
- Medicines should normally be received and returned daily.
- Only one member of staff to administer medication at any time to avoid the risk of double dosing. However, a second person is to provide a double check to the administration of medication and initial procedures.
- School will administer, where necessary, one dose of medication when they are to be given four times a day.
- Non-prescribed medicines will not be given in school, unless prior arrangements from the headteacher.
- Pupils requiring medicine daily on a long term-basis will have a plan with the school in regards to prescription medication being available each day (e.g. diabetics who would have IHCP in place).
- If parents wish to come into school at lunchtime to administer medication to their children, the school will provide facilities for them. Parents will sign a slip describing the type of medication and dose given to their child. Slips will be kept with the office staff.
- If a child refuses medication the parent will be informed.

Storage Arrangements

Medicines should be stored in the class grab bags, (long term medication) medicines that require refrigeration should be stored, clearly labelled in the PPA refrigerator.

The identified member of staff (agreed) who will administer medicines will also be responsible for ensuring that all doses are recorded, ensuring the correct dosage is given to the right child. Record the name of the child, the date when administered, the time when administered, the name of the medicine, the dosage given and they will record their signature.

The school should never accept medicines that have been taken out of the container as originally disposed, nor make changes to dosages on parental instructions.

No child under 16 should be given medicines without their parents' written consent.

Current Medical Procedures in School (short term medication):

NON-PRESCRIPTIVE MEDICINES e.g. painkillers, cough syrup, throat lozenges and cough sweets will neither be stored nor administered to pupils in school. If rare circumstances occur; the parent/guardian should make an appointment with the Headteacher, prior, to discuss this and to gain permission in exceptional circumstances. Should a child require non-prescriptive medicine it is essential that a parent/guardian put this in writing and either he/she or a nominated adult administer the medicine.

Controlled drugs that have been prescribed for a pupil must be kept securely stored in a non-portable container, in the PPA room, and only named staff should have access. The medication should be easily accessible in an emergency and a record should be kept of any doses used and the amount of the controlled drug held.

All parents must be informed that children recovering from short term illness returning to school, but still receiving antibiotics, three times per day, must be given these at home, i.e. before school, after school, and at bedtime. (Separate arrangements may need to be made for children attending after-school clubs.)

Staff supervising excursions should be aware of any medical needs and relevant emergency procedures. If staff are concerned about whether they can provide for a pupil's safety, they should seek advice from the school leadership team and/or the Local Education Authority.

Current Medical Procedures in School (long term medication):

All school staff have a clear understanding of the procedures on long term medication.

All children, at this school, with a medical condition will have an IHCP, which explains their condition and what help they need in an emergency. The IHCP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHCP for sharing the IHCP within emergency care settings.

All school staff, including temporary or supply staff, are aware of the medical conditions and understand their duty of care to pupils in an emergency.

All staff receive training in what to do in an emergency and this is refreshed as and when needed. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence, and this school keeps an up-to-date record of all training undertaken and by whom.

This school makes sure that all staff providing support to a pupil have received suitable training and ongoing support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHCP.

Individual Healthcare Plans (IHCP)

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

It would be the role of the Headteacher, the SENCO and class teacher to ensure that the Appointed First Aider is aware of a new diagnosis/change to a plan so that an IHCP is put in place/updated.

It may include: -

- information about the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues
- specific support for the pupil's educational, social and emotional needs
- the level of support needed including in emergencies
- who will provide this support, their training needs, expectations of their role and confirmation of their proficiency and cover arrangements
- 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 headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency, including whom to contact, and contingency arrangements. An IHCP may be reviewed annually or if circumstances change.

Anaphylaxis and Severe Allergic Reaction

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food, an insect sting, or an unknown allergen). A reaction can be mild or severe with slow or fast onset; it should always be treated as a medical emergency, and requires immediate treatment. In severe cases, the allergic reaction can progress within minutes into a life-threatening reaction. Administration of adrenaline can be lifesaving, although severe reactions can require much more than a single dose of adrenaline. It is therefore vital to contact emergency services as early as possible. Delays in giving adrenaline are a common finding in fatal reactions. Adrenaline should therefore be administered immediately, at the first signs of anaphylaxis.

Adrenaline auto-injector devices (or 'adrenaline pens') are prescribed to people with allergies who are at risk of having a severe allergic reaction (known as anaphylaxis).

Aintree Davenhill is a NUT AWARE SCHOOL. Nuts and products containing nuts or nut derivatives should not be brought in to school; parents are reminded of this throughout the year.

Common UK Allergens include: peanuts, tree nuts, sesame, shellfish, milk and eggs, grass and tree pollen, insect stings, latex, dust mites, moulds and animal dander. Medication – including ibuprofen, aspirin, and certain antibiotics. This list is not exhaustive. Sometimes there is no known cause for an anaphylactic reaction. This is called idiopathic anaphylaxis.

Most rapid onset reactions will only cause mild to moderate symptoms. However, a more severe reaction (anaphylaxis) can occur and cannot easily be predicted. Whilst such a severe reaction is potentially life-threatening – deaths are rare.

The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

All children with a diagnosis of an allergy and at risk of anaphylaxis should have a written Allergy Management Plan, and this will be updated by Alder Hey hospital and training will take place each school year. Children with additional health needs, at risk of anaphylaxis, will be added onto the allergy register with written parental consent.

The spare Adrenaline Auto-injector (AAI) is kept in the school office.

A number of staff have been trained to administer the emergency use of Adrenaline auto-injector pens. AAI's and medicines for the treatment of anaphylactic shock are kept securely in the class first aid grab bag in a box clearly labelled with the child's name, photograph, and IHCP.

Refer to the Allergy and Anaphylaxis Policy for further information.

Asthma

What is Asthma

Asthma is a common lung condition that causes occasional breathing difficulties. It affects people of all ages and often starts in childhood, although it can also develop for the first time in adults. There's currently no cure, but there are simple treatments that can help keep the symptoms under control so it does not have a big impact on your life.

Symptoms of asthma

The main symptoms of asthma are:

- a whistling sound when breathing (wheezing)
- breathlessness
- a tight chest, which may feel like a band is tightening around it
- coughing

The symptoms can sometimes get temporarily worse. This is known as an asthma attack

Treatments for asthma

Asthma is usually treated by using an inhaler, a small device that lets you breathe in medicines. The main types are:

- reliever inhalers – used when needed to quickly relieve asthma symptoms for a short time
- preventer inhalers – used every day to prevent asthma symptoms happening

Some people also need to take tablets.

Causes and triggers of asthma

Asthma is caused by swelling (inflammation) of the breathing tubes that carry air in and out of the lungs. This makes the tubes highly sensitive, so they temporarily narrow. It may happen randomly or after exposure to a trigger.

Common asthma triggers include:

- allergies (to house dust mites, animals or pollen, for example)
- smoke, pollution and cold air
- exercise
- infections like colds or flu

Identifying and avoiding asthma triggers can help you keep symptoms under control.

From 1st October 2014, the Human Medicines (Amendment) (No. 2) Regulations 2014 allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies. We have an 'emergency' inhaler in school – it is kept in the school office.

An emergency reliever inhaler can only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

As good practice, the children and staff will ensure they wash their hands before and after using the reliever inhaler and a disposable spacer will be used (and then be disposed safely).

The spare Emergency Inhaler is kept in the school office.

Refer to the Asthma Policy for further information

Epilepsy

Epilepsy is a common condition that affects the brain and causes frequent seizures.

Seizures are bursts of electrical activity in the brain that temporarily affect how it works. They can cause a wide range of symptoms. Epilepsy can start at any age, but usually starts either in childhood or in people over 60. It's often lifelong, but can sometimes get slowly better over time.

Symptoms of epilepsy

Seizures can affect people in different ways, depending on which part of the brain is involved. Possible symptoms include:

- uncontrollable jerking and shaking, called a "fit"
- losing awareness and staring blankly into space
- becoming stiff
- strange sensations, such as a "rising" feeling in the tummy, unusual smells or tastes, and a tingling feeling in the arms or legs
- collapsing

Sometimes the person might pass out and not remember what happened.

This school recognises that epilepsy is a common condition and welcomes all students with epilepsy. Aintree Davenhill does not discriminate against any children or young people with the condition and believes that every child with epilepsy has the right to participate fully in school life, including outdoor activities and residential trips. We ensure that all children, young people, and staff in the school understand that epilepsy is a varied and individualised condition and ensure that all children and young adults with epilepsy are treated as individuals, and that their needs are addressed appropriately. A pupil's IHCP will indicate if medication is needed be given during school hours and develop an appropriate emergency plan.

The main symptom of epilepsy is repeated seizures. These are sudden bursts of electrical activity in the brain that temporarily affect how it works.

Types of seizures

Simple partial (focal) seizures or 'auras'

A simple partial seizure can cause:

- a general strange feeling that's hard to describe
- a "rising" feeling in the tummy – like the sensation in the stomach when on a fairground ride
- a feeling that events have happened before (déjà vu)
- unusual smells or tastes
- tingling in arms and legs
- an intense feeling of fear or joy
- stiffness or twitching in part of the body, such as an arm or hand

The person remains awake and aware while this happens. These seizures are sometimes known as "warnings" or "auras" because they can be a sign that another type of seizure is about to happen.

Complex partial (focal) seizures

During a complex partial seizure, the person loses their sense of awareness and makes random body movements, such as:

- smacking lips
- rubbing hands
- making random noises
- moving arms around
- picking at clothes or fiddling with objects
- chewing or swallowing

The person will not be able to respond to anyone else during the seizure and will not have any memory of it.

Tonic-clonic seizures

A tonic-clonic seizure, previously known as a "grand mal", is what most people think of as a typical epileptic fit. They happen in 2 stages – an initial "tonic" stage, shortly followed by a second "clonic" stage:

1. **tonic stage** – lose consciousness, body goes stiff, and the person may fall to the floor
2. **clonic stage** – limbs jerk about, the person may lose control of their bladder or bowel, they may bite their tongue or the inside of their cheek, and might have difficulty breathing

The seizure normally stops after a few minutes, but some last longer. Afterwards, the person may have a headache or difficulty remembering what happened and feel tired or confused.

Absences

An absence seizure, which used to be called a "petit mal", is where the person loses awareness of their surroundings for a short time. They mainly affect children, but can happen at any age.

During an absence seizure, a person may:

- stare blankly into space
- look like they're "daydreaming"
- flutter their eyes
- make slight jerking movements of their body or limbs

The seizures usually only last up to 15 seconds and the person will not be able to remember them. They can happen several times a day.

Myoclonic seizures

A myoclonic seizure is where some or all of the body suddenly twitches or jerks, like they've had an electric shock. They often happen soon after waking up. Myoclonic seizures usually only last a fraction of a second, but several can sometimes occur in a short space of time. The person normally remains awake during them.

Clonic seizures

Clonic seizures cause the body to shake and jerk like a tonic-clonic seizure, but the person does not go stiff at the start. They typically last a few minutes and the person might lose consciousness.

Tonic seizures

Tonic seizures cause all the muscles to suddenly become stiff, like the first stage of a tonic-clonic seizure. This might mean the person lose balance and falls over.

Atonic seizures

Atonic seizures cause all the muscles to suddenly relax, so they may fall to the ground.

They tend to be very brief and the person will usually be able to get up again straight away.

Status epilepticus

Status epilepticus is the name for any seizure that lasts a long time, or a series of seizures where the person does not regain consciousness in between. It's a medical emergency and needs to be treated as soon as possible. **Refer to a child's IHCP for more information.**

Diabetes:

Diabetes is a serious, lifelong condition where the blood glucose level is too high because the body can't use it properly. This is because the pancreas doesn't make any insulin, or not enough, or the insulin that it does make doesn't work properly (known as insulin resistance). There are two main types, type 1 and type 2. They're different conditions, but they're both serious. There are some other rarer types of diabetes too. Individual needs will be discussed and written onto the child's IHCP - this will detail their triggers and symptoms of a hypo and hyper, and will help identify when their blood sugars might be getting too high or low. Appropriate staff training will also take place. As good practice, staff will clean the area they are working at using disposable cleaning cloths (and then be disposed safely). Ensure that the child and staff member wash their hands before and after as per child's IHCP.

Type 1 diabetes causes the level of glucose (sugar) in your blood to become too high.

It happens when your body cannot produce a hormone called insulin, which controls blood glucose. Insulin is needed every day to keep the blood glucose levels under control.

Type 2 diabetes is a common condition that causes the level of sugar (glucose) in the blood to become too high. It can cause symptoms like excessive thirst, needing to go to the toilet a lot and tiredness. Many people have no symptoms. It increases the risk of getting serious problems with eyes, feet, heart and nerves. It's a long-term condition that can affect everyday life. The person may need to change their diet, take medicines and have regular check-ups. It's caused by problems with a chemical in the body (hormone) called insulin. It's often linked to being overweight or inactive, or having a family history of type 2 diabetes.

Hypoglycaemia (hypos)

Hypoglycaemia (a hypo) happens when your blood glucose level is too low. A hypo will need to be treated if blood glucose falls below 4mmol/L.

Hyperglycaemia

When blood glucose levels are too high, it can cause hyperglycaemia (a hyper).

Defibrillator

The school has acquired a defibrillator and most first aiders will have been trained in its use.

The defibrillator is kept outside the school office.

The heart is controlled by an electrical impulse that makes it beat in a regular rhythm, keeping you alive. When a person has a sudden cardiac arrest (SCA), the normal rhythm becomes disrupted and disorganised, which means their heart can't beat properly and they won't be able to breathe normally. For every minute that someone's in cardiac arrest without receiving CPR and having a defibrillator used on them, their chance of survival decreases by 10%. That's why it's so important to act immediately.

A defibrillator gives a jolt of energy to the heart, which can help restore the heart's rhythm, and get it beating normally again. This simple piece of equipment is easy to use and doesn't require training, but it could make the difference between life and death – so it's important to find and use a defibrillator in an emergency.

You might also hear a defibrillator be called a defib, an AED (Automated External Defibrillator) or a PAD (Public Access Defibrillator). Don't be scared – it's simple! Public access defibrillators

are designed to be used by the public. When you switch the defibrillator on, it will provide clear instructions and talk you through what you need to do. A defibrillator will not harm the person suffering a cardiac arrest and will only give them a shock if and when it is needed.

Bleed Control Cabinets

School has acquired a bright-red cabinet that contains a portable bleed kit. The bleed kit cabinet is located on the gates outside the school's entrance, which is accessible 24 hours a day using a code which is provided by calling 999 and speaking to the ambulance service. The equipment, which can be used by any bystanders, including police officers who are often the first on the scene, includes scissors, gloves and tourniquets, and can be used during any severe bleed trauma incidents. The kit can be used as a vital tool to prevent and reduce major blood loss before paramedics arrive.

Emergency Planning

If a child needs to be taken to hospital, two members of staff should stay with the child until the parent arrives, or one member of staff will accompany a child taken to hospital by ambulance, whilst another follows on in their car. Both stay with the child until the parent arrives.

All staff should know how to call the emergency services (999) and know who is responsible for carrying out first-aid and administering of medication in the school.

***Request for an Ambulance to:* Aintree Davenhill Primary School, Aintree Lane, Liverpool
L10 8LE**

Dial 999, ask for ambulance, and be ready with the following information.

- 1. Telephone number:** 0151 526 1162
- 2. Give your location as follows:** Aintree Davenhill Primary School, Aintree Lane,
Aintree Village, Liverpool, Merseyside, L10 8LE
- 3. State that the A-Z reference is:** 2B 20
- 4. What3words reference is:** pumps.accent.wash
- 5. Give exact location in the school (insert brief description):** e.g. playground, hall,
computer room, etc.
- 6. Give your name:** _____
- 7. Give brief description of pupil's symptoms:** _____
- 8. Inform Ambulance Control of the best entrance and state that the crew will be met
and taken to:** _____
- 9. Inform that we have a defibrillator if needed**

Speak clearly and slowly and be ready to repeat information if asked.

Hand Washing

Hand washing is one of the most important ways of controlling the spread of infections; the recommended method is the use of liquid soap, warm water, and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals.

Coughing and Sneezing

Coughing and sneezing easily spreads infections. Persons are encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal Protective Equipment (PPE)

- PPE for cleaners as per MSDS and/or COSHH risk assessments.
- PPE for cleaners when completing a Deep Clean. The correct PPE should be used when handling cleaning chemicals.
- PPE is worn as per the cleaning chemicals COSHH risk or MSDS.
- PPE is worn by First Aiders when required.

New data protection laws came into effect on 25th May 2018 and it is important that we have consent for the data we hold and that it is accurate. Some of the information is for school record purposes and some is required by the Department of Education.

Aintree Davenhill Primary School feels it is important that all staff have information of pupils and their medical conditions. This is distributed annually to staff at the first inset day of the new school year, a list of children with long term medical conditions are kept in class and in the staff room.

This policy will be reviewed and updated as and when needed.

Guidance posters attached below to display around school for asthma and anaphylaxis, also a reminder to catch your coughs and colds.

Other Safeguarding Legislation

Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must, in discharging their functions in relation to the conduct of the school, promote the wellbeing of pupils at the school.

Section 175 of the Education Act 2002 provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Part 3, and in particular paragraph 7 of the Schedule to the Education (Independent School Standards) Regulations 2014 sets this out in relation to academy schools and alternative provision academies.

Section 3 of the Children Act 1989 confers a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

Section 17 of the Children Act 1989 gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

Section 10 of the Children Act 2004 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and

the NHS Commissioning Board) with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to co-operate in the making of these arrangements.

The NHS Act 2006: Section 3 gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it is responsible. **Section 3A** provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in, the persons for whom it is responsible. **Section 2A** provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses.

Governing Bodies' duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows:

- They **must not** discriminate against, harass or victimise disabled children and young people
- They must make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage

Other Relevant Legislation

Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child who has been prescribed a controlled drug.

The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provides that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It **must** contain a washing facility and be reasonably near to a toilet. It **must not** be teaching accommodation. Paragraph 24 of the Schedule to the Education (Independent School Standards) Regulations 2014 replicates this provision for independent schools (including academy schools and alternative provision academies).

The Special Educational Needs and Disability Code of Practice

Section 19 of the Education Act 1996 (as amended by Section 3 of the Children, Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full-time, or such part-time education as is in a child's best interests because of their health needs.

What to do in an asthma attack

- 1. Sit up straight - try to keep calm.**
- 2. Take one puff of your reliever inhaler (usually blue) every 30-60 seconds up to 10 puffs.**
- 3. If you feel worse at any point OR you don't feel better after 10 puffs call 999 for an ambulance.**
- 4. If the ambulance has not arrived after 10 minutes and your symptoms are not improving, repeat step 2.**
- 5. If your symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.**

Always follow a child's Individual Healthcare Plan.

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.



Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)
2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS



***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, **give a further dose** of adrenaline using another autoinjector device, if available.