



MEDICAL NEEDS POLICY (INCLUDING ASTHMA)

V4

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1.0 Policy Statement

Beckfoot Trust is committed to ensuring arrangements are in place to support pupils with medical needs. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

We are committed to ensuring parents and pupils are supported with a range of medical conditions including long-term complex medical conditions which may require on-going support. Complex medical conditions can be life threatening and they can have a significant impact on a pupil's ability to learn.

2.0 Scope and Purpose

It is important that schools minimise the educational impact and the social and emotional implications associated with medical conditions. Pupils may be self-conscious about their condition/s, and we need to be vigilant to ensure that they are not bullied or that they develop emotional disorders such as anxiety and depression around their medical condition.

Long-term absences because of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

This policy has due regard to legislation including, but not limited to:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The NHS Act 2006
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014

This policy also has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- Ofsted (2024) 'The education inspection framework: maintained schools, academies, non-association independent schools, further education and skills provision and registered early years settings in England'
- Keeping Children Safe in Education 2024
- [Guidance on the use of adrenaline auto injectors in schools \(2017\)](#)
- DfE (2024) Allergy guidance for schools
- [Guidance on the use of emergency salbutamol inhalers in schools \(2015\)](#)

This policy also has due regard to the following Trust policies:

- Care and Control Policy
- Child Protection and Safeguarding policy
- Equality and Diversity Policy
- SEND and Disability Policy

3.0 Overarching Principles

- 3.1 Beckfoot Trust believes it is important that parents/carers of pupils with medical needs feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.
- 3.2 To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we work closely with our Clinical Lead Practitioner, commissioned through the NHS, and consult with health and social care professionals, pupils and their parents/carers.

4.0 Roles and Responsibilities

4.1 The Board of Trustees

- Is legally responsible for fulfilling its statutory duties under legislation
- Ensures that arrangements are in place to support pupils with medical conditions
- Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other child at the school
- Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made
- Ensures that pupils' health is not put at unnecessary risk. As a result, it holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease
- Ensures that policies, plans, procedures, and systems are properly and effectively implemented

4.2 The Headteacher

- Holds overall responsibility for policy implementation
- Ensures that this policy is effectively implemented with partners
- Works with the LA, health professionals, commissioners, and support services to ensure that pupils with medical conditions receive a full education
- Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively
- Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs
- Instils confidence in parents/carers and pupils in the school's ability to provide effective support
- Ensures that all members of staff are properly trained to provide the necessary support and can access information and other teaching support materials as needed
- Ensures that all staff are aware of this policy and understand their role in its implementation
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare (IHC) plans, including in emergency situations

- Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported
- Has overall responsibility for the development of IHC plans
- Ensures that staff are appropriately insured and aware of the insurance arrangements
- Contacts the Trust Clinical Lead Practitioner (CLP) for the Trust where a pupil with a medical condition requires support that has not yet been identified

4.3 Parents/carers:

- Will notify the school if their child has a medical condition
- Provide consent for medication to be administered in school (See Appendix 2)
- Provide the school with sufficient and up-to-date information about their child's medical needs
- Are involved in the development and review of their child's IHC plan
- Carry out any agreed actions contained in the IHC plan
- Ensure that they, or another nominated adult, are always contactable

4.4 The SENCo:

- Will take a lead on ensuring pupils with medical and health condition are supported in school and have a plan which reflects the needs of the child
- They will notify the Clinical Lead Practitioner (CLP) when the school is consulted to admit new pupils with complex medical needs
- Refer pupils transitioning into school with complex medical needs to the CLP
- Hold a review of a health care plan annually, involving the CLP for more complex pupils and ensure pupils and families voices are captured

4.5 Pupils:

- Are fully involved in discussions about their medical support needs
- Contribute to the development of their IHC plan
- Where possible, pupils should take responsibility for their medical conditions

4.6 School staff:

- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so
- Take into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help, following that child's individual health care plan
- Each school is required to have a clear health process within their setting

4.7 The School Care Team:

- 4.7.1 Alongside the SENCo, each school has a Health Care Team Lead who has responsibility for overseeing the implementation of this policy. In some schools, the SENDCo may also be the Health Care Team Lead.
- 4.7.2 In consultation with the SENCo, the Care Team Lead in school will ensure that the medical needs register is up to date. They will have an overview of the pupils' health needs and will co-ordinate their care and their IHCPs in partnership with the SENCo and the CLP.
- 4.7.3 The Care Team leads will:
- Keep training records up-to-date and arrange training for staff annually and specifically for pupils with more complex needs in consultation with the CLP.
 - Oversee and co-ordinate the safe storage of medicines and will have oversight of records, liaising with administrators to ensure that pupil records are kept up to date.
 - Where appropriate, care team members will meet the Clinical Lead Practitioner monthly for supervision and or training.

4.8 Clinical Lead Practitioner (CLP)

- 4.8.1 The Clinical Lead Practitioner is commissioned through the NHS to offer specialist clinical advice and support to Trust staff, pupils and their families and is the trust expert practitioner on medical needs.
- 4.8.2 The Clinical Lead Practitioner will:
- Support schools where pupils have complex health needs and/or disabilities to enable pupils to attend school safely and access and engage in the full life of the school
 - Work with families where pupils have significant health needs
 - Support SENDCOs and offer advice when schools are consulted for places for pupils with EHCPs
 - Support with health needs assessments for pupils transitioning into primary and secondary school settings, at any point in the school year
 - Provide advice and guidance to schools on the writing of individual healthcare plans (IHCP)
 - Attend and support annual reviews for pupils with complex medical health needs as required
 - Review and evaluate the risk assessment of children with complex medical needs and offer advice on strategies and systems to mitigate risks and promote inclusion
 - Liaise with external health services, with or on behalf of schools, to support assessment and the provision of high-quality care, including continuing health care packages in school (CHC)
 - Offer advice regarding training needs of staff, both within a school setting and across the trust
 - Offer advice and support the reintegration into school of pupils following a period of absence in hospital or due to a complex medical need
 - Advise on safeguarding issues relating to children with complex medical needs
 - Liaise with 0-19 School Nursing Service, Special School Nursing Service and CAMHS: signposting schools to external agency advice and support for pupils with anxiety, emotional and mental health issues
 - To offer supervision to school Health Care Teams Leads
 - Attend relevant meetings where appropriate to the case and care of the child
 - To offer expert advice on the safe storage and administration of medicines
 - A referral form for the Clinical Lead Practitioner can be found in Appendix 3a

4.9 Supply teachers and cover for staff absence

4.9.1 Supply teachers are:

- Provided access to this policy
- Informed of all relevant medical conditions of pupils in the class they are providing cover for
- Covered under the school's insurance arrangements

5.0 Admissions

- 5.1 No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made. A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.
- 5.2 When a Trust school is notified a pupil has a medical condition the Care Team Lead/SENCo will be made aware without delay. The Care Team Lead/SENCo will make contact with the family to find out more about the condition and how it may impact upon the pupil educationally, socially and emotionally.
- 5.3 For pupils with complex needs, in the mainstream setting the Care Team/SENCo will discuss the pupil with the Clinical Lead Practitioner/Named Nurse in Special Schools who will liaise with relevant health care professionals to obtain a full picture of the pupil's needs, barriers and to identify support that school can put in place.
- 5.4 If the pupil does not already have an Individual Health Care Plan (IHCP), the school will create a health needs action plan, with support from the CLP for those pupils who: have a long term and complex medical condition, a medical condition which fluctuates, a medical condition with is recurring or there is a high risk that emergency intervention will be required. Not all pupils with a medical condition will require an IHCP. It will be agreed with the CLP, healthcare professionals and the parents.

6.0 Staff Training and Support

- 6.1 An annual audit is completed by the Health Care Team Lead and the CLP in school on an annual basis. This tool will identify training needs for each setting. Training should be undertaken as recommended in the Trust Medical Needs Training Overview.
- 6.2 A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.
- 6.3 Any staff member providing support to a pupil with medical conditions receives suitable training on an annual basis e.g. EpiPen training, asthma awareness training.
- 6.4 Staff have a duty of care to undertake appropriate training to deliver healthcare procedures or administer medication.
- 6.5 Training needs are assessed by the CLP through supervision and the development and review of IHC plans, on an annual basis for all school staff, and when a new staff member/new child with medical needs arrives.
- 6.6 Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHC plans. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

- 6.7 The identified healthcare professional confirms that staff have reached an appropriate standard and will provide documentation for staff and school.
- 6.8 The Clinical Lead Practitioner identifies suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and links with nurse specialists.
- 6.9 The CLP will provide details of further continuing professional development opportunities for staff regarding supporting pupils with medical conditions.
- 6.10 Staff should read advice set out in *Meeting Health Needs in Educational and other Community Settings: A guide for nurses caring for Children and Young People (RCN, 2018)* which recommends those healthcare duties that can and cannot be delegated. (This advice is currently under review).

7.0 Self-management

- 7.1. Where appropriate, pupils in secondary schools should be encouraged to take responsibility for self-managing asthma inhalers and adrenaline auto injectors (AAIs) e.g. EpiPen. In primary schools, pupils should be supervised and supported by a member of staff when taking their inhaler.
- 7.2. Pupils who are prescribed medication and who are competent to manage their own health needs are encouraged to take responsibility for self-managing their medication procedures. However, other than asthma inhalers and AAIs, all medication should be stored safely as detailed in section 9.4. This should be risk assessed and reflected in their IHC plan.
- 7.3. In primary settings, self-administration of medications should always be supervised by a member of the Care Team.
- 7.4. Pupils are strongly discouraged from bringing paracetamol or other over the counter pain medication into school. Each school has a central store of paracetamol if required. This will be administered at the discretion of the headteacher and only with parental consent. Paracetamol should not be administered routinely, only in exceptional circumstances. Staff should ensure any paracetamol administered is taken in situ and recorded. For those pupils who require paracetamol on a regular basis, parents should get the child reviewed by a GP.
- 7.5 Only prescribed paracetamol or other analgesics are permitted to be routinely given.
- 7.6 If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHC plan is followed. If such an event should occur, parents/carers will be informed so that alternative options can be considered.

8.0 Individual Healthcare Plans (IHCP) and School Health Action Plans

- 8.1 The school, CLP and other healthcare professionals and parent/carer(s) agree, based on evidence, whether an individual healthcare plan (IHCP) is required for a pupil, or whether it would be inappropriate or disproportionate
- 8.2 IHCP are created by healthcare professionals for a range of medical and health needs and must be followed by school staff working with that child.
- 8.3 Where an individual healthcare plan is provided by a specialist service this should be used as the plan of care in school and not rewritten. This includes emergency healthcare plans, e.g., a care plan for rescue medication for epilepsy.

- 8.4 Where an IHCP has not been created by a healthcare professional, the school, supported by the CLP, will create a School Health Action Plan.
- 8.5 School Health Action plans should include the following information: (See appendix 5)
- The medical condition, along with its triggers, symptoms, signs, and treatments
 - Reasonable adjustments required for the pupil in school including:
 - Equipment
 - access to food and drink (where this is used to manage a condition)
 - dietary requirements
 - environmental issues
 - The support needed for the pupil's educational, social, and emotional needs
 - The level of support needed, including in emergencies
 - Whether a child can self-manage their medication. (Schools should undertake a risk assessment to ensure the child is competent - refer to CLP for guidance)
 - Who will provide the necessary support
 - The training needs, expectations of the role and who will confirm the supporting staff member's proficiency to carry out the role effectively
 - Cover arrangements for when the named supporting staff member is unavailable
 - Who needs to be made aware of the pupil's condition and the support required
 - Any arrangements or procedures required during school trips and activities
- 8.6 Schools must also consider
- Arrangements for obtaining written permission from parents/carers and the headteacher for medicine to be administered by school staff or self-administered by the pupil
 - What to do in an emergency, including contact details and contingency arrangements
- 8.7 IHCPs and School Health Action plans are easily accessible to those who need to refer to them, but confidentiality is preserved.
- 8.8 IHCPs provided by healthcare professionals should be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.
- 8.9 Where a pupil has an education, health and care plan (EHCP) the IHC plan/School Health Action plan is linked to it or becomes part of it.
- 8.10 Where a child has SEND but does not have an EHCP, their SEND should be mentioned in their IHC plan/School Health Action plan.
- 8.11 Where a child is returning from a period of hospital education, alternative provision or home tuition, schools will work with the CLP, LA, and education provider to ensure that their IHC plan/School Health Action plan identifies the support the child needs to reintegrate.

9.0 Managing Medicines

9.1 Administration of medicines

- 9.1.1 Medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.
- 9.1.2 Schools should seek parent/carer written consent for all pupils under 16 years of age for prescription or non-prescription medicines.

9.1.3 Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours, e.g., antibiotics prescribed 3x daily should be given at home (other than in exceptional circumstances in special schools). Antibiotics prescribed 4x daily a lunch time dose can be given in school.

9.2 Non-prescription medicines

9.2.1 Non-prescription medicines may be administered in the following situations:

1. When it would be detrimental to the pupil's health not to do so e.g., paracetamol for severe period pain
2. **Pain relief medicines are never administered without first checking when the previous dose was taken, and the maximum dosage allowed.**
3. Antihistamine can be given if part of an allergy care plan if not prescribed
4. EpiPen, if instructed by a medical professional e.g. a paramedic can instruct to use an emergency EpiPen. (Written confirmation should be sought where possible)
5. **No pupil under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.**

9.2.2 Parents/carers will be contacted, before non-prescription medication is administered and notified if administered.

9.2.3 Parents/carers are informed any time medication is administered that is not agreed in an IHC plan.

9.2.4 A consent form should be signed by a parent/responsible adult to allow a suitably trained member of staff to administer medication in the school setting.

9.3 Prescription medicines

9.3.1 The school only accepts medicines that are prescribed, in-date, labelled with the child's name, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

9.3.2 Before administering, the prescription label should be checked carefully, ensuring it is labelled with the child's name, dose, time to be given and that it is in date.

9.3.3 Antihistamine for hay fever can be given on residential trips as part of agreed consent.

9.3.4 A 'Record of Administration' sheet should be available for each pupil who require medicines in school (Appendix 6a Individual/6b All pupils). This should be signed immediately after giving a medication.

9.4 Safe storage of medication

9.4.1 In school, medicines should be kept in a designated, robust, locked cupboard, which only named staff should have access to and keys should be accessible at all times.

9.4.2 Medication should be locked away as soon as it arrives in school.

9.4.3 Staff should only accept medication with a prescription label and should check the label to see how the medicine needs to be stored, e.g., fridge.

- 9.4.4 In primary and special schools, exceptions are AAI and asthma inhalers. These should be kept in a designated safe place, e.g., medical needs box in the classroom that is accessible to staff (and the pupil with supervision). A copy of the child's care plan should be kept with their inhaler/EpiPen to be used for reference.
- 9.4.5 In secondary schools, students will keep AAI with them and a spare will be held centrally with a copy of their IHC Plan.
- 9.4.6 Emergency stores of AAI and asthma inhalers (with spacers) should be available in all settings. The inhalers should be stored safely, and their use recorded. Inhalers should always be used in line with this policy.
- 9.4.7 When medicines are no longer required, they are safely returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- 9.4.8 In the event of an error, or adverse reaction to medication, staff should seek appropriate professional help either from the dispensing pharmacist number on the prescription label or by contacting NHS 111 or 999. Parents/carers should be informed and the incident documented.
- 9.4.9 Controlled drugs need to be kept in a locked steel cupboard in a locked room. Our Trust schools will follow these additional regulations for prescription, transport, storage, and administration of controlled drugs:
- Use a controlled drug book to document the stock and the date and time of administration.
 - Record the name of the person administering the drug along with the dose and the route given.
 - As best practice, administer controlled drugs with a witness and to have a witness when drugs are signed in and out of the setting.
 - Monitor stock to ensure balance is maintained and that stock is in date.
 - Return securely to parents to dispose of at issuing chemist for audit trail.

10.0 Children/Young people with additional complex needs where specialist training is required.

- 10.1 This might include the following but may include other health conditions:
- Enteral feeding (gastrostomy, jejunostomy, nasogastric tubes)
 - Tracheostomy
 - Invasive/non-invasive ventilation
 - Stoma care
 - Catheterisation
 - Epilepsy
 - Diabetes
- 10.2 Please ensure a referral is made to the Clinical Lead to support with an assessment, planning, risk assessments and personal evacuation plans prior to admission to setting. Relevant training with nurse specialists will also need to have taken place prior to the start date.

11.0 School Trips

- 11.1 It is the responsibility of the designated trip leader to ensure all staff have the relevant and up-to-date training for a child's individual needs.
- 11.2 A copy of the consent form should be taken on the trip and returned to school.
- 11.3 When returning from a day trip, sign the Record of Medication Administration sheet (Appendix 6), and any other records school keeps.
- 11.4 The person who signed out the medication is responsible for its safe keeping during the trip.

12.0 Transport and Medication (Special School)

- 12.1 This is applicable for young people who come to school on transport and go straight to respite care services from school.
 - 1. Schools are responsible for medications when they are in school. Where medications are required to travel with pupils they should be booked in and out and protocols should be in place for hand-over to a responsible adult.
 - 2. There are medications that children bring into school, that are for use at home or short break settings. They do not need to be used in school and should be removed from the pupil's bag and stored in the designated cupboard.
 - 3. The named person will sign in and out all medications in transit using the school's sign in sheets.
 - 4. Controlled drugs should be stored with the person who is trained to administer them.
 - 5. Controlled drugs lost in transit should always be reported to the police.

13.0 Record Keeping

- 13.1 Written records are kept of all medicines administered to children.
- 13.2 Accurate record keeping protects both staff and pupils and provides evidence that agreed procedures have been followed.
- 13.3 Example forms for record keeping can be found in Appendix 6 of this policy.

14.0 Emergency Procedures

- 14.1 Medical emergencies are dealt with under the school's emergency procedures. Please refer to Appendix 8.
- 14.2 Where an IHC plan is in place, it should detail:
 - What constitutes an emergency
 - What to do in an emergency.
 - A copy of the care plan should be presented to medical staff assessing the child though should not be handed over or left in hospital
- 14.3 Pupils are informed in general terms of what to do in an emergency, such as telling a teacher.

- 14.4 If a pupil needs to be taken to hospital, a member of staff remains with the child (including travelling to) until their parents/carers arrive.
- 14.5 When transporting pupils with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

15.0 Unacceptable Practice

- 15.1 The school will never:
1. Assume that pupils with the same condition require the same treatment.
 2. Prevent pupils from easily accessing their inhalers and medication.
 3. Ignore the views of the pupil and/or their parents/carers.
 4. Ignore medical evidence or opinion.
 5. Send pupils home frequently for reasons associated with their medical condition or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHC plan.
 6. Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
 7. Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition e.g., reward trips, 16-19 Bursary Payments.
 8. Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues UNLESS there is a specific reason e.g., medication that is available in school is not in date. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
 9. Create barriers to children participating in school life, including school trips.
 10. Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition, or any other reasonable adjustments.

16.0 Liability and Indemnity and Insurance

- 16.1 The Board of Trustees ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.
- 16.2 The Trust holds an insurance policy with a policy provider covering liability relating to the administration of medication and/or treatment (including defibrillators). The policy has the following requirements:
- All staff must have undertaken appropriate training.
 - All staff providing such support are provided access to the insurance policies.
- 16.3 In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.
- 16.4 The Trust Insurers recommend that: -
- Schools maintain suitable records, training and documented parental permission is in place and this information is regularly updated
 - It is expected that any training is refreshed and documented as per the guidance from their first aid or medical training provider
 - Any treatment provided is documented as to when and whom and if necessary

17.0 Complaints

- 17.1 Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.
- 17.2 If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure.
- 17.3 If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.
- 17.4 Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

18.0 Home-To-School Transport

- 17.1 Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA.
- 17.2 Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

19.0 Defibrillators

- 18.1 All our Trust schools have an automated external defibrillator (AED). Schools should ensure the following:
 - A note of the make and model is kept with the machine (this information may be needed by the ambulance service)
 - The maintenance schedule is kept up to date e.g., checks/replacement pads etc
 - The AED location is signposted and well known in school (must be stored in an unlocked location)
 - Guidance is available for use of the AED
 - Our Trust Schools should ensure all staff members and others e.g., visitors/community users and pupils are aware of the AED location, and what to do in an emergency. The best way to do this is to have school map displaying locations of first aid kits and the AED on noticeboards etc

All AED's must be registered with [The Circuit](#) (National defibrillator network), if they are accessible 24 hours a day.

18.2 Use and Maintenance of AED

- If an incident occurs immediate action must be taken
- The AED can be used by anybody in an emergency
- If somebody collapses and/or you suspect the AED is needed the ambulance service should be called immediately (999) - they will guide the person using the machine in its use
- A qualified First Aider (who has been trained in CPR and the use of a Defibrillator as part of their First Aid Course) or a member of staff who has undertaken specific AED training delivered by Yorkshire Ambulance Service should be called upon as soon as possible (if they are available)
- Schools should ensure that the AED is regularly checked and serviced, in line with the manufacturer's instructions

20.0 Safeguarding

- 19.1 Children with special educational needs or disabilities (SEND) or certain health conditions can face additional safeguarding challenges. These can include:
- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's condition without further exploration
 - these children being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children
 - the potential for children with SEND or certain medical conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs
 - communication barriers and difficulties in managing or reporting these challenges
- 19.2 Children may be at risk of significant harm where they are presenting as follows:
- Refusal and/or non-compliance with medication and/or treatment and understanding the impact of this on the child or YP e.g., Diabetes, Epilepsy, skin conditions, chronic head lice, Asthma, physical or learning disabilities
 - Exaggeration / misinterpretation of chronic health conditions
 - Recurrent attendances at Accident and Emergency Departments and/or avoidable admissions due to failure to adhere to medical advice
 - Children with escalating emotional/behavioural issues which may include self-harm
 - Child and YP not brought for Health appointments/dental appointments
 - Lack of parental engagement with the child or YP's therapies e.g., Child and Adolescent Mental Health Services, Speech and Language Therapy, physiotherapist
 - Child or YP with escalating eating disorders
- 19.3 Special attention should be paid to the child's communication support needs, ensuring that all children have full access to communication aids.

21.0 Review of Policy

This policy is reviewed annually. We will monitor the application and outcomes of this policy to ensure it is working effectively.

Appendix 1: Individual Healthcare Plan Implementation Procedure



Appendix 2: Medication Consent Form

Medication Consent Form				
First Name:		Surname:		
Date of Birth:		School:		Year Group:
Medication:	I _____ (person with parental responsibility) give permission for _____ (child's name) to receive the following medication whilst at school.			
Name of medicine	Dose to be given	Route to be given (e.g., orally, topically, via gastrostomy, etc.)	Time to be given	
<p>This medicine will be given as prescribed by an appropriately trained member of staff while your child is at school until you inform us that it is no longer required.</p> <p><u>If your child's dose changes, or if this medication is stopped, please contact the school care team as soon as possible.</u></p>				
Care Team lead Name:		Contact Details:		
Signed:		Date:		

Appendix 3a: Clinical Lead Practitioner Referral Form

Guidance Information for Referral to Beckfoot Trust Clinical Lead Practitioner

The Clinical Lead Practitioner can offer intervention advice, support, and signposting for children, young people 2-19 years with complex health needs and/or disabilities, and/or their families. Please note, for signposting no referral is required, please contact Janet Robertshaw directly (contact details below)

These referral criteria is not exhaustive and if you are unsure or wish to discuss a child or young person prior to making a referral please contact Janet Robertshaw on 07738985810 (professionals only) or <mailto:jrobertshaw01@beckfoot.org>.



Essential Referral Criteria

The Clinical Lead Practitioner can intervene to offer support to the following:

- Support or signposting for children with complex health needs and/or disabilities and their families to enable them to attend school safely
- Support with issues related to EHCPs and collating additional health as needed
- Attendance and support at annual reviews for children and young people with complex medical health needs as required
- Support with health needs assessments for children transitioning into primary and secondary school settings, at any point in the school year
- Review and evaluate the risk assessment of children with complex medical needs and offer advice on strategies and systems to mitigate risks and promote inclusion
- Offer advice regarding training needs of staff (both within a school setting and across the trust) to meet the needs of children/young people in the school setting
- Offer advice and support the reintegration into school of children and young people following a period of absence in hospital or due to a complex medical need
- Advise on safeguarding issues relating to children with complex medical needs

Signposting only for child Emotional Health Concerns including low mood, abnormal levels of anxiety/panic attacks, bereavement, self-harming. For issues around emotional health and for children and young people who require assessment and onward referral for suspected autism/ADHD type behaviours schools should speak with parents/carers and consider a referral to the [0-19 School Nursing Service/CAMHS](#).

Please email a copy of this form to Janet Robertshaw: jrobertshaw01@beckfoot.org

Clinical Lead Practitioner Referral Form		BECKFOOT TRUST 		 Bradford District Care <small>NHS Foundation Trust</small>	
Child's Name:		Date of Birth:			
Child's School:		Year Group:			
Child's Address:		Contact number for parents/carers:			
Postcode:					
Ethnicity:		Is an interpreter required?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, which language?					
Please confirm that you have discussed this referral with a parent/guardian with parental responsibility:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you obtained parental consent to share information with the Clinical Lead Practitioner?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reason for referral: (please insert brief bullet points, referring to the criteria above) •					
Outside agencies involved with student/family and contact details of relevant parties:					
CAMHS <input type="checkbox"/>	Social Services <input type="checkbox"/>	YOT <input type="checkbox"/>	Police <input type="checkbox"/>	Early Help <input type="checkbox"/>	LAC <input type="checkbox"/>
CP <input type="checkbox"/>	Counselling <input type="checkbox"/>	Other (Please specify)			
Current school action (briefly, what are you already in place to support the child?)					
Name of Referrer:		Date of Referral:			
Email:		Contact Number:			
Please confirm any supporting information you are providing. (See guidance information for referral provided)					
Attendance % (From the start of the current school year)					
SEN Status:	No SEN <input type="checkbox"/>	SEND Support <input type="checkbox"/>	SEND Support+ <input type="checkbox"/>	EHCP <input type="checkbox"/>	EHCP+ <input type="checkbox"/>
Are any other professionals involved?		Specialist Teaching Support Services		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Educational Psychology		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Speech and Language Therapy		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Other: (give details)			

Appendix 3b: Clinical Lead Practitioner Feedback Form

Clinical Lead Practitioner Feedback Form		BECKFOOT TRUST 	 Bradford District Care <small>NHS Foundation Trust</small>
Child's Name:		Date of Birth:	
Child's School:		Year Group:	
Child's Address:		Contact number for parents/carers:	
Postcode:			
Reason for referral:			
Actions taken by Clinical Lead practitioner:			
Advice for school:			
Onward referrals needed to other professionals and by whom:			
Further support needed by clinical Lead Practitioner: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name of Referrer:		Date of Referral:	
Email:		Contact Number:	

Appendix 4: Health Process - Example



Health information and Medical Needs Process

Care plans.

- Children and young people's care plans can be found on student SIMS record and a paper copy can be found in the filing cabinet in Medical Room in year order files.

Medical Needs Register

- This is accessible on BUHStaff Share Point - [Medical Needs Registers](#)
- Allergy Register available on Share Point and kitchen staff are notified by Health Lead
- Epilepsy Register available on share point - [Medical Needs Registers](#)
- Asthma Register available on share point - [Medical Needs Registers](#)

Medication Management

- All medication that school store on behalf of students is stored in the large white steel cupboard in the medical room. This cupboard and it's contents are clearly labelled.
- Each child has a consent form signed by parent / carer.

Controlled Drugs

- These are kept in the small white steel cupboard on top of the small first aid cupboard.
- Controlled drugs include Buccal midazolam for seizure management medication for ADHD.
- Additional documentation is required to document control drugs

Access to Medication Keys

- A set of keys will be carried with Miss Nawaz (Healthcare Assistant) during the day
- This set includes a key for medical room, a key for the medication cupboard and a key for the controlled drug cupboard
- A second set of keys will be available in a designated key cupboard in General Office.
- A third set of keys is kept by Kirsti Greer in her office.
- Drug keys must not be taken off site and to be kept centrally and securely in the aforementioned designated places.

Appendix 5: School Health Action Plan

Medical diagnosis (as appropriate) and description of current needs:

Give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues, etc.

Reasonable adjustments needed in school:

(transport, hygiene, seating, movement around school, feeding, PE (any other lesson), emotional wellbeing, trips, evacuation procedure)

Key staff involved in supporting (school): *(Name/role)(including specialist nurses details if relevant)*

Emergency contact:

Created on:

Reviewed on:

Appendix 6a: Record of Medicine Administered to an Individual Child – Prescribed medication

[illegible]

Appendix 6b: Record of Medicine Administered – as required

[illegible]

Appendix 7: Contacting Emergency Services

To be displayed by the phone in the school office

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.

- The telephone number: (school phone number).
- Your location as follows: (full address of school).
- The satnav postcode: (school postcode).
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the patient.
- Send out a staff member in a Hi-Viz jacket to meet the ambulance and direct the crew to the patient.

Appendix 8: Beckfoot Trust Asthma Policy

This policy is based on advice taken from: The Department for Education, the National Asthma Campaign, the School Nursing Service, Leeds Teaching Hospital Trust, Leeds Health Initiatives Team, Children Leeds Health and Safety Team and the West Yorkshire Asthma friendly schools initiative.

1. Values

Beckfoot Trust:

- recognises that asthma is a condition affecting many children
- welcomes all pupils with asthma to the school community
- encourages children with asthma to achieve their full potential
- helps and encourages pupils with asthma to manage their own condition safely and effectively
- ensures that pupils with asthma have the confidence to ask for support
- ensures that pupils with asthma participate fully in all aspects of school life, including Physical Education (PE), extra-curricular activities, sports events, visits, outings, or field trips

2. Aim of the Policy

This Asthma Policy will:

- promote increased attendance, participation and achievement for pupils with asthma
- enable all pupils to understand, appreciate and encourage the achievements of people with asthma
- enable all school staff to understand and assist pupils with asthma when necessary and appropriate

3. Training

- Trust Schools will engage in a regular programme of training and staff consultation which covers all the medical conditions, including asthma, of children in their care.
- Training will be delivered annually and updates are given for new staff, trainee teachers and other temporary staff.
- All other staff will have training delivered every two years.
- All staff are made aware of when and where to ask for support in dealing with medical conditions

4. Using Inhalers and Responsibilities

- Staff in our schools understand that **immediate access to reliever (BLUE) inhalers is vital**
- Children's inhalers are stored safely in the classroom and are available for use on request or when there are specific instructions from the child's doctor to say when the inhaler is needed
- The child's Asthma care plan should be kept with the inhaler and used as reference for the supporting staff member
- It is the parent/carer's responsibility to ensure that the child has a labelled inhaler with the issue date and child's name

- It is the parent/carer's responsibility to ensure that inhalers in daily use by their child are checked termly and renewed when necessary and it is the parent/carer's responsibility to ensure that inhalers are fit for current use
- Parents must tell school staff how many doses should be taken in the event of an asthma attack. This should be indicated on the prescription label
- Schools must have a system in place whereby regular checks of inhalers and request any new inhalers from parents' carers
- Asthma UK advises that reliever inhalers (BLUE) are inherently safe medicines. (Clearly pupils should not be allowed to use each other's inhalers as it is illegal and increases the risk of spreading infection.) Only relievers (BLUE) are allowed to be used in school. Brown inhalers are to be used at home only.
- Trained staff can assist children with using their BLUE inhalers when acting in accordance with this policy
- Staff are not required or able to supervise the administration of, or to administer, any other medication associated with asthma unless this is a reasonable adjustment agreement for a child with complex health issues and any training regarding this would be on an individual basis and supported by the Clinical Lead Practitioner

5. Medical Information and Responsibilities

- Trust schools have a system to inform staff of pupils' medical needs and the arrangements in place to meet them
- At the beginning of the school year, or when the pupil joins the school, parents/carers should inform staff if their child has asthma care needs, and an Asthma care plan will be completed with support of the school care team.
- Parent/carers must inform the school immediately if the medication of their child changes and care plan to be amended to reflect this.
- Schools will keep sufficient records to facilitate support for the pupil. The school does not undertake to keep definitive records of all asthma incidents

6. PE/Sport/Off-site activities

- Schools will seek to take all practical steps to encourage and enable pupils with asthma to take part in PE
- All staff are aware that pupils must use their inhalers when they need to and will give appropriate support to children to take their inhaler before the lesson and/or warm up before exercise
- When classes take place off-site or away from classrooms, the school will require pupils who need them to have inhalers and plan for the safe transport and storage of inhalers
- On extended / residential trips the school will require pupils who use inhalers to bring an appropriate supply
- Risk assessments for school visits must indicate which children need inhalers and that these are taken on the trip.

7. Triggers for Asthma

- The Trust will ensure that school environments are favourable to children or staff with asthma or other respiratory conditions by: -
 - Operating no smoking policy throughout each school
 - Using alternatives to chemicals or art materials which may trigger asthma including such things as air fresheners

- Where building works may create a dusty environment, remedial action will be taken to prevent asthma attacks


8. When a child is falling behind in lessons

- If a child is absent from school because of asthma or is tired in class because of disturbed sleep due to the condition, the class teacher will initially talk to the child's parent/carer
- If appropriate, the class teacher will consult the parent, special educational needs coordinator or clinical lead practitioner regarding any action to be taken
- The school recognises that children with asthma may in some cases have special educational needs because of their condition

9. Asthma attacks: action to take

- The traffic light system from Asthma UK gives a simple colour chart to refer to for school staff and to use as a guide

Traffic Light System



Bradford District Care
NHS Foundation Trust

Mild	Reliever inhaler given for cough or wheeze, but otherwise child is ok	Reassure the child and inform parents that reliever inhaler was used
Moderate	Wheeze, cough, chest hurts, or child is finding it hard to breathe Reliever inhaler is needed three or more times a week Child is waking up at night because of their asthma	Inform parents ASAP so that they can make a GP appointment if the child doesn't improve within 24 hours
Severe	Reliever inhaler isn't helping or is needed more than every 4 hours Child can't walk, talk or eat easily Finding it hard to breathe Coughing or wheezing a lot Chest feels tight/hurts	Call 999 Remain calm Sit child up Administer inhaler

better lives, together
Asthma UK Child Action Plan
W: www.bdct.nhs.uk T: @BDCFT

- The traffic light system should be displayed in classroom settings and a copy kept with the child's care plan
- Staff should ensure that:
 - They do not overcrowd the child but do not leave alone or unsupervised
 - Use the blue inhaler via the spacer device
 - Follow the child's care plan or asthma management plan from GP or specialist if they have one and refer to the Traffic Light System
 - Inform parents if their child has symptoms during school hours

10. Action to be taken in the event of an acute attack – Please also refer to Appendix 1

Using (BLUE) reliever inhaler and spacer device if provided:

- Give 2 initial puffs a minute apart, then 1 puff every minute up to 10 puffs
- If child's breathing improves, ring parents to inform them
- If no improvement & child is distressed ring 999 and inform the ambulance service that the child is having asthma attack
- Keep on the phone with the ambulance service until the ambulance arrives
- Continue with 1 puff every minute via spacer until paramedics arrive (up to 10 puffs)
- Inform parent/carer at earliest opportunity

11. Other responsibilities for school staff/ and Care Team

- An up-to-date asthma register should be available for each school setting
- A class medical needs register should be kept informing staff of the needs of the children in their setting
- An emergency inhaler should be available in each school setting please see guidance, these can be purchased from local chemists or online from Selles Medical. Please see emergency Inhaler guidance:

<https://www.gov.uk/.../emergency-asthma-inhalers-for-use-in-schools>

12. References

- [Supporting pupils at school with medical conditions](#) (December 2015) DfE
- [Guidance on the use of emergency salbutamol inhalers in schools](#) (March 2015) DoH
- <https://www.nhs.uk/conditions/asthma/>
- <https://www.blf.org.uk/support-for-you/asthma>
- <https://www.asthma.org.uk>
- <https://www.bbc.co.uk/news/health-49277813>
- [Amended-SelfCare-Booklet-LivingWellWithAsthma.pdf \(mylivingwell.co.uk\)](#)
- [Living Well | Make the Healthy Choice | Bradford District \(mylivingwell.co.uk\)](#)

Appendix A

In the event of an asthma attack:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Ensure that tight-fitting clothing is loosened
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Shake the inhaler and remove the cap
- Place the mouthpiece between the lips with a good seal or place the mask securely over the nose and mouth
- Immediately help the child to take two puffs of salbutamol via the spacer, one at a time (1 puff to 5 breaths)
- If there is no improvement, repeat these steps up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.

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