SPRINGWOOD PRIMARY SCHOOL

Supporting Pupils with Medical Conditions Policy (including Children with Health needs and cannot attend school)

Executive Headteacher: Mrs. Jacqui Wennington

Executive Head Teacher:	Jacqui Wennington
Date written:	February 2016
Reviewed by:	Matt Lawrenson Jeanette Woodward-Styles
Review date:	June 2026
Next review:	June 2027
Ratified by Governors:	LGB – Autumn Term

Part of The LINK Education Trust
Learning • Inclusion • Nurture • Knowledge

Supporting Pupils with Medical Conditions Policy

This policy should be read in conjunction with the Asthma Policy, Attendance Policy, Allergy Policy and the Personal Care Policy.

The implementation of this policy is supported by the Greater Manchester Recommended Standards for Health, Care, Training and Competency for Children and Young People in Specialist Schools.

This policy is compliant with Salford Local Authority (LA) Policy: Supporting Pupils at School with Medical Conditions.

Introduction

Pupils' medical needs may be broadly summarised as being of two types:

(a) Short-term, affecting their participation in school activities while on a course of medication.

(b) Long-term, potentially limiting their access to education and requiring extra care and support and regular ongoing medication.

Schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils so that they can access their full and equal entitlement to all aspects of the curriculum. In this case, individual procedures may be required. Springwood Primary School is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support that pupils with medical conditions (long or short term) may need. Schools also need to be aware of their responsibilities when mental health issues are impacting on a child's attendance.

The Children and Families Act 2014 places a duty on Learning Bodies to make arrangements for children with medical conditions. Pupils with medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act 'in loco parentis' and must ensure the safety of all pupils in their care. To this end, we reserve the right to refuse admittance to a child with an infectious disease, where there may be a risk posed to others or to the health of the child involved. This duty also extends to teachers leading activities taking place off the school site.

The prime responsibility for a child's health lies with the parent/carer, who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of sources, including the School Nurse, Health professionals and the child's GP in addition to the information provided by parents in the first instance. This enables us to ensure we assess and manage risk and minimise disruption to the learning of the child.

There are a number of circumstances in which staff may be requested to give medication or carry out a medical procedure to a pupil during school hours:

- Cases of chronic medical conditions such as asthma, diabetes, epilepsy or breathing conditions requiring intermittent administration of prescribed oxygen.
- Pupil has a medical condition which requires them to have ongoing medication.

- Cases where pupil is recovering from a short-term illness and is able to return to school, but is completing a course of antibiotics / or similar treatment. **N.B Only antibiotics that have to be taken on 4 or more occasions in one day can be administered by school staff.**
- Anaphylaxis.

Aims

- To support pupils with medical conditions, so that they have full access to education, including physical education and educational visits.
- To ensure that school staff involved in the care of children with medical needs are fully informed and adequately trained by a professional in order to administer support or prescribed medication.
- To comply fully with the Equality Act 2010 for pupils who may have disabilities or special educational needs, these pupils will have either a statement or EHC Plan.
- To write and/or undertake, in association with healthcare professionals, Individual Healthcare Plans where necessary.
- To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support.
- To keep, monitor and review appropriate records.

Unacceptable Practice

While school staff will use their professional discretion in supporting individual pupils, it is unacceptable to:

- Prevent children from accessing their medication.
- Assume every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents/carers; ignore medical advice.
- Prevent children with medical conditions accessing the full curriculum, unless specified in their Individual Healthcare plan.
- Penalise children for their attendance record where this is related to a medical condition.
- Prevent children from eating, drinking or taking toilet breaks where this is part of effective management of their condition.
- Require parents to routinely administer medicine where this interrupts their working day, and without prior arrangement.
- Require parents to accompany their child with a medical condition on a school trip as a condition of that child taking part, without first exploring all possible alternative options.
- Administer medication where specific written consent has not been obtained.

Entitlement

Springwood Primary School provides full access to the curriculum for every child wherever possible. We believe that pupils with medical needs have equal entitlement and must receive necessary care and support so that they can take advantage of this. However, we also recognise that employees have rights in relation to supporting pupils with medical needs, as follows:

Employees may:

- Choose whether or not they wish to be involved.
- Receive appropriate training.
- Work to clear guidelines.
- Bring to the attention of Senior Leaders any concern or matter relating to the support of pupils with medical conditions.

Expectations

It is expected that:

- Parents/carers will inform school of any medical condition which affects their child.
- Parents/carers will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container and complete permission form.
- Parents/carers will ensure that medicines to be given in school are in date and clearly labelled.
- Medical professionals involved in the care of children with medical needs will fully inform staff beforehand of the child's condition, its management and implications for the school life of that individual.
- Springwood Primary School will ensure that, where appropriate, children are involved in discussing the management and administration of their medicines and are able to access and administer their medicine if this is part of their Individual Healthcare plan (for example, an inhaler).
- School staff will liaise as necessary with Healthcare professionals and services in order to access the most up-to-date advice about a pupil's medical needs and will seek support and training in the interests of the pupil.
- Transition arrangements between schools will be completed in such a way that Springwood Primary School will ensure full disclosure of relevant medical information, Healthcare plans and support needed in good time for the child's receiving school to adequately prepare.
- Individual Healthcare plans will be written, monitored and reviewed regularly and will include the views and wishes of the child and parent in addition to the advice of relevant medical professionals.

Roles and Responsibilities

The Local Governing Board of Springwood Primary School will ensure that this Policy is implemented. They will ensure that sufficient staff have received suitable training and are competent to take on the responsibility to support children with medical conditions.

Alternative provision for children with medical needs is funded from local authorities' high needs budgets. However, where a child remains on the roll of their home school but requires a period of time in alternative provision due to their health needs, the local authority and home school may wish to consider the transfer of a portion of the school's funding associated with that child to the alternative provision. This would ensure that the funding follows the child. This arrangement would cease when the child is reintegrated back to their home school or are no longer on the roll of the home school.

There is no absolute legal deadline by which local authorities must start to arrange education for children with additional health needs. However, as soon as it is clear that a child will be away from school for 15 days or more because of their health needs, the local authority should arrange suitable alternative provision. The 15 days may be consecutive or over the course of a school year.

If this is the case, a member of the school SLT will ensure that the LA is notified via the following link: https://contactus.salford.gov.uk/?formtype=SMEDICAL.

Class file

All class groups have a green Medication File to ensure the safe storage of medical information pertaining to pupils in that class. These are regularly maintained by class staff and monitored by the school's Senior Leadership Team. Although the maintenance of files may be delegated to members of the class team, overall, this is the Class Teacher's responsibility (or the Teaching Assistants, in order of seniority, in the Teacher's absence). Files must be kept and maintained in such a way that they are suitably confidential and yet accessible. It is essential they are kept in an orderly manner as per the Springwood Standard Contents Page (*see* ***Appendix 1A***) and Pupil

Overview Page (*see* ***Appendix 1B***); this includes the archiving of old records in conjunction with the school's Administration Team.

Individual Healthcare Plans

The main purpose of a health action plan is to identify the level of support each child needs within school. They are specific to every child's individual needs depending on their medical status.

At the present time, these are written by nursing staff and copies are kept in the nurses' office. These are shared with staff on a need-to-know basis. Where provided copies of these are kept in the class medication file as well as being uploaded onto CPOMs.

Training

All our staff are trained annually in the administration of medication. Where staff have not received training or have missed the annual training, they will not be permitted to administer medication.

Certain medical procedures are delegated to class staff by the NHS, as per the Health and Care Act (2022): https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted. In order for this to happen, clear processes, procedures and training are in place, including the identification of training required by members of the school's SLT in conjunction with class teams and the School Nursing Team (*see* ***Appendix 2***). The delegation of this training is described as a tiered approach, via the **Greater Manchester Recommended Standards for Health, Care, Training and Competency for Children and Young People in Specialist Schools.**

Nasopharyngeal (NP) Suction (Deep Suction)

School staff will not be permitted to undertake Nasopharyngeal (NP) Suction (sometimes referred to as Deep Suction) due to the level of risk it may carry in stimulating the vagal nerve, causing bradycardia and more rarely arrhythmia or cardiorespiratory arrest.

Administration of Medication

At Springwood there are clear guidelines around roles and responsibilities in administering medication, as described in the Medication Administration Protocol (*see* ***Appendix 3***).

Only essential medicines will be administered during the school day. These will be only those prescribed by a doctor, with the exception being over the counter medication (e.g. Calpol), provided this is fully **sealed** on arrival. Parents must submit a written permission slip before any medicine is administered via the Weduc App (*see* ***Appendix 4***). Medicines to be given during the school day must be in their original container. Controlled drugs can also be administered, subject to all other conditions as described in the Policy.

If pain relief is needed, the parent should be contacted to confirm that a dose had not been given prior to school. If parents are not contactable, staff to liaise with the nurses as to next steps. If pain relief is given, parents should be informed by phone and in the Weduc App.

Essential medicines will be administered on Educational Visits, subject to the conditions above. A risk assessment may be needed before the visit takes place. Staff supervising the visit will be responsible for safe storage and administration of the medicine during the visit.

Some pupils may require the addition of thickeners such as 'Thicken Up' or 'Thick & Easy' in their oral drinks. At Springwood, we recognise the potentially hazardous nature of thickeners and a clear protocol around their use is in place and described in ***Appendix 5*** of this policy.

Pupils may be prescribed calorie enhancing products such as 'Paediasure'.

The need for such products will have been specified by a health professional such as a Dietician and are taken under the guidance provided by them. These will be administered by class staff and the logs which are used to record this can be found in ***Appendices 6 and 7***.

Procedure

Parents inform school that child
needs to have medication administered

Parents complete
Parental Agreement for school to administer medicine
(*see* ***Appendix 4***)

Medication is received into school and
logged onto class medication log
(*see* ***Appendix 8***)

Lock medication in class medication cabinet,
except medication which needs to be stored in a locked designated fridge,
(*see* ***Appendix 9***).

Record all medication administered on
Medication Sheet and Administration Record
(*see* ***Appendix 10***)

Administration of Medication by Staff

- Only administer medication to one pupil at a time.
- Check pupil's identity with photograph on medication sheet.
- Check medicine, dose, time and expiry date.
- Medication should be administered in an appropriate location.
- Staff will follow directions for administration.
- Dosage should be checked by a second person before it is given to the pupil.
- Administration of medication will be recorded and signed on sheet, by person administering medication and the witness.
- If a pupil refuses any medication, parents should be informed immediately and a note made on the child's administration record.
- Any other reason for not administering medication should be recorded and parents informed immediately.

Medication / Nutrition via Naso gastric / gastrostomy tube
Any medication to be administered via an enteral tube is subject to the same recording system as any other medication (*see* ***Appendix 11***).

The administration of nutrition is subject to the same recording system (*see* ***Appendix 11***).

Record of Medication
The staff member who draws up the medication should get a second person to check the dosage. Both members of staff should sign their initial in the medication record sheet.
The record is kept in the Medication file situated in every classroom. When medicine is received in school, staff will sign in the log-in sheet (*see* ***Appendix 8***), detailing date, time, name of medicine, dosage and name of pupil. This should be countersigned by another member of staff.

Care Plan Records
Where a pupil has an Individual Care Plan(s) written for them by Medical Colleagues, all class staff working with this pupil must read and make themselves familiar with the said plan(s). It is the responsibility of all staff to ensure they are clear in their understanding of such plans and, where necessary, actively seek clarity by asking a School Nurse. Each member of staff must then sign the pupil's **Care Plan Record** (*see* ***Appendix 12***) to formally record that they have read and understood it/them.

Where staff are trained to meet the specific medical needs of individual pupils in relation to an Individual Care Plan(s) (for example, in the administration of nutrition via a Nasal Gastric tube), they must each add a second signature to the **Care Plan Record** before proceeding in this element of their work.

Transportation of Medication
Medication is transported to and from School with each individual child either via school transport or their parent/carer.

Medication is placed in a Medpac and secured with a cable tie either at home in the morning or in school at the end of the day, the Medpac is then put in the child's bag.

Medpacs are labelled with the child's name.

A tag identifying that there is medication in the school bag is attached in a prominent place so that Parents / Escorts / School Staff are aware that it is there and act accordingly.

Medication enroute to respite/after school care should be kept in the child's bag/holdall and kept in a locked cupboard.

Storage of Medication
All medication must be in the original container and clearly labelled with a pharmacy label detailing:

- The child's name.
- The name and strength of medication.
- The dosage and when medication should be given.
- Expiry date of medication. If no expiry date is given, please check with the nurses that it is acceptable to give the medication. Medication will be checked by class staff on a half termly basis, prior to each school holiday. A checklist must be completed (see appendix 13) by staff and stored in the appropriate section of the class medication file.

All medication will be locked in a medication cabinet within the classroom.

Oxygen will be stored and used in accordance with Health and Safety guidelines and risk assessments. When oxygen is not in use, it will be stored in a dedicated external area.

All areas where oxygen is stored/used will be clearly labelled.

Educational Visits
In accordance with school policy, parental consent must be obtained for all off-site visits. Any relevant risk assessments must be in place. A designated member of staff will be identified prior to the visit to be responsible for the transportation of medication and relevant documentation. Medication requiring refrigeration should be kept in a cool bag. Procedures for the recording of the administration of medication when offsite are still subject to the school policy.

Each pupil with asthma has their inhaler in class and this is taken on educational visits. The class staff administers inhalers following the Asthma Policy.

Pupil medication for Educational Visits is placed in their labelled and secured Medpac. All Medpacs are then placed in the orange Medpac drawstring bag and given to the staff member responsible for that child.

Seizure Control
If a pupil has a prolonged seizure and requires the administration of Buccal Midazolam as prescribed and consented by the school Paediatrician and parents/carers, then this can be administered by trained members of staff following the Child's Emergency Seizure Protocol. Each pupil has an individual emergency protocol which is kept in the medication file in class.

ONLY ONE DOSE OF BUCCAL IS ADMINISTERED IN SCHOOL

If this is ineffective then 999 is called and parents informed.

Health and Safety

Disposal of medicine
If medicine is no longer required, this should be returned to the parent/carer for disposal.

Expiry Dates
Will be checked on a half termly basis. Out of date medicines will be logged out and sent home for parents to dispose of.

Trained Staff
There are School Nurses on site regularly and there are a number of staff who are trained First Aiders (see First Aid lists displayed around school).

Administration of Medication (*see **Appendix 3***)**
All staff are trained in the administration of medication.

There is a defibrillator situated in the main reception area at our Swinton and Craig Hall sites. All staff who are First Aid trained are equipped to use the device.

Staff are trained by Health professionals to undertake a number of delegated responsibilities including, but not necessarily restricted to: Naso Gastric administration, Gastro feeds, Oxygen Therapy, Tracheostomy care and Epilepsy care. A record of training is kept by school.

Supporting Pupils with Medical Conditions at Home
There are a small number of pupils who, in exceptional circumstances, due to their medical conditions, may not be able to fully access education within a school setting. Decisions of this nature are always informed with the advice of Medical Professionals and monitored in an ongoing

manner which may incorporate multi-disciplinary input. In this circumstance, school will work alongside parents to ensure that a level of education appropriate to the child's needs is provided.

This may result in:

- A pupil attending school on a reduced timetable negotiated with all stakeholders;
- A pupil being home educated via specialist support from school and other professionals as appropriate. School based staff who are working with the pupil in the home are there for educational support only, not medical support.

Provision should also support the child's individual needs to overcome barriers to attainment and achievement, giving equal consideration to the pastoral needs of the child to allow them to thrive and prosper in the education system.

This should also include personal, social and emotional needs, for example ensuring that the child feels fully part of their home school community, is able to stay in contact with classmates, and have access to the opportunities enjoyed by their peers.

The local authority and the child's home school should consider the use of digital resources to aid learning. Where circumstances allow, local authorities or the home school may be able to play an enabling role in this respect. Digital technology should be used to complement face-to-face education, rather than be used as sole provision. In some cases, the child's health needs may make it advisable to only use digital learning for a limited period of time.

With planned hospital admissions, all parties should work together to give those who will be teaching the child as much forewarning as possible, including letting them know of the likely admission date and expected length of stay. This allows them to liaise with the child's home school about the programme to be followed while the child is in hospital. A personal education plan should be set up to ensure that the child's school, the local authority and the hospital school or other provider can work together. The hospital school or education provider should inform, at the earliest possible opportunity, the local authority and the home school (if any) when the child is due to return home. When a child is discharged by the hospital, the home school, local authorities and the provider should be mindful of any medical advice about how much education will be appropriate after discharge. Consideration should also be given to when the child might be ready to return to school and whether they should initially return to school on a part-time basis only. The Local Authority should engage appropriate agencies to work with schools to complement the education a child receives if they cannot attend school full-time but are well enough to access education in other ways. There should be regular, planned reviews of any part-time arrangements, with the expectation that the child returns to full-time attendance as soon as they are well enough to do so. If a child returns home and is not well enough to return to school, the local authority, home school, parent and medical practitioners should consider whether the child should be supported to be educated at home or whether alternative provision is more appropriate. Any alternative should be arranged as quickly as possible and in full consultation with the child and the parent carer. Ill health should not be a factor in preventing a child from reaching their full potential. Although the S19 duty only applies to children of compulsory school age, local authorities should also have processes and policies in place on how they support children and young people under and over compulsory school age access appropriate education and exams during their stay in hospital.

Severe Allergies and Anaphylaxis

Springwood Primary School maintains a comprehensive, standalone School Allergy Policy that aligns with the statutory requirements of Benedict's Law and the latest Department for Education (DfE) safety frameworks.

Under Regulation 238 of the Human Medicines Regulations 2012, our school procures and maintains non-prescribed emergency "spare" Adrenaline Auto-Injector (AAI) kits on-site without a prescription, for the following purposes:

- Spare AAIs will be deployed immediately if a pupil's prescribed device is broken, expired, misfired, or not immediately available
- Spare AAIs will be handled according to pre-obtained medical authorisation, parental consent, and the pupil's Individual Healthcare Plan (IHP)
- In accordance with updated DfE emergency guidance, if any individual displays clear, life-threatening symptoms of anaphylaxis, staff must administer the school's spare AAI immediately and call 999. Staff are legally protected to act in good faith and must not delay administration to await instructions from emergency operators or medical professionals

For our full operational protocols on risk reduction, kitchen cross-contamination, and whole-school annual training, please refer directly to our standalone School Allergy Policy.

What is anaphylaxis?
AAI's are used in the treatment of anaphylaxis which is a severe and often sudden allergic reaction to an allergen such as food, insect bite or some medications.

Reactions usually begin within minutes of exposure and progress rapidly, but they can occur up to 2-3 hours later. It is potentially life threatening and always requires an immediate emergency response.

AAI's come in two dosage sizes and the Resuscitation Council (UK) recommends that anaphylaxis is treated using this age-based criteria:

For children under 6 years: a dose of 150microgram (0.15milligram).
For children age 6-12 years: a dose of 300microgram (0.3milligram)

Further guidance with regard to responding to the symptoms of an allergic reaction can be found in Appendix 14 and in the school's Allergy Policy.

Supply and Storage
For Springwood Craig Hall Site both, 2 x 150microgram and 2 x 300micrograms AAI are on site.
For Springwood Swinton Site both 4 x 150microgram and 4 x 300microgram AAI are on site.
For Springwood@Belvedere site, 2 x 150microgram and 2 x 300micrograms AAI are on site.
For Springwood@Little Hulton site, 2 x 150microgram and 2 x 300micrograms AAI are on site.
For Springwood@Grosvenor Road site, 2 x 150microgram and 2 x 300micrograms AAI are on site.

Emergency anaphylaxis kits can be found in the following locations:

- Belvedere Site: On the wall in the staffroom
- Craig Hall Site: On the wall in the Admin Office
- Grosvenor Road Site: In the stockroom in the classroom
- Little Hulton Site: On the wall in the staffroom
- Swinton Site: 1 x on the wall in the Admin Office and 1 x on the wall in the Complex Needs Base
- The Nest: In the Staffroom

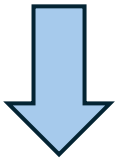
The emergency kits will be checked on a regular basis to ensure that the AAI's are still in date. Emergency AAI kits contain the name(s) and photograph(s) of who it can be administered to.

Procedure with regard to use of AAI for pupils with Individual Healthcare Plans

Parents inform school child
is at risk of anaphylaxis and what the potential allergens are

Parents complete:
Parental Agreement and consent for school to administer an AAI
(*see* ***Appendix 15***)

School will:
Keep a register of pupils who have been prescribed AAI, generated on the Arbor Pupil Information System, with a printed copy kept with the emergency medication



School will:
Keep a record of the use of any AAI on CPOMS and inform parents/carers
that it has been administered
(*see* ***Appendix 16***)

Use of emergency Salbutamol Inhalers in school
As of the 1 October 2014 the Human Medicines (Amendment) Regulations 2014 has allowed schools to obtain, without prescription, salbutamol inhalers to use in emergencies.

The Inhaler **can only be used** for any pupil who has been prescribed one for asthma or as a reliever medication, providing there is written parental consent for the use of the emergency inhaler.

The inhaler can be used if the pupil's own prescribed inhaler is not immediately available, for example if it is expired or broken.

The school emergency inhaler does not replace the child's own inhaler. If a child is prescribed an inhaler, one should still be provided for school use.

For further information regarding what to do in an asthma attack (*see* ***Appendix 17***).

Supply and Storage
Inhalers will be purchased from a local pharmacy or from the school's current medical supplier.

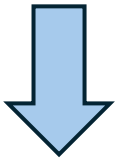
All inhalers will be kept in an emergency asthma inhaler kit which will be housed in the Admin office on both school sites. A folder containing paperwork and guidance will be kept alongside the kit. The emergency kits will be checked on a regular basis to ensure that the inhalers are still in date. Emergency Inhaler kits contain the name(s) and photograph(s) of who it can be administered to.

Procedure for administration of emergency Salbutamol inhaler

Parents inform school child
has been diagnosed with Asthma or prescribed a reliever inhaler

Parents complete:
Parental Agreement and consent for school to administer an emergency inhaler
(*see* ***Appendix 18***)

School will:
Keep a register of pupils who have been prescribed an inhaler, generated on the Arbor Pupil Information System, with a printed copy kept with the emergency medication



School will:
Keep a record of the use of any emergency inhaler on CPOMS and inform parents/carers that it has been administered
(*see* ***Appendix 19***)

Appendix 1A:

Medication File Contents Page

1. **Current Policies and Protocols:**
   - Supporting Pupils with Medical Conditions in School
   - Allergy Policy
   - Asthma Policy
   - Protocol for undertaking Delegated Responsibility Training at Springwood Primary School
   - Medication Administration Protocol

2. **Class Medication date check log**

3. **Individual section for each child that contains:**

	Photograph page of the pupil (on the standard Springwood format)
	Overview sheet detailing the following:
a	**Parental Agreements** (These must be signed and updated annually)
b	**Medication Logs** (Only the current ones should be filed. These should be clearly filled in and double signed)
c	**Administration Sheets** (For the current Month)
d	**Enteral Feeds** (For the current Month)
e	**Epilepsy Care Plans**
f	**Asthma Care Plans/Guidance**
g	**Feeding Guidelines**
h	**Any other care plans (not epilepsy or asthma)**

- Where a child has no medical needs, please insert the sheet that states 'This child currently has no medical needs'.

- All green files should be labelled with 'Medication File'. Labels should be laminated and fit on the spine of the file attached with double sided tape.

- Only the most current information should be in the file, all previous information should be sent to the office to be scanned and submitted to the pupils' individual file.

- All pupils should have a sub section within each of the above sections, with an A4 photograph and titled page preceding their information.

Appendix 1B:

Pupil Overview Page

Pupil Name:
Information updated: September 2026

Section		Yes/No or N/A
a	Parental Agreements (Annually updated)	
b	Medication Logs	
c	Administration Sheets	
d	Enteral Feeds	
e	Epilepsy Care Plans	
f	Asthma Care Plans/Guidance	
g	Feeding guidelines	
h	Any other care plans (not epilepsy or asthma)	

Appendix 2:

Protocol for undertaking Delegated Responsibility Training

Scope:

This protocol covers the following areas of Delegated Responsibility Medical Training, delivered by the School Nursing Team to Springwood classroom staff, including but not necessarily restricted to:

- Gastrostomy feeds, including blended diets and the use of pumps
- Nasal gastro feeds
- Oxygen Therapy
- Oral Suctioning
- Tracheostomy

Procedure:

1. Class Teacher in conjunction with SLT engages in ongoing evaluation as to whether the level of training in the class team is sufficient to meet pupil need.

2. Where additional training is needed, a member of the SLT will initiate contact with the School Nursing Team to arrange an initial training date.

3. As soon as an initial Training Date is confirmed, the SLT will notify a designated member of the Administration Team and Class Team by email, copying in Jeanette Woodward-Styles and Matt Lawrenson.

4. A designated member of the Administration Team will record the initial training date allocated to the Trainee onto the Core/Delegated Training Record and await further information.

5. Upon beginning training, the School Nursing Team will provide the classroom trainee with a Competency Framework document. This will be updated by the School Nurse each time a Trainee receives additional training and/or observation in relation to the area of competency.

6. During the training process, the Trainee must pass this document to their on-site Head of School for safe keeping in a confidential, secure designated file. This should be accessed on request from the SLT whenever the Trainee is due a visit from the School Nursing Team dedicated to the competency training. Once updated, it must be returned to the Head of School (or another member of SLT in their absence).

7. When undertaking training, the Trainee will initially observe the identified procedure being carried out by the School Nurse leading the training. This will include being given background information as to why the intervention is required and any vital safety information, trouble shooting and emergency advice. Additionally, a copy of the care plan for the intervention and any supplementary supporting information will be shared; this may involve detailed sharing of a care plan for a particular pupil(s). Subsequent visits will involve the staff gaining in confidence with the area of competency; this is likely to vary for different Trainees. The Nursing team will observe staff until both Nurse and Trainee are confident that competency has been gained. Following completion of initial training, school staff and Nursing staff should maintain open lines of communication. This may include the provision of trouble shooting advice, updates to Care Plans and procedural updates.

8. On some occasions, the point where competency may not be reached. In such circumstances, such a decision would only be reached following intensive support and open dialogue between the trainee, Nursing Team and the school's Senior Leadership Team. Where competency is not achieved, the trainee would not be able to undertake the specified duty.

9. Upon completion, the Trainee must ensure that a final sign-off has been completed by the School Nursing Team conducting the final assessment.

10. The completed Competency Framework must be scanned by the school office and emailed to both Heads of School and a designated member of the Administration Team. The Trainee must ask the School Admin Team for support with this. After this, the trainee may retain the document for him/her self.

11. A designated member of the Administration Team will ensure the scanned Competency Framework document is added to that member of staff's CPD record. The completion date will be completed further to the initial start date on the Core/ Delegated Training Record and this will be hyperlinked to the Competency Framework document now stored on the system.

12. Once a Trainee has completed the steps above, they will as a minimum receive a yearly Competence Review. This will be prompted by the School's identified SLT with responsibility for Delegated Training. At this point, a Review Document will be provided by the School Nurse and steps 10 and 11 of this protocol must be repeated by all responsible parties.

Appendix 3:

Medication Administration Protocol

SLT

- Ensure that policy and procedures are regularly reviewed and updated. Minimally this will be carried out annually.
- Ensure that any updates to policy and procedure are shared with class staff and other relevant stakeholders.
- Liaise with school nursing team to arrange and facilitate annual medication training for all staff.
- Liaise with the school nursing team in regard to facilitating designated training for key staff. (see separate protocol for Delegated Responsibility Training).
- Facilitate the record keeping of medication training and delegated responsibility training.
- Monitor medication files and paperwork to ensure policy, procedure and practice is being adhered to appropriately and safely.

School Nursing Team

- Provide annual training regarding the administration of medication which includes school policy and procedure.
- To support/advise in regards to medication that parents send into school, where applicable.

Admin Team

- Process admissions documentation which also includes medical conditions and medications, ensuring that pupil records are kept up to date.
- To scan and upload any medical information to the child's CPOMS account and save in appropriate folder, when received.
- To ensure that relevant staff are copied into any new information that is scanned and saved.

Class Teacher

- Ensure that all members of class staff are aware of medical needs of pupils.
- Ensure that all members of class staff have read and understood individual care plans.
- Complete all the appropriate paperwork and proformas to complete the medication file or delegate this to a member of class team.
- Ensure the medication file is prepared at the beginning of the Autumn Term with relevant paperwork and checks.
- Delegate medication administration within class as appropriate across the team, but ensuring that staff are trained first.
- Liaise with Heads of School if there is a member of staff in your class who has not attended/received medication training.
- Update SLT if there are any issues/queries in regards to medication that has been provided for a child.
- Ensure that all medication is locked away in class medication cupboard or in the lockable fridge, as appropriate.
- Report any damage or faults with medication cabinets to the ASBM.

Key Points for Medication Administration

- Medication must be prescribed, however we can accept bottles of over-the-counter pain medication (e.g. Calpol), provided they are fully **sealed** on arrival. These bottles need to be labelled with the pupil name and stored as per all medications.
- Medication is administered by 2 staff to ensure checks are completed, including who it is for and dosage.
- Medication needs to be checked against consent forms and administration records prior to giving.
- Only medication that is prescribed at a specific time during the school day, or has to be given 4 times per day will be administered in school.
- Pupils should be supported to be as independent as possible when taking their medication.
- If pupils refuse medication, this must be recorded in the medication file and parents informed.
- Medication must be administered to the pupil as soon as it is drawn up or taken from the container, it must not be left lying on a worktop or table.
- Medication that is given in a drink or food must be added at school and given straight away to the child. Staff must supervise whilst the child consumes the food/drink.
- Any drink or food that contains medication but is not consumed immediately must be disposed of straight away to ensure that no other child accesses it.
- If parents send food or drink into school that contains medication, this needs to be disposed of straight away and parents informed that it cannot be given. SLT also need to be informed that this has happened.
- Paperwork for administration of medication must be filled in fully and as soon as medication is administered.
- Remember the '5 Rs for Medication Administration'.

Springwood Primary School
5 R's of administering medication

- ✓ Right child
- ✓ Right medication
- ✓ Right dose
- ✓ Right timing
- ✓ Right route

Appendix 4:

Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Name of School/Setting	
Date	
Child's Name	
Group/Class/Form	
Name of medicine	
Strength of medicine	
How much to give (i.e. dose to be given)	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school/setting	

Note: Medicines must be the original container as dispensed by the pharmacy

Daytime phone no. of parent or adult contact	
Name and phone no. of GP	
Agreed review date to be initiated by *[name of member of staff]*:	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's Signature: _____ Print Name: _____

If more than one medicine is to be given a separate form should be completed for each one.

Appendix 5:

Use of Thickeners or Food Supplements

Some pupils may require the addition of thickeners such as 'Thicken Up' or 'Thick & Easy' in their oral drinks, or alternatively may be prescribed calorie enhancing products such as 'Paedisure'.

The need for such products will have been specified by a health professional such as a Dietician and are taken under the guidance provided by them.

If a child has been provided thickener for their oral intake, this is to prevent them **choking or aspirating** on liquid that is too thin a consistency for them to manage. Both choking and aspiration can lead to death. Therefore, if a child has been provided with thickener it **must** be added to all drinks as directed. This child **must not** be given drinks that are not thickened.

Protocol for using thickeners and supplements

- Thickeners and food supplements are given to the child as directed by the instructions on the container and/or the feeding plan.
- All information pertaining to feeding plans and supplements must be in the child's section within the class medication file.
- When thickener or supplements are given, the ''Feeding Administration" overview has to be filled in and kept in the child's section within the class medication file.
- All class staff, including supply staff or staff who are covering for a period, must be informed that the child requires thickener as part of the overview given to them.
- The child **must** have their own named bottle or cup in which all their drinks are provided.
- This bottle **must** have written on the side that the child requires thickener (use a sharpie pen).
- All drinks with thickener or supplements within **must** be given only to the named child. Supervision is required to ensure that no other child accesses the drink.
- If, for any reason, a child has been given liquid that has not been thickened, or another child has drunk liquid that is not for them, SLT **must** be informed as this is a **safety** concern.
- To aid information dissemination, all classes should have a designated snack cupboard or storage area. There **must** be a laminated overview of each pupil's dietary needs including use of thickeners, allergies etc.

Appendix 6:

Feeding Administration Log

Pupil Name					
Date:	**Time:**	**Thickener or Supplement Given**	**Amount**	**Given by:**	**Notes:**

Appendix 7:

Class Snack Requirements

Pupil	Thickener or supplements (Y/N) If yes, please detail	Allergies (please detail)	Own snack or school provided?	Any other comments, information needed.

Appendix 8:

MEDICATION LOG

Pupil Name:									
Date Received	**Name of Medication**	**Amount Received**	**Signed in by:** **Countersigned by:**	**Dosage**	**Time to be Given**	**Expiry Date**		**Amount returned home**	**Log Out** **(Date, Sign and countersign)**

Appendix 9:

Safe Storage of medication

LOCATION OF MEDICATION FRIDGES AT ALL SPRINGWOOD SITES

Springwood site	Classroom name
Springwood Swinton	PMLD unit (lockable fridge)
Springwood Swinton	Staffroom (behind locked door)
Springwood Swinton	The Nest staffroom (behind locked door)
Springwood Craig Hall	Roses Room 5 (lockable fridge)
Springwood Craig Hall	Bluebells Room 6 (lockable fridge)
Springwood Craig Hall	Site Manager's office (behind locked door)
Springwood @ LHCC	Staff room (lockable fridge)
Springwood Belvedere	Snack kitchen (behind locked door)

Appendix 10:

Medication Sheet and Administration Record

Name of child: _____ **Date of Birth**: _____ **Class:** _____

Drug Allergy (Allergic to): _____ **Month**: _____

Start date	Medication Dose	Stop date	Time to be given	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Comments : (e.g. refusal, spilled medication etc.)

Appendix 11:

Enteral Feeds: ______________________ **Route:** ______________________

Name of child: ______________________ **Date of Birth**: ______________________ **Class:** ______________________

Drug Allergy (Allergic to): ______________________ **Month**: ______________________

Amount/Time	Time to be given	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Appendix 12:

Care Plan Record (2025-2026)

Class Name:	**Pupil Name:**

Care plan type/name (including date)	Staff Name (printed)	'I have read & understood this care plan' (signature)	'I have received and understood training in the administration of this care plan' (signature)

Appendix 13:

Class Medication - Date Check Log

Class:		**Date:**	
Name of Staff completing check:			

Pupil Name	Medication name/type	Date on label	D =dispose M = maintain R = return	Staff signature(s)

Appendix 14:

Responding to the symptoms of an allergic reaction

WATCH FOR SIGNS OF ANAPHYLAXIS

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 auto injector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

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 auto injector* 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 auto injector device, if available.

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.

Appendix 15:

Parental Consent Form

FOR USE OF ADRENALINE AUTO INJECTORS AT SCHOOL

Pupil Name: _____

Class: _____

Daytime telephone number of parent/adult contact: _____

Name and phone number of GP: _____

1. I can confirm that my child has been diagnosed as being at risk of anaphylaxis and has been prescribed and adrenaline auto injector.

2. My child has a working, in-date adrenaline auto injector, clearly labelled with their name, which is available in school.

3. In the event of my child displaying symptoms of anaphylaxis, and if their adrenaline auto injector is not available or is unusable, I consent for my child to receive adrenaline from an auto injector held by the school for such emergencies.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Carer Signature: _____

Print Name: _____

Appendix 16:

Parental Notification of Adrenaline Auto Injector Use

Pupil Name:

Class:

Date:

Dear

This letter is to formally notify you that _____ has shown symptoms of anaphylaxis today.

This happened when _____

A member of staff helped them to use their adrenaline auto injector/ they did not have their own adrenaline auto injector with them/ their own adrenaline auto injector was not working, so they were administered with the emergency adrenaline auto injector.

They were given ____ injections.

A Paramedic from the ambulance service attended. Hospital admission was arranged/wasn't required.

Yours sincerely,

Appendix 17:

How to Recognise an Asthma Attack

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as a tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- **Appears exhausted**
- **Has a blue/white tinge around the lips**
- **Is going blue**
- **Has collapsed**

What to do in the event of an asthma attack

- Keep calm and reassure the child.
- Encourage the child to sit up and slightly forward.
- 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.
- Immediately help the child to take two separate puffs of salbutamol via the spacer.
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, 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 the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE.
- If the ambulance does not arrive in 10 minutes give another 10 puffs in the same way.

Appendix 18:

Parental Consent Form

FOR USE OF EMERGENCY SALBUTAMOL INHALERS IN SCHOOL

Pupil Name: _____

Class: _____

Daytime telephone number of parent/adult contact: _____

Name and phone number of GP: _____

☐ I can confirm that my child has been diagnosed as having asthma or has been prescribed a reliever inhaler.

☐ My child has a working, in-date inhaler, clearly labelled with their name, which is available in school.

☐ In the event of my child displaying symptoms of an asthma attack, and if their inhaler is not available or is unusable, I consent for my child to receive the use of a salbutamol inhaler held by the school for emergencies.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Carer Signature: _____

Print Name: _____

Appendix 19:

Parental Notification of Emergency Salbutamol Inhaler Use

Pupil Name:

Class:

Date:

Dear

This letter is to formally notify you that _____ has shown symptoms of an asthma attack today and has had trouble with their breathing.

This happened when _____.

A member of staff helped them to use their inhaler/ they did not have their own inhaler with them/ their own inhaler was not working, so they were administered with the emergency inhaler.

They were given ____ puffs.

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely,