



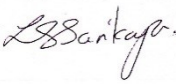
ST. BART'S
MULTI-ACADEMY TRUST

Supporting Pupils with Medical Needs Policy

January 2025

St. Bart's Multi-Academy Trust

Supporting Pupils with Medical Needs Policy

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St. Bart's Mission

Our mission is to **ADVANCE EDUCATION** and to provide the best curriculum in all our academies, enabling every child to realise their full potential.

St. Bart's Vision and Values



We have a **Passion** for releasing potential in all our children and staff through the **Encouragement** and development of **Ambition**, aspiration and excellence in all aspects of our work. Our commitment is to place children at the centre of everything we do. Working in **Collaboration**, we strive to provide the highest quality of educational experiences and outcomes for young people in an inclusive environment. Through the **Enjoyment** of learning, we live life together in all its fullness through **PEACE**.

We believe this vision empowers children with the skills to make a positive impact on the future of the communities they serve.

Our Trust Christian ethos is also captured by the **PEACE** values and all schools work in close partnership (whether C of E or community) to ensure that all children, adults and the communities they serve flourish just as Jesus encouraged us to do in John 10:10 –

“I have come that they may have life, and have it to the full.”

St. Bart's Sustainability

We are committed to educating our pupils about environmental concerns and the importance of living sustainably. We recognise our responsibility to ensure that pupils are prepared for a world impacted by climate change through learning and practical experience.

We encourage both pupils and staff to think about the environment and how their actions will impact upon their local surroundings, as well as the global environment.

We will ensure pupils are taught about environmental sustainability, promote an eco-friendly attitude, and ensure that the Trust itself is as sustainable as it can be.

Supporting Pupils with Medical Needs Policy

Statement of intent

The St. Bart's Multi Academy Trust (SBMAT) is committed to protecting the health, safety and welfare of all employees and others to whom they have a duty of care. This policy has been created per the guidance of the DfE' Supporting pupils at academy with medical conditions.

No child will be denied admission to the academy or prevented from taking up a 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 child's health to admit them into the academy setting.

The academy will not use supplementary forms to request further details about a child's medical condition during the admission process.

This policy aims to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to manage their condition effectively in academy, play a full and active role in academy life, remain healthy, have full access to education (including academy trips and PE), and achieve their academic potential.

Most pupils will have a medical condition that may affect their participation in some activities at some time. For many, this will be short-term, perhaps finishing a course of medication. Other pupils have long-term medical conditions that, if not properly managed, could limit their access to education.

Most pupils with medical needs can attend regularly and with some support from the academy, they can participate in most normal activities. However, staff may need to take extra care in supervising some activities to ensure that these pupils and others are not at risk.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the academy's compliance with the DfE's 'Special educational needs and disability code of practice 0 to 25 years', and this policy will seek to include these pupils and their needs to ensure compliance with legal duties.

The Trust believes it is important that parents of pupils with medical conditions feel that the academy provides effective support for their children's medical conditions and that pupils feel safe in the academy environment.

Some children with medical needs are protected from discrimination under the Equalities Act 2010. Thus, responsible bodies for academy's must not discriminate against disabled pupils regarding their access to education and associated services. SBMAT complies with its duty under the Act and supports the view that all pupils should have maximum access to the curriculum. A pupil's medical condition should be considered against the demands of the curriculum, and wherever possible, the necessary arrangements should be put in place to allow maximum access.

We consult with health and social care professionals, pupils, and their parents to ensure that the needs of our pupils with medical conditions are fully understood and effectively supported.

Staff who support pupils with medical needs or who volunteer to administer medication should receive support from the principal. The principal should also provide access to information, training, and reassurance about their legal liability. Staff should consult with their respective professional associations whenever they feel it necessary.

1. Legal Framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971(as amended)
- Medicines Act 1968 (as amended)
- Asthma UK (2020) 'Asthma at academy and nursery'
- The Academy Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'Academy Admissions Code'
- DfE (2017) 'Supporting pupils at academy with medical condition'.
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools
- The Department of Health guidance on the use of emergency salbutamol inhalers in academy (DH, 2015)

This policy operates in conjunction with the following SBMAT policies/procedures:

- Asthma Policy
- Complaints Procedures Policy
- Attendance Policy
- Accessibility Policy
- SEND Statement
- Mental Health and Wellbeing Policy

2. Responsibilities

Supporting a pupil with a medical condition during the day is not the sole responsibility of one person. The ability to provide effective support will depend on working co-operatively with other agencies. Partnership working between SBMAT staff, healthcare professionals, social care professionals, local authorities, parents and pupils will be critical.

Local Governing Committee will:

- Ensure the health and safety of staff and pupils is protected on the academy premises and when taking part in academy activities.
- Ensure arrangements are in place to support pupils with medical conditions.
- Ensure the Principal implements this policy.
- Ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of academy life.
- Ensure that members of staff who provide support to pupils with medical conditions have access to information and other teaching support materials needed.
- Report any successes and failures of this policy to the principal, members of academy staff, local health authorities, parents and pupils.
- Handle complaints regarding this policy as outlined in the academy's Complaints Policy.

Principal will:

- Ensure this policy, care plans and systems are implemented effectively, and all staff understand their roles.
- Appoint a competent person to assist if required.
- Ensure that enough staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Ensure the necessary resources in terms of money equipment and facilities are authorised or approved and equipment is maintained to a high standard.
- Monitor the effectiveness of this policy.
- Ensure that no prospective pupils are denied admission to the academy because arrangements for their medical conditions have not been made unless the academy are unable to facilitate complicated medical needs.
- Ensure that pupils' health is not put at unnecessary risk. As a result, the academy holds the right to not accept a pupil into academy 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.
- Contact SEN staff and the academy nurse where a pupil with a medical condition requires support that has not yet been identified.
- Ensure all staff are made aware of the pupil's condition. New staff or supply staff are to be informed of any needs immediately.
- Ensure individual care plans are developed for pupils where required and monitored and plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.
- Ensure specific risk assessments are carried out if required and action any items required and assessments are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.
- Ensure that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Consider recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Ensure that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.

- Ensure pupils who are unwell due to a medical condition are allowed the time and resources to catch up on missed schoolwork.
- Contact parents, the academy nurse and the SENCO if a pupil is falling behind with their schoolwork because of their medical condition.
- Instil confidence in parents and pupils in the academy's ability to provide effective support.
- Ensure staff receive appropriate instruction, information and are trained regularly and monitor staff are following procedures, plans and systems.
- Maintain a list of staff that have undertaken training and when refresher is needed.
- Ensure there is suitable cover arrangements in case of absence or staff turnover.
- Retain all relevant documentation required by this policy at local level, in accordance with General Data Protection Regulations (GDPR).

Academy Staff will:

- Read and adhere to this policy.
- Know which pupils they encounter have a medical condition that requires support.
- Undertake any relevant training to assist them when providing medical support to pupils.
- Allow pupils with an asthma medical condition immediate access to their medication and allow pupils with other medical conditions access to their medication without delay.
- Ensure pupils with a medical condition have any relief medication i.e. a reliever inhaler with them on academy trips and during activities outside of the classroom.
- Undertake any relevant training to assist them in administering medicine.
- Undertake sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Provide support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Consider the needs of pupils with medical conditions in their lessons when deciding whether to volunteer to administer medication.
- Read and adhere to Specific Risk Assessments, Individual Care Plans or Individual Healthcare Plans made available.
- Ensure consent forms are received from parents/guardians when medication is brought in for administering ([Appendix 1](#)).
- Ensure medication is stored accordingly and securely to prevent unauthorised access.
- Maintain clear records of any medication administered ([Appendix 2](#)).
- Inform parents if their child has had a sudden medical attack.
- Inform parents when relief medication i.e. a reliever inhaler has been used more than usual.
- Be aware that pupils with a medical condition may experience tiredness during the academy day due to their night-time symptoms.
- Understand the impact of the pupil's medical condition, pupils should not be forced to take part in activities if they feel unwell and should be allowed to stop taking part and return to the activity when they feel well enough (the academy recommends a five-minute waiting period before allowing the pupil to return)

- Ensure pupils are not excluded from activities that they wish to take part in, provided their medical condition is well-controlled and they are not exposed to increased risk to their health.
- Remind pupils with whose symptoms are triggered by physical activity to use their relief medication i.e., reliever inhaler before warming up/taking part.
- Be aware that pupils with a medical condition may experience bullying due to their condition and understand how to manage these instances of bullying.
- Raise concerns of the pupil being bullied and the pupil falling behind with their schoolwork with the principal or SLT staff.
- Raise all concerns with the principal regarding the administration, storage and disposal of medication, medication records, Specific Risk Assessments and Individual Care Plans
- Review expiry dates and available quantities of medication and notify parents/carers when further supplies are required.
- Dispose of unused medication, needles or other sharps in accordance with the disposal arrangements
- Knowing what to do if a medical emergency develops, activate the relevant procedures and call 999 – **See Section 4.27.**
- Retain all relevant documentation required by this policy at local level, in accordance with General Data Protection Regulations (GDPR).

Parents/Guardian Responsibility will:

- Provide information specifically relating to the pupil's condition and medication requirements.
- Provide immediate notification of changes in medication/medical requirements.
- Engage with the development and review of individual healthcare plans.
- Carry out any agreed actions contained in the IHP.
- Ensure reasonable quantities of medication are supplied in the original container as dispensed by the pharmacy.
- Collect and dispose of unused medication.
- Ensure contact information is kept up to date.
- Ensure that they, or another nominated adult, are always contactable.

Academy Nurses will:

- Notify the academy when a pupil has been identified as having a medical condition that requires support.
- Provide liaison with lead clinicians locally where appropriate.
- Offer advice and training options where possible.
- Supporting staff to implement IHPs.

GPs/Consultant/Medical Professional Responsibility:

- Notify the academy nurse when a child has been identified as having a medical condition that will require support at academy.

- Providers of health services are responsible for cooperating with the academy, including ensuring communication takes place, liaising with the academy nurse and other healthcare professionals, and participating in local outreach training.
- Prescriptive labelled drugs must contain:
 - Pupils name
 - Name of medication
 - Dosage
 - Frequency of administration
 - Date of dispensing
 - Storage requirements (if important) i.e., refrigeration
 - Expiry date

3. Individual Healthcare Plans

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

The academy, the 0-19 Hub health service healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. The principal is best placed to take a final view if consensus cannot be reached. [Appendix 3](#) provides a flow chart for identifying and agreeing on the support a child needs and developing an individual healthcare plan.

The format of individual healthcare plans may vary to enable academy's to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them while preserving confidentiality. Plans should not burden an academy but should capture the key information and actions required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because children with the same health condition may require different support. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their healthcare plan.

Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of academy staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the academy, parents and the 0-19 Hub health service who can best advise on the needs of the child. It is also important to involve pupils whenever appropriate, as this empowers them and ensures their needs are considered.

The aim should be to capture the steps that an academy should take to help the child manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services. Partners should agree on who will take the lead in writing the plan, but the academy is responsible for ensuring it is finalised and implemented.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and 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
- Who will provide the necessary support, including details of the expectations of the role and the training needs and refresher frequencies required, as well as 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?
- Arrangements for obtaining written permission from parents and the principal for medicine to be administered by academy staff or self-administered by the pupil.
- Separate arrangements or procedures required during academy trips and activities.
- Where the parents or pupil raises confidentiality issues, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency, including contact details and contingency arrangements
- Procedure for pupil refusal to take medication or carry out a necessary procedure.
- Parental consent for the use of an emergency medication.

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

Where a child is returning to academy following a period of hospital education or alternative provision (including home tuition), academies should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

The local governing committee should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed with the pupil's best interests in mind and ensure that the academy assesses and manages risks to the pupil's education, health and social wellbeing, and minimises disruption.

4. Management Procedures

4.1. Training & Support

Members of staff are not required to administer medicines to pupils, except in emergencies where immediate action is necessary to preserve life or prevent serious harm. Staff members who have volunteered to administer medicines will be insured by the academy's appropriate level of insurance which includes liability cover relating to the administration of medication.

Staff will receive the appropriate training, instruction, information and support to meet the needs of pupils that will fall within their care. The selection of this training, instruction, information and support will be identified by the principal or other senior members of staff, alongside the findings from each individual healthcare plan (IHP) and should be proportionate to risk and in line with any specific requirements detailed in pupil's individual health care plans (IHP).

The principal or other senior members of staff with support from the academy nurse and other medical professionals will identify suitable training opportunities that ensure all medical conditions affecting pupils in the academy are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

The following bodies will provide training:

- Commercial training provider
- The academy nurse
- GP consultant
- The parents of pupils with medical conditions
- Specialist hospital teams

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary.

Training should be provided when a new staff member arrives and refreshed at the appropriate intervals stated on the IHP and organised locally by the principal.

Where staff support pupils with medical needs, they may be included if capacity allows in any relevant meetings where the condition is reviewed or discussed.

No staff must undertake healthcare procedures without appropriate instruction, information and training. A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

Through appropriate instruction, information and training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

The academy Principal or other senior members of staff will confirm the proficiency of staff in performing medical procedures.

To continue to meet the care needs of individual pupils the principal should consider cover arrangements and the potential impact of staff absence, offsite visits, extra-curricular activities etc. when determining the numbers of staff to be trained.

The principal will ensure that all staff supporting pupils with medical needs are made aware of the arrangements for supporting pupils and their role in implementing them. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

Supply teachers will be:

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

4.2. Notification of Medical Condition

When the academy is notified that a pupil has a medical condition that requires support, the process laid out in [Appendix 3](#) will be followed to ensure the correct support is made available.

The academy will liaise with other educational providers where necessary, in the event of a pupil transferring in/out of their current setting. For pupils starting at a new academy, arrangements should be in place in time for the start of the new term. In other cases, such as a new diagnosis or pupils moving to a new academy mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

Academies do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure the right support can be put in place.

Medicines will only be administered at academy when it would be detrimental to a pupil's health or attendance not to do so and where parental consent is granted.

Prescribed medication will only be accepted if they are in-date, labelled with the pupil's name and name of medication, provided in the original container as dispensed by a pharmacist and include instructions for administration, details of potential side effects, dosage, storage and expiry date. The exception to this is insulin, which must still be in date, but will generally be available to academies inside an insulin pen or a pump, rather than in its original container.

Non prescribed medication will only be accepted if the requirements of the Non-Prescription Medicines section are followed.

Before the academy's accepts medication from parents' staff must obtain written permission by parents completing, signing and returning [Appendix 1](#) Administering Medication Parental Agreement Form.

4.3. Administering

Before any medication is administered, the following points should be followed:

- 1. Check that a valid consent form is held for the pupil**
- 2. Ensure correct medication is identified**
- 3. Check consent form and medication to prepare correct dosage**
- 4. Have a second member of staff to verify the dosage prepared to administer where practicable - do not withhold medication if it is in an emergency**
- 5. Administer medication**
- 6. Both members of staff complete the relevant sections on administration form ([Appendix 2](#))**

No pupils should be given any medication without written parental consent.

4.4. Short-Term Treatment

We will work with parents and carers to support keeping pupils in academy when they are well enough to attend. When short-term medicines such as antibiotics are prescribed, it may be possible for doctors to arrange antibiotic dose frequencies, to enable the medication to be taken outside academy hours. If this is not possible, then parents and carers must complete a consent form and give clear details of the medication to be given. Pupils must be well enough to attend, it is considered that for most pupils requiring antibiotics, during the first 3 days of taking antibiotics they would probably be unwell and should not attend.

4.5. Pain Killers

We will only administer non-prescribed pain relief with written consent from the parent or carer detailing clearly, why it is required. Pain relief prescribed by a Medical Practitioner will be given for the duration of the prescription once written consent has been given.

Consent must clearly state the time that medication will be given at home and when any further doses are due. For residential visits, a consent form for pain relief is requested in advance.

The administration of non-prescribed medication should be recorded in the same manner as for prescribed. Staff must also check the maximum dosage and when any previous dose was given.

4.6. Controlled Drugs

The Misuse of Drugs Act controls the supply, possession and administration of some medicines. Some of the drugs that may be prescribed as medication, for use as emergency medication, are in a category where the pharmacy registers the drug, and the amount prescribed. Therefore, these may be deemed as a controlled drug (i.e. Pethidine, Midazolam, Diazepam, Paraldehyde, and Methylphenidate).

A pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Academies should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff or staff authorised by the SLT should have access. Controlled drugs should be easily accessible in an emergency.

The number of controlled drugs stored on site should be kept to a minimum along with a record of any controlled drugs on the premises, doses used, and the amount of the controlled drugs held. When there is no longer a need for a controlled drug to remain on site, these should be returned to the parent and a record made of when it was given back, the amount and to whom. In the event an academy has a pupil requiring controlled drugs, the following recording book should be purchased to ensure compliance.

<https://www.eureka4schools.co.uk/Medical-Consumables/Controlled-Drug-Recording-Book>

4.7. Long-Term Treatment

It is important for the pupils emotional and academic development that the academy should be fully aware of a pupil's medical condition. The academy will draw up, where appropriate and in conjunction with the parent and where required other relevant health professionals, a written Individual Health Care Plan. Where medication is to be administered for the long-term needs of the child, e.g. Epilepsy, the parents or guardians of the pupil will need to complete a written agreement form prior to the medication coming onto the premises.

4.8. Record Keeping

Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held. All medication administered should be recorded using the template in [Appendix 2](#). Proper record keeping will protect both staff and pupils and provide evidence that agreed procedures have been followed.

There is a potential difficulty when the child is responsible for their own treatment e.g. an inhaler held by the child, staff should remind pupils that they need to inform them if they have taken their inhaler.

Staff should review expiry dates and available quantities of medication and inform parents in writing that the medicine needs to be replenished or replaced if a parent forget to do this.

Staff should check the following before administering medication:

- Pupils name.
- Name of medication
- Written instructions from parent/guardian.
- Prescribed dose
- Frequency of administration

- Expiry date
- Check information with a colleague and seek a counter signature before administering. If in any doubt, the member of staff should check with the parent.

In emergency situations you should never withhold medication, seek advice from Principal, First Aiders, 111 or 999.

4.9. Pupils Controlling Medication

After discussion with parents, pupils who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Wherever possible and when safe to do so, pupils should with the exception of controlled drugs be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Pupils who can take their medicines themselves or manage procedures may require an appropriate level of supervision.

If it is not appropriate for a pupil to self-manage, relevant staff should help to administer medicines and manage procedures for them.

The academy should also hold spare emergency medication (e.g. asthma inhaler, adrenaline pen etc.) centrally in case the original is mislaid.

If a pupil misuses their medication, or anyone else's, their parent/carer must be informed as soon as possible, and the academy's disciplinary procedures are followed.

4.10. Non-Prescription Medicines

We will only give non-prescription medicines to pupils where consent is clearly documented, and valid reasons are given.

Medicine containing aspirin will NOT be given to a pupil unless prescribed by a doctor. Pain relief medicines will not be administered without first checking with parents when the previous dose was taken, and the maximum dosage allowed.

E.g. For some conditions, such as Eczema, doctors may have recommended soothing ointments in the event of a 'flare up' of the child's condition.

When considering the administering of nonprescription medication information from parents is to be sought.

4.11. Refusing Medication

If a pupil refuses to take medication or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan and note the occurrence on the child's medical records. Parents should be informed so that alternative options can be considered.

4.12. Safe Storage of Medicines

All controlled drugs and nonprescription pain relief medication is to be stored in the original container issued and stored safely in a non-portable storage cupboard. Only named staff members and staff authorised by SLT will have access; however, these drugs can be easily accessed in an emergency.

Large volumes of medication should not be stored on the academy premises.

Pupils should always know where their medicines are located when held in a secure locked cupboard and be able to access them without delay. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to pupils and not locked away. This is particularly important to consider when outside of the premises (e.g. on trips).

Those pupils who can administer their own medication under supervision should know where it is stored and how they can access it.

Medicines that require refrigeration will be labelled with the pupil's name and kept in a locked fridge in a secure location.

Under no circumstances should medicines be kept in first-aid boxes.

4.13. Discarded and Waste Medicine

Spillage of liquid medication must be cleaned up immediately, recorded on the pupil's medication sheet with an estimated amount and signed by a witness.

Any wasted or damaged tablets that cannot be administered are to be disposed of, recorded on the pupil's medication sheet and signed by a witness.

When medicines are no longer required, they will be returned to parents or to the pharmacy for safe disposal.

4.14. Allergens, Anaphylaxis and Adrenaline Auto-injectors (AAIs)

Anaphylaxis can be triggered by allergens such as insect stings, and certain drugs, but the most frequent cause is food.

Parents are required to provide the academy with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

A medical professional such as a GP should provide guidance or a written Emergency Healthcare Plan (EHP) for a child known to have an allergy, particularly if the allergy is severe or life-threatening (e.g., risk of anaphylaxis).

Pupils known to have an allergy to insect stings or food will have an Individual Healthcare Plan (IHP) written collaboratively, involving key stakeholders to ensure it reflects the pupil's medical needs and how these will be supported at academy. The responsibility for writing the plan falls to the academy, with input from the EHP, healthcare professionals, parents/guardians, and the pupil where appropriate.

The principal or member of SLT will work with the catering team/external catering providers to ensure that all pre-packed foods for direct sale (PPDS) made on the academy site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

Staff members receive appropriate training and support relevant to their level of responsibility, to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with Emergency First Aid for Anaphylactic Shock Procedure. Where a pupil has been prescribed an AAI, this will be written into their IHP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held securely to comply with GDPR with

easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

Pupils who have prescribed AAI devices and are aged seven or older with the capacity to safely manage the device, can keep their device in their possession. For pupils under the age of seven who have prescribed AAI devices, these will be stored in a suitably safe location in immediate proximity to the child who may need them, ensuring rapid access in an emergency.

During playtime/lunchtime and in the event of an academy trip, pupils at risk of anaphylaxis will have their own AAI with them as well as the academy's own AAI devices carried by supervising staff.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members unless in case of an emergency.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

4.15. Emergency Medication for Anaphylactic Shock

Before a pupil with anaphylaxis is accepted into academy, staff will be trained to deliver medication via an 'Epi Pen' in an emergency.

From 1st October 2017, the Human Medicines (Amendment) Regulations 2017 will allow all academies to buy adrenaline auto-injector (AAI) without prescription. The academy will keep a spare or multiple AAIs for use in the event of an emergency, which will be checked monthly to ensure that it remains in date, and which will be replaced before the expiry date.

In the event of a academy trip, pupils at risk of anaphylaxis will have their own AAI with them and the academy will consider taking the spare or multiple AAIs in case of an emergency.

These can be purchased from a pharmaceutical supplier, such as a local pharmacy. A supplier will need a request signed by the principal; a template letter can be found in [Appendix 5](#). These are not supplied free of charge and are charged as a retail item.

Supplies can also be purchased from the following supplier.

<https://www.eurekadirect.co.uk/Medical-Consumables/Adrenaline-Auto-Injectors>

If you decide you wish to purchase these items, you should buy the documents pack and follow the guidance in them to remain compliant.

<https://www.eurekadirect.co.uk/Medical-Consumables/Adrenaline-Auto-Injectors/AAI-Academy-Policy-Folder>

The spare AAI(s) will be stored in the medical room or academy reception office or depending on the number of pupils with allergies in multiple secure locations, ensuring that it is protected from direct sunlight and extreme temperatures.

The spare AAI should only be administered if the pupil is at risk of anaphylaxis, where written parental consent for use of the spare AAI has been provided in [Appendix 4](#).

The academy AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly immediately.

Further administration information for AAI can be found in [Appendix 6](#).

4.16. Emergency First Aid for Anaphylactic Shock Procedure

In the event of anaphylaxis, a trained staff member will be contacted immediately using remote means where a possibility of delayed contact has been identified.

Where there is any delay in contacting trained staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.

If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

The AAI will only be administered to pupils in the event of anaphylaxis where written parental consent has been gained.

Where a pupil who does not have a prescribed AAI or written parental consent appears to be having a severe allergic reaction, the emergency services will be contacted, and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare AAI will be used.

For children under the age of six, a dose of 150 micrograms of adrenaline will be used.

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

Academy staff must always ring 999 in emergency situations in the event of anaphylaxis even if an AAI device has already been administered.

If an AAI is used, the pupil's parents will be immediately notified that an AAI has been administered and informed whether this was the pupil's or the academy's device.

Where any AAIs are used, the following information will be recorded on the SBMAT Medication Administration Record [Appendix 2](#)

- Where and when the reaction took place
- How much medication was given and by whom

4.17. Asthma Medicines (Inhalers)

The academy does all that it can to ensure the academy environment is favourable to pupils with asthma. The academy has a definitive no-smoking policy. Pupils' asthma triggers will be recorded as part of their Asthma Care Plan and the academy will ensure that pupils will not encounter their triggers, where possible.

We are aware that triggers can include:

- Colds and infection
- Dust and house dust mite
- Pollen, spores and moulds
- Feathers
- Furry animals
- Exercise, laughing
- Stress
- Cold air, change in the weather
- Chemicals, glue, paint, aerosols

- Food allergies
- Fumes and cigarette smoke (Source: Asthma UK)

As part of our responsibility to ensure all pupils are kept safe within the academy grounds and on trips away, staff will perform a risk assessment. These risk assessments will establish asthma triggers which the children could be exposed to, and plans will be put in place to ensure these triggers are avoided, where possible.

Games, activities and sports are an essential part of academy life for pupils. All teachers will know which pupils in their class have asthma and will be aware of any safety requirements. Outside suppliers of sports clubs and activities are provided with information about pupils with asthma taking part in the activity via the academy's Asthma Register [Appendix 11](#). Pupils whose asthma is triggered by exercise will be allowed ample time to thoroughly warm up and cool down before and after the session.

As far as possible, the academy does not use any chemicals in art or science lessons that are potential triggers for asthma. If chemicals that are known to be asthmatic triggers are to be used, asthmatic pupils will be taken outside of the classroom and provided with support and resources to continue learning.

Pupils with asthma are encouraged to carry their reliever inhaler as soon as their parent and the academy agree that they have sufficient capabilities and independence. If not, inhalers are given to the academy to be looked after. Reliever inhalers kept in the academy's charge are held in the pupil's classroom in a designated storage area. Whilst asthma drugs are not dangerous, the academy should take reasonable care to store them in a safe place, accessible to teachers but not normally accessed by children.

Parents will be required to label their child's inhaler(s) with the child's full name and year group. Parents will ensure that the academy is provided with two labelled spare reliever inhalers where this is possible for each child, in case their child's inhaler runs out, or is lost or forgotten.

Pupils should be trained how to access their inhaler and the importance of adult supervision where deemed necessary in the pupils Asthma Care Plan. If they have any difficulty, member of staff can be called to assist. Pupils needing a nebuliser are supported by the First Aider.

During playtime and lunch time breaks and when pupils go out for sports or on visits, staff must ensure that inhalers are taken with them.

Academy's ensure all academy staff (teachers, teaching assistants, kitchen staff, out of academy club staff, supply teachers) are aware of the potential triggers and ways to minimise these signs and symptoms of a pupil's asthma and what to do in the event of an attack. This includes Flick Understanding Asthma training awareness sessions for all staff. All staff understand that pupils with asthma should not be forced to take part in an activity if they feel unwell.

Staff will administer the asthma medicines in line with this policy. For pupils who are old enough and/or have sufficient capabilities and independence to do so, staff members' roles in administering asthma medication will be limited to supporting pupils to take the medication on their own.

This procedure is predominantly for the use of reliever inhalers. The use of preventer inhalers is very rarely required at academy. In the instance of a preventer inhaler being necessary and a IHP is in place, staff members may need to remind pupils to bring them in or remind the pupil to take the inhaler before coming to academy.

4.18. Emergency Asthma Medicines (Inhalers)

Since the 1st of October 2014, the Human Medicines (Amendment) (No. 2) Regulations 2014 allows academies to buy salbutamol inhalers, without prescription, for use in emergencies. The academy buys its supply of salbutamol inhalers from a local pharmacy. The academy must complete and submit to the

pharmacy a Salbutamol Inhaler Supply Request [Appendix 12](#) signed by the principal (ideally on appropriately headed paper) stating:

- The name of the academy for which the product is required.
- The purpose for which that product is required.
- The quantity required.

The academy will hold asthma inhalers for emergency use and the inhalers will be stored in the academy's designated storage location in emergency asthma kits, medical room or first aid kit in the academy reception office in temperate conditions out of reach and sight of pupils but not locked away. The academy's emergency asthma inhaler storage locations will be in an easily identifiable location displaying signs.

The emergency salbutamol inhaler should only be used by pupils, for whom written parental consent for use of emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication – [Appendix 7](#). Parental consent for the use of an emergency inhaler should form part of an individual healthcare plan for any pupil with asthma.

Where a pupil who does not have a prescribed asthma inhaler or written parental consent appears to be having a severe asthma attack, the emergency services will be contacted, and advice sought as to whether administration of the spare asthma inhaler is appropriate.

An Asthma Log Folder should also be purchased to provide the necessary documentation required to stay compliant.

<https://www.eurekadirect.co.uk/Medical-Consumables/Inhalers-For-Schools/Accessories/Asthma-Log-Folder>

The emergency asthma inhaler kit should include:

- A salbutamol metered dose inhaler
- At least two plastic spacers compatible with the inhaler. More than two spacers may be required in specific settings determined through a risk assessment.
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- Instructions for replacing inhalers and spacers
- Manufacturer's information
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks scheduled and recorded

Held separately and securely a list of pupils with parental consent and/or individual healthcare plans permitted to use the emergency inhaler. Following advice from the emergency services administration of the spare asthma inhaler will be carried out for pupils without parental consent available.

An example kit can be found here

<https://www.eurekadirect.co.uk/Medical-Consumables/Inhalers-For-Schools/Emergency-Asthma-Kits/Emergency-Asthma-Inhaler-Kit>

The emergency kit should be maintained by nominated members of staff who will have the responsibility of ensuring that:

- The kit is checked monthly, and the inhalers/spacers are present and in working order.

- The inhaler has enough doses available.
- Replacement inhalers are obtained when expiry dates approach.
- Replacement spacers are available following use.
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available is necessary.

NB: Should an emergency arise treatment should be provided with the available kit.

4.19. Emergency First Aid for Asthma Attack Procedure

Symptoms of an asthma attack

Members of staff will look for the following symptoms of asthma attacks in pupils:

- Persistent coughing (when at rest)
- Shortness of breath (breathing fast and with effort)
- Wheezing sound coming from the chest (whistling noise on breathing out)
- Nasal flaring
- Complaints of tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences

Younger pupils may express feeling tightness in the chest as a 'tummy ache.'

Response to an asthma attack

Staff will never leave a pupil having an asthma attack unattended. If the pupil does not have their inhaler to hand, staff will send another member of staff or pupil to retrieve their spare inhaler. In an emergency, members of academy staff are required to act like a 'prudent parent,' i.e. making careful and sensible parental decisions intended to maintain the child's health, safety and best interests.

In the event of an asthma attack, staff will follow the procedure outlined below:

- Keep calm and encourage pupils to do the same.
- Encourage the pupil to sit up and slightly forwards and encourage the child to breathe slow and steady breaths – do not hug them or lie them down.
- If necessary, call another member of staff to retrieve the emergency inhaler – do not leave the affected pupil unattended.
- If necessary, summon the assistance of a member of suitably trained first aid staff to care for the pupil and help administer two puffs of an emergency inhaler. Staff will administer medication where a delay waiting for a trained person would cause a delay to emergency treatment.
- Ensure the inhaler is primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period, it should be regularly primed by spraying two puffs.
- Ensure the pupil takes two puffs of their reliever inhaler (or the emergency inhaler) immediately, preferably through a spacer. With each puff, get them to breathe normally for five breaths.

- Allow 1-2 minutes to observe effects.
- Ensure tight clothing is loosened.
- Reassure the pupil constantly if they are having an asthma attack.
- If there is no immediate improvement, staff will continue to ensure the pupil takes two puffs of their reliever inhaler every two minutes, until their systems improve, but only up to a maximum of ten puffs.
- If there is no improvement before the pupil has reached ten puffs call 999 for an ambulance.
- If other staff are not close by send another pupil to get another member of staff if an ambulance needs to be called.
- If an ambulance does not arrive within 10 minutes, the pupil can administer another ten puffs of the reliever inhaler as outlined above.

Staff will call 999 immediately if:

- The pupil is too breathless or exhausted to talk.
- The pupil is going blue.
- The pupil is pale or sweaty.
- The pupil's lips have a blue or white tinge.
- The child is distressed and gasping.
- The pupil has collapsed.
- You are in any doubt.

The pupil's parent will be contacted immediately after calling an ambulance. A member of staff should always accompany a pupil who is taken to hospital by ambulance and stay with them until their parent arrives.

Generally, staff will not take pupils to hospital in their own car unless in exceptional circumstances, e.g. where a pupil needs professional medical attention, and an ambulance cannot be procured.

In these exceptional circumstances, the following procedure will be followed in line with the First Aid Policy:

- A staff member will call the pupil's parents as soon as is reasonably practical to inform them of what has happened, and the course of action being followed – parental consent is not required to acquire medical attention in the best interests of the child.
- The staff member will be accompanied by one other staff member, preferably a staff member with first aid training.
- Both staff members will remain at the hospital with the pupil until their parent arrives.

Record Keeping

At the beginning of each academy year, or when a child joins the academy, parents are asked to inform the academy if their child has any medical conditions, including asthma, on their enrolment form.

The academy keeps a record of all pupils with asthma, complete with medication requirements, in its Asthma Register [Appendix 11](#). Parents will be required to inform the academy of any changes to their child's condition or medication during the academy year.

All emergency situations will be recorded, and staff practice evaluated, in line with the First Aid Policy.

Following an attack staff will:

- Stay with the child/young person until the symptoms have resolved.
- Always inform academy staff involved with the child during the academy day regarding the need for emergency treatment.
- If the child has had an emergency treatment in academy, immediately notify the parent/carer.
- Record details of the medication administered using SBMAT Medication Administration Record Form [Appendix 2](#) by the member of staff who treated the child and the secondary member of staff.
- If the child has had an emergency treatment in academy, a letter must also be sent home to advise the parents [Appendix 8](#).

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use. NB: Should an emergency arise treatment should be provided with the available kit.

The inhalers itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed; the plastic inhaler housing and cap should be washed in warm running water. It should then be left to dry in a clean and safe place. The canister should then be returned to the housing when it is dry, the cap replaced, and the inhaler returned to its designated storage place.

However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

Manufacturers' guidelines usually recommend that spent inhalers be returned to the pharmacy to be recycled, rather than being thrown away. Academies should be aware that to do this legally, they should register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. Registration only takes a few minutes online; it is free and does not normally need to be renewed in future years.

<https://www.gov.uk/waste-carrier-or-broker-registration>

Information on asthma attacks can be found in [Appendix 9](#).

4.20. Injections

Pupils with Diabetes or with other medical conditions needing an injection are supported by trained staff members to do so. If the pupil is unable to administer themselves and it is deemed that adult support is required, the IHP should clearly detail this, and staff will have been given appropriate training prior to assisting. In the event of an emergency, an ambulance will be called, and staff will follow any instructions given. All medication administered will be fully recorded. Needles and syringes are to be disposed of safely in a yellow sharps bin.

4.21. Liquid Medicine

Liquid medicines are generally taken at lunchtimes, either before or after their meal, according to their doctor's instructions, but may also be taken at other times during the day.

The dose is measured out with the measuring syringe/spoon provided by the parent and wherever possible, the syringe/spoon is then handed to the pupil for them to take the dose. The syringe/spoon is then wiped clean with a tissue and stored with the medicine. All medication administered will be fully recorded.

Rectal liquid medication is administered by following the specific training that staff have received from a medical professional.

4.22. Tablets

Pupils needing tablets generally take them at lunchtime, either before or after their meal, according to their doctor's instructions, but may also be taken at other times during the day.

They will be given the tablet to take, all medication administered will be fully recorded. The pupil is given water to drink if required. Academy staff will make every effort to remind pupils to take their medicine at the correct time.

Tablets must not be crushed or hidden in food.

4.23. Day Trips, Residential Visits and Sporting Events.

Staff should be aware of how a pupil's medical condition will impact on their participation, but there should be enough flexibility for all pupils to participate according to their own abilities and with any reasonable adjustments.

Academies should plan for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

- Risk assessments are completed before, with risks for pupils with known medical conditions considered, as well as any potential risk to others including the secure storage of controlled drugs.
- In advance staff make contact (either in writing, in person or via phone) with the parents of pupils with medical conditions. They ensure that they are as fully briefed as possible, that adequate quantities of medication are available, that the pupil's condition is stable and which emergency details are required should the pupil need to have additional support.
- If any adjustments to activities or additional controls are required these should be detailed via an individual risk assessment or in daily use texts such as schemes of work / lesson plans to reflect differentiation / changes to lesson delivery.
- Medicine will be given to the pupil to take and supported by a member of staff. Staff will record that medicine has been given using [Appendix 2](#) Medication Administration Record.
- Group Leaders will ensure that staff keep the inhalers for pupils allocated to them.
- Some pupils may need to take precautionary measures before or during exercise and may need to be allowed immediate access to their medicines. (e.g. asthma inhalers). Staff supervising sporting activities should be aware of all relevant medical conditions and emergency procedures.
- Pupils will be informed where their medicines are always and will be able to access them immediately. Controlled drugs that have been prescribed for a pupil will be securely stored in a non-portable container and only named staff or staff authorised by the SLT should have access. Where this will not be possible on a trip, i.e. at the seaside – medication would need to be carried by a designated member of staff, ideally in a locked container. Controlled drugs should be easily accessible in an emergency.

4.24. Seizures

All pupils with the condition diagnosed, must have relevant and up to date IHP detailing the appropriate actions and interventions required to support the pupil, in the event of a seizure. Any training requirements will be actioned by the principal or designated member of staff.

4.25. Disposal of Unused Medication, Needles and Other Sharps

Where staff use syringes and needles, it is their responsibility to ensure the safe disposal of these items into a sharps box. Where pupils are self-administering insulin, or any other medication with a syringe, they must be assisted by staff in the proper disposal.

A sharps box will be provided but kept safe by staff and locked away. Arrangements should be made at local level to dispose of the sharps box where required with local providers.

Any expired, unused medication or used up medication dispensers i.e. inhalers should be recorded as being returned to the parent/carer when no longer required. If this is not possible, it should be returned to a pharmacist for safe disposal.

4.26. Defibrillators

Cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. If this does happen, quick action (in the form of CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe.

All SBMAT academy's will make available an automated external defibrillator (AED). The AED will be in a communal area of the academy in an unlocked cabinet. All staff members, pupils, contractors and visitors will be made aware of the AED's location through AED signage displayed at the entrance to the academy building.

AEDs, as work equipment, are covered by the Provision and Use of Work Equipment Regulations 1998 (PUWER), and as such duties are placed on employers in respect of employee training and the provision of information and instructions in the use of such equipment. However, AEDs are designed to be used by someone without any specific training and by following voice and/or visual prompt step-by-step instructions on the AED the rescuer is guided through the entire process from when the device is first switched on or opened.

It should therefore be sufficient for academy's to circulate the manufacturer's instructions to all staff and to provide short general awareness briefing sessions to meet their statutory obligations. (DfE Guidance of AEDs). However, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first aid and AED use.

The emergency services must always be called by the academy where an AED is used or requires using.

Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

Academies can purchase a defibrillator at a reduced cost through the DfE arrangements, which can be found at

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679980/AED_guide_for_schools_Feb_2018.pdf

Maintenance checks will be undertaken on AEDs on a weekly basis by the academy appointed person, who will also keep an up-to-date record of all checks and maintenance work using the Trust compliance system "Every" and the specific AED weekly check form [Appendix 10 A](#), [B](#), [C](#), [D](#) or [E](#).

4.27. Emergency Procedures

As part of general risk management processes, all Principals should ensure there are arrangements in place for dealing with emergencies for all activities, including on educational trips.

Where a pupil has an individual healthcare plan and a condition has an attributed emergency it should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. All other pupils should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If an ambulance needs to be called

Following template F of the Department for Education guidance.

Request an ambulance –

- dial 999,
- ask for an ambulance and be ready with the information below.

Remain with the patient even if they are conscious.

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

- Your telephone number
- Your name
- Your location as follows
- State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
- Provide the exact location of the patient
- Provide the name of the pupil, date of birth or age and a brief description of their symptoms
- Inform operator of the best entrance to use and state that the crew will be met and taken to the patient
- Inform operator of any specific patient directives
- Inform operator of known medical conditions and medical information

Following the above

- Endeavour to contact the parent/carer
- Accompany the child in the ambulance
- Take a copy of all medical details, IHP and medication with you
- Remain with the child until the parent/carer arrives

Generally, staff will not take pupils to hospital in their own car unless in exceptional circumstances, e.g. where a pupil needs professional medical attention, and an ambulance cannot be procured.

Where an ambulance needs to be called, there are several roles that staff take on.

The responsibility for these roles is fluid, since at any one time that member of staff may not be available. These are the general procedures to be followed, in more detail, with a suggested member of staff who will carry out that procedure.

ROLE	WHO
The decision that the child needs emergency medical care	Check if IHP requirement. Or First Aider
Call an ambulance	Person with the child. Use a mobile phone if necessary
Directing Admin staff to call the parents.	Principal or most senior manager
Passing on information to the Paramedics	First Aider or person present
Going in the ambulance with the child in the absence of the parents.	First Aider or member of staff
Transferring the member of staff from the hospital back to academy when the parents have arrived at the hospital.	Any available member of staff insured to do so

5. Errors/Incidents in Administration Procedure

If medication has been administered incorrectly, the following steps should be followed:

- Ensure the safety of the pupil using First Aid if required and monitoring pulse and respiration.
- Call for an ambulance if the pupil's condition is a cause for concern.
- Notify the Principal immediately.
- Document any immediate adverse reactions.
- Contact the pupil's parent/GP/Pharmacist or NHS 111 for advice.
- Record the incident on the SBMAT incident log following the SBMAT Accident and Incident Procedure.
- The health and safety rep or the principal must complete the log and carry out an investigation in-line with the procedures laid out in the SBMAT Accident and Incident Procedure..
- The medication administration sheet should reflect the incident.
- The pupil's parent should be informed formally in writing.

It is recognised that despite the high standards of good practice and care, mistakes may occasionally happen for various reasons. Every employee has a duty and responsibility to report errors to his/her principal. The principal should encourage all staff to report any incident or error in an open and honest way to prevent any potential harm to the pupil.

The principal must handle such reporting of errors in a sensitive manner with a comprehensive assessment of the circumstances. In any case, where controlled drugs are unaccounted for, the police should be informed.

A thorough and careful investigation should be conducted before, and disciplinary action is taken.

6. Unacceptable Practice

Although academy staff should use their discretion and judge each case on its merits with reference to the pupil's individual healthcare plan, it is not generally acceptable practice to:

- Prevent pupils from easily accessing their inhalers/medication and administering their medication when/where necessary.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents or ignore medical evidence or opinion (although this may be challenged).
- Send pupils with medical conditions home frequently for reasons associated with their medical condition, or prevent them from staying for normal academy activities, including lunch, unless this is specified in their individual healthcare plans.
- If the pupil becomes ill, send them to the office or medical room unaccompanied, or with someone unsuitable.
- Penalise pupils for their attendance record if their absences are related to their medical condition (e.g. hospital appointments).
- Prevent pupils from drinking, eating, taking toilet breaks, or other breaks whenever they need to manage their medical condition effectively.
- Require parents, or otherwise make them feel obliged, to attend academy to administer medication and provide medical support to their child, including with toilet issues. No parent should have to give up working because the academy is failing to support their child's medical needs.
- Prevent pupils from participating or create unnecessary barriers to pupils participating in any aspect of academy life, including academy trips (e.g. by requiring parents to accompany the child).

7. Liability and Indemnity

SBMAT is a member of the Department for Education Risk Protection Arrangement (RPA). The RPA is a scheme provided specifically for academies.

The RPA will provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. This should be discussed and checked when developing individual healthcare plans. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

8. Complaints

Should parents be dissatisfied with the support provided they should discuss their concerns directly with the principal. If for whatever reason this does not resolve the issue, they make a formal complaint via the SBMAT Complaints Policy.

Making a formal complaint to the Department for Education should only occur if it comes within the scope of section 496/497 of the Education Act 1996 and after all other attempts at resolution have been exhausted.

Ultimately, parents will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

9. Advice on Medical Conditions

Asthma	www.asthma.org.uk Helpline – Tel: 0300 222 5800
Epilepsy	www.epilepsy.org.uk Helpline - 0808 800 5050
Managing Common Infections: Guidance For Primary Care	www.gov.uk/government/publications/managing-common-infections-guidance-for-primary-care
Anaphylaxis	www.anaphylaxis.org.uk
Cystic Fibrosis	www.cysticfibrosis.org.uk
Diabetes	www.diabetes.org.uk
Cardiac Risk in the Young	http://www.c-r-y.org.uk/

10. Monitoring and Review

This procedure is reviewed on a bi-annual basis by the Trust Compliance and Risk Manager. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

Appendix 1 – Administering Emergency Medication Consent Form

TO BE COMPLETED ON ACADEMY HEADED PAPER

Administering Emergency Medication

Parental Agreement Form/Staff Training Record and Authority Form

Part A To Be Completed By Parent/Guardian

Please complete Part A of this form to provide the school with the authority to give your child emergency medication.

Date for review to be initiated by	
Name of school	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the packaging)	
Expiry date	
Dosage and method	
Details of staff training to be provided to administer medication	
Special precautions/other instructions	
Are there any side effects that the school needs to know about	
Details of side effect procedures to be taken	

NB: Medicines must be in the original container as dispensed by the pharmacy.

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to trained school staff to administer emergency medicine. I will inform the school immediately if there is any change in dosage of the medication, or if the medication is stopped.

Signature(s) _____ Date _____

Part B To Be Completed By School Principal

Have the specific details of administering of emergency medication and any side effects been included in the pupils Care Plan?

Where specific details have not been included in the Care Plan authority to administer emergency medication MUST not be given.

Yes/No (Delete as appropriate)

School Principal Name:

Signature:

Date:

Please complete to record training provided to staff and to provide staff with the authority to give emergency medication to a pupil.

Name	Training Administering Emergency Medication		Training Side Effect Procedures		Authority to Administer Emergency Medication	
	Date	By Whom	Date	By Whom	Date	By Whom

Appendix 2 – Medication Administration Record

MEDICATION ADMINISTRATION RECORD

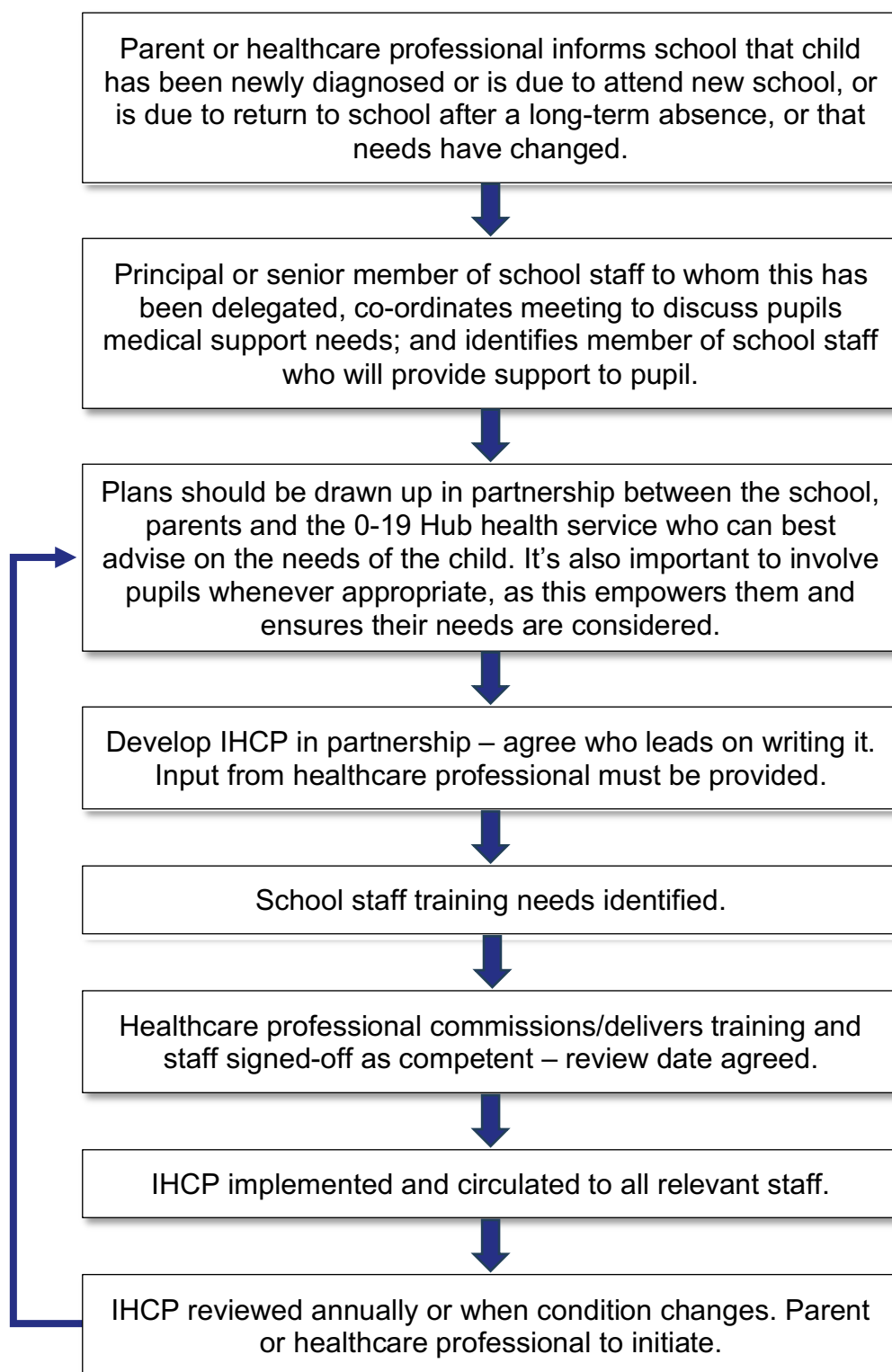
FULL PUPIL NAME		CLASS	
-----------------	--	-------	--

**IMPORTANT – YOU MUST ENSURE THAT YOU HAVE CHECKED THE CONSENT FORM HAS BEEN RECEIVED.
THE CORRECT DOSAGE IS PREPARED, FOLLOWING THE CONSENT FORM AND MEDICATION INFORMATION LABEL.
A SECOND MEMBER OF STAFF CHECKS THE PREPARED DOSAGE BEFORE ADMINISTERING.**

DATE	PERSON ADMINISTERING	PARENTAL CONSENT CHECKED	TIME	MEDICINE GIVEN	MEDICINE IN DATE	DOSAGE GIVEN	SECONDARY STAFF CHECK SIGNATURE	REACTIONS	ADMINISTERS SIGNATURE
		☐ YES ☐ NO			☐ YES ☐ NO			☐ YES ☐ NO	
NOTES									
DATE	PERSON ADMINISTERING	PARENTAL CONSENT CHECKED	TIME	MEDICINE GIVEN	MEDICINE IN DATE	DOSAGE GIVEN	SECONDARY STAFF CHECK SIGNATURE	REACTIONS	ADMINISTERS SIGNATURE
		☐ YES ☐ NO			☐ YES ☐ NO			☐ YES ☐ NO	
NOTES									
DATE	PERSON ADMINISTERING	PARENTAL CONSENT CHECKED	TIME	MEDICINE GIVEN	MEDICINE IN DATE	DOSAGE GIVEN	SECONDARY STAFF CHECK SIGNATURE	REACTIONS	ADMINISTERS SIGNATURE
		☐ YES ☐ NO			☐ YES ☐ NO			☐ YES ☐ NO	
NOTES									
DATE	PERSON ADMINISTERING	PARENTAL CONSENT CHECKED	TIME	MEDICINE GIVEN	MEDICINE IN DATE	DOSAGE GIVEN	SECONDARY STAFF CHECK SIGNATURE	REACTIONS	ADMINISTERS SIGNATURE
		☐ YES ☐ NO			☐ YES ☐ NO			☐ YES ☐ NO	
NOTES									
DATE	PERSON ADMINISTERING	PARENTAL CONSENT CHECKED	TIME	MEDICINE GIVEN	MEDICINE IN DATE	DOSAGE GIVEN	SECONDARY STAFF CHECK SIGNATURE	REACTIONS	ADMINISTERS SIGNATURE
		☐ YES ☐ NO			☐ YES ☐ NO			☐ YES ☐ NO	
NOTES									
DATE	PERSON ADMINISTERING	PARENTAL CONSENT CHECKED	TIME	MEDICINE GIVEN	MEDICINE IN DATE	DOSAGE GIVEN	SECONDARY STAFF CHECK SIGNATURE	REACTIONS	ADMINISTERS SIGNATURE
		☐ YES ☐ NO			☐ YES ☐ NO			☐ YES ☐ NO	
NOTES									
DATE	PERSON ADMINISTERING	PARENTAL CONSENT CHECKED	TIME	MEDICINE GIVEN	MEDICINE IN DATE	DOSAGE GIVEN	SECONDARY STAFF CHECK SIGNATURE	REACTIONS	ADMINISTERS SIGNATURE
		☐ YES ☐ NO			☐ YES ☐ NO			☐ YES ☐ NO	
NOTES									

Appendix 3 – Model DfE IHCP Process

Model DfE process for developing individual healthcare plans.



Appendix 4 – Emergency AAI Consent Form

TO BE COMPLETED ON ACADEMY HEADED PAPER

CONSENT FORM: USE OF EMERGENCY ADRENALINE AUTO-INJECTOR IN

[Insert academy name]

Child showing symptoms of anaphylaxis.

1. I can confirm that my child has been diagnosed with anaphylaxis and has been prescribed an adrenaline auto-injector.
2. My child has a working, in-date adrenaline auto-injector, clearly labelled with their name, which they will bring with them to academy every day.
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 an adrenaline auto-injector held by the academy for such emergencies.

Signed: _____ **Date:** _____

Name (print): _____

Child's name: _____ **Class:** _____

Parent's address and contact details:

Telephone: _____ **E-mail:** _____

Appendix 5 – AAI Purchase Form

TO BE COMPLETED ON ACADEMY HEADED PAPER

(DATE)

We wish to purchase emergency Adrenaline Auto-injector devices for use in our academy.

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows academy's to purchase "spare" back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

Please supply the following devices:

Brand name		Dose* (state milligrams or micrograms)	Quantity Required
	Adrenaline auto-injector device		
	Adrenaline auto-injector device		

Signed: _____ Dated: _____

Print name: _____

Head Teacher/ Principal

PLEASE READ AND THEN DELETE:

AAIs are available in different doses and devices. Academy's may wish to purchase the brand most commonly prescribed to its pupils (to reduce confusion and assist with training). Guidance from the Department for Health to academy's recommends:

For children age under 6 years:	For children aged 6-12 years:	For teenagers age 12+ years:
EpiPen Junior (0.15mg) or Emerade 150 microgram or Jext 150 microgram	EpiPen (0.3 milligrams) or Emerade 300 microgram or Jext 300 microgram	EpiPen (0.3 milligrams) or Emerade 300 microgram or Emerade 500 microgram or Jext 300 microgram

Appendix 6 – Allergic Reaction Signs Information

The signs of an allergic reaction are:

Mild-moderate allergic reaction:

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

ACTION:

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



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

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

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

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

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

After giving Adrenaline:

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

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 7 – Emergency Asthma Inhaler Consent Form

TO BE COMPLETED ON ACADEMY HEADED PAPER

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

[Insert academy name]

Child showing symptoms of asthma / having asthma attack.

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to academy every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the academy for such emergencies.

Signed: _____ Date: _____

Name (print): _____

Child's name: _____ Class: _____

Parent's address and contact details:

Telephone: _____ E-mail: _____

Appendix 8 – Asthma Inhaler Use Parent Inform Letter

TO BE COMPLETED ON ACADEMY HEADED PAPER

SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name: _____

Class: _____

Date: _____

Dear _____,

[*Delete as appropriate]

This letter is to formally notify you that _____
has had problems with his/her* breathing today. This happened when

A member of staff helped them to use their asthma inhaler. *

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ____ puffs. *

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. 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,

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 ten puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to academy activities when they feel better.
- If the child does not feel better or you are worried at **ANYTIME** before you have reached ten puffs, **CALL 999 FOR AN AMBULANCE.**
- If an ambulance does not arrive in 10 minutes give another ten puffs in the same way.

Appendix 10 (A) – AED Weekly Check HeartSine 500P



Weekly or After Event Automated External Defibrillator (AED) Check Record

Document reference: 569_V:2
Document Type: Form
Authorised by: C Leach
Date: 12-12-2022
Page 41 of 2

Year:

Location of AED	Make of AED				HeartSine 500P				Serial number of AED									
Please add date of check	Frequency of check	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Please add checkers initials																		
Free from faults/missing items enter a tick in the check box																		
Fault/missing item identified enter a cross in the check box and complete fault section																		
All Automated External Defibrillators																		
Is the AED placed somewhere that can be easily accessed	weekly																	
Is the case free from dirt, contamination	weekly																	
Is the case free from cracks and other signs of damage	weekly																	
Are safety labels fitted to the case legible	weekly																	
Are extra sets of electrode pads (optional) sealed in a pouch and in date	weekly																	
Are extra batteries (optional) in date	weekly																	
Is a preparation kit present • Scissors • Examination gloves • Shaving razor • Face towel • CPR face shield	weekly																	
Other, please specify																		

Weekly or After Event Automated External Defibrillator (AED) Check Record

Document reference: 569_V:2
Document Type: Form
Authorised by: C Leach
Date: 12-12-2022
Page 2 of 2

Year:

HeartSine 500P Defibrillators

Is the defibrillator status indicator light flashing green	weekly																			
Is a adult electrode pad / battery available, sealed in a pouch and in date	weekly																			
Is a paediatric electrode pad / battery available, sealed in a pouch and in date	weekly																			
After replacing the electrode pad / battery set is operation i.e. audible prompt working	as req'd																			

Action section to be completed when a fault/missing item is identified.

The School Principal must be informed of a fault/missing item that present an immediate risk and that cannot be immediately rectified.

Date first reported	Details of fault/missing item	Action taken/ to be taken	Action target date Action nominee	Action completed date

Appendix 10 (B) – AED Weekly Check Phillips Heartstart FRx



Weekly or After Event Automated External Defibrillator (AED) Check Record

Document reference: 569_V:2
Document Type: Form
Authorised by: C Leach
Date: 12-12-2022
Page 1 of 2

Month:

Year:

Location of AED					Make of AED				Phillips Heartstart FRx				Serial number of AED							
Please add date of check	Frequency of check	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	
Please add checkers initials																				
Free from faults/missing items enter a tick in the check box																				
Fault/missing item identified enter a cross in the check box and complete fault section																				
All Automated External Defibrillators																				
Is the AED placed somewhere that can be easily accessed	weekly																			
Is the case free from dirt, contamination	weekly																			
Is the case free from cracks and other signs of damage	weekly																			
Are safety labels fitted to the case legible	weekly																			
Are extra sets of electrode pads (optional) sealed in a pouch and in date	weekly																			
Are extra batteries (optional) in date	weekly																			
Is a preparation kit present • Scissors • Examination gloves • Shaving razor • Face towel • CPR face shield	weekly																			
Other, please specify																				

Weekly or After Event Automated External Defibrillator (AED) Check Record

Document reference: 569_V:2
Document Type: Form
Authorised by: C Leach
Date: 12-12-2022
Page 2 of 2

Month:

Year:

Phillips Heartstart FRx Defibrillators

Is the status ready indicator light flashing green	weekly																		
Is the combined adult / paediatric pad set available, sealed in a pouch and in date	weekly																		
Is the battery in date	weekly																		
Is the infant/child voltage reducer key available	weekly																		
After replacing the pads or battery is the status indicator light flashing green	as req'd																		

Action section to be completed when a fault/missing item is identified.

The School Principal must be informed of a fault/missing item that present an immediate risk and that cannot be immediately rectified.

Date first reported	Details of fault/missing item	Action taken/ to be taken	Action target date Action nominee	Action completed date

Appendix 10 (C) – AED Weekly Check Mediana Hearton A15



Weekly or After Event Automated External Defibrillator (AED) Check Record

Document reference: 569_V:2
Document Type: Form
Authorised by: C Leach
Date: 12-12-2022
Page 1 of 2

Month:

Year:

Location of AED					Make of AED				Mediana Hearton A15				Serial number of AED							
Please add date of check	Frequency of check																			
Please add checkers initials		Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:		
Free from faults/missing items enter a tick in the check box																				
Fault/missing item identified enter a cross in the check box and complete fault section																				
All Automated External Defibrillators																				
Is the AED placed somewhere that can be easily accessed	weekly																			
Is the case free from dirt, contamination	weekly																			
Is the case free from cracks and other signs of damage	weekly																			
Are safety labels fitted to the case legible	weekly																			
Are extra sets of electrode pads (optional) sealed in a pouch and in date	weekly																			
Are extra batteries (optional) in date	weekly																			
Is a preparation kit present • Scissors • Examination gloves • Shaving razor • Face towel • CPR face shield	weekly																			
Other, please specify																				

Weekly or After Event Automated External Defibrillator (AED) Check Record

Document reference: 569_V:2
Document Type: Form
Authorised by: C Leach
Date: 12-12-2022
Page 2 of 2

Month:

Year:

Mediana Hearton A15 Defibrillators

Is the defibrillators status indicator displaying "O"	weekly																		
Is depending on the model the combined adult / paediatric pad set available, sealed in a pouch and in date	weekly																		
Is depending on the model a adult pad available, sealed in a pouch and in date	weekly																		
Is depending on the model a paediatric pad available, sealed in a pouch and in date	weekly																		
Is the battery in date	weekly																		
After replacing the pads or battery turn on and check status indicator displays "O"	as req'd																		

Action section to be completed when a fault/missing item is identified.

The School Principal must be informed of a fault/missing item that present an immediate risk and that cannot be immediately rectified.

Date first reported	Details of fault/missing item	Action taken/ to be taken	Action target date Action nominee	Action completed date

Appendix 10 (D) – AED Weekly Check Lifepak CR Plus



Weekly or After Event Automated External Defibrillator (AED) Check Record

Document reference: 569_V:2
Document Type: Form
Authorised by: C Leach
Date: 12-12-2022
Page 1 of 2

Month:

Year:

Location of AED	Frequency of check				Make of AED				Lifepak CR Plus				Serial number of AED							
Please add date of check	Frequency of check	Date:	Initials:		Date:	Initials:		Date:	Initials:		Date:	Initials:		Date:	Initials:		Date:	Initials:		
Please add checkers initials		Date:	Initials:		Date:	Initials:		Date:	Initials:		Date:	Initials:		Date:	Initials:		Date:	Initials:		
Free from faults/missing items enter a tick in the check box		Date:	Initials:		Date:	Initials:		Date:	Initials:		Date:	Initials:		Date:	Initials:		Date:	Initials:		
Fault/missing item identified enter a cross in the check box and complete fault section		Date:	Initials:		Date:	Initials:		Date:	Initials:		Date:	Initials:		Date:	Initials:		Date:	Initials:		
All Automated External Defibrillators																				
Is the AED placed somewhere that can be easily accessed	weekly																			
Is the case free from dirt, contamination	weekly																			
Is the case free from cracks and other signs of damage	weekly																			
Are safety labels fitted to the case legible	weekly																			
Are extra sets of electrode pads (optional) sealed in a pouch and in date	weekly																			
Are extra batteries (optional) in date	weekly																			
Is a preparation kit present • Scissors • Examination gloves • Shaving razor • Face towel • CPR face shield	weekly																			
Other, please specify																				

Weekly or After Event Automated External Defibrillator (AED) Check Record

Month:

Year:

Lifepak CR Plus Defibrillators																				
Is the OK symbol visible in the readiness display	weekly																			
Is a set of adult pads available, sealed in a pouch and in date	weekly																			
Is a set of child pads available, sealed in a pouch and in date	weekly																			
Is the battery in date	weekly																			

Action section to be completed when a fault/missing item is identified.
The School Principal must be informed of a fault/missing item that present an immediate risk and that cannot be immediately rectified.

Date first reported	Details of fault/missing item	Action taken/ to be taken	Action target date Action nominee	Action completed date

Appendix 10 (E) – AED Weekly Check CU Medical Systems CU- SP1



Weekly or After Event Automated External Defibrillator (AED) Check Record

Document reference: 569_V:2
Document Type: Form
Authorised by: C Leach
Date: 12-12-2022
Page 1 of 2

Month:

Year:

Location of AED					Make of AED				CU Medical Systems CU-SP1				Serial number of AED							
Please add date of check	Frequency of check	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:	
Please add checkers initials																				
Free from faults/missing items enter a tick in the check box																				
Fault/missing item identified enter a cross in the check box and complete fault section																				
All Automated External Defibrillators																				
Is the AED placed somewhere that can be easily accessed	weekly																			
Is the case free from dirt, contamination	weekly																			
Is the case free from cracks and other signs of damage	weekly																			
Are safety labels fitted to the case legible	weekly																			
Are extra sets of electrode pads (optional) sealed in a pouch and in date	weekly																			
Are extra batteries (optional) in date	weekly																			
Is a preparation kit present • Scissors • Examination gloves • Shaving razor • Face towel • CPR face shield	weekly																			
Other, please specify																				

Weekly or After Event Automated External Defibrillator (AED) Check Record

Document reference: 569_ V:2
Document Type: Form
Authorised by: C Leach
Date: 12-12-2022
Page 2 of 2

Month:

Year:

CU Medical Systems CU-SP1 Defibrillators																			
Is the defibrillators status indicator displaying "O"	weekly																		
Is the pad status indicator on the LCD okay	weekly																		
Is the battery level indicator on the LCD okay	weekly																		
Is the battery in date	weekly																		
Action section to be completed when a fault/missing item is identified. The School Principal must be informed of a fault/missing item that present an immediate risk and that cannot be immediately rectified.																			
Date first reported	Details of fault/missing item						Action taken/ to be taken						Action target date Action nominee		Action completed date				

Appendix 11 – Asthma Register

Asthma Register

Name	D O B	Class	Parent/Guardian Contact	Triggers	Medication	Dosage	Asthma Care Plan on File?	Last Reviewed	Notes

Appendix 12 – Salbutamol Inhaler Supply Request

Salbutamol Inhaler Supply Request

TO BE COMPLETED ON ACADEMY HEADED PAPER

(DATE)

We wish to purchase emergency salbutamol inhaler devices for use in our academy.

The salbutamol inhalers will be used in line with the manufacturer's instructions, for the emergency treatment of symptoms of asthma in accordance with the Human Medicines (Amendment) Regulations 2014. This allows academy's to purchase "spare" back-up salbutamol inhalers for the emergency treatment of asthma. (Further information can be found at <https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>)

Please supply the following devices:

Brand name		Dose* (state milligrams or micrograms)	Quantity Required
	Salbutamol inhaler device	100 micrograms	

Signed: _____ Dated: _____

Print name: _____

Head Teacher/ Principal



ST. BART'S

MULTI-ACADEMY TRUST

St. Bart's Multi-Academy Trust
c/o Belgrave St. Bartholomew's Academy,
Sussex Place, Longton, Stoke-on-Trent, Staffordshire, ST3 4TP
www.sbmat.org T: 01782 486350

