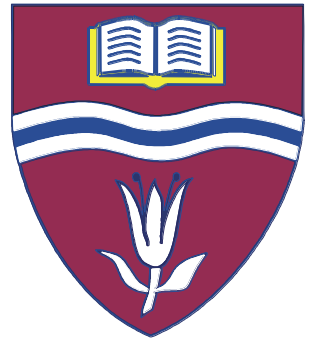


St Mary's CE (Aided) Primary School

A Christ-centred school with a child-centred curriculum



Medicines in School Policy

Updated: October 2020

Up for review: October 2021



STATEMENT OF INTENT

Section 100 of the Children and Families Act 2014 places a duty on 'governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions'. The governing body of St Mary's CE (Aided) Primary School will ensure that these arrangements fulfil their statutory duties and follow guidance outline in 'Supporting pupils at school with medical conditions' December 2015'.

Medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

ORGANISATION

The Governing Body will develop policies and procedures to ensure the medical needs of pupils at St Mary's CE (Aided) Primary School are managed appropriately. They will be supported with the implementation of these arrangements by the Head teacher and school staff.

The Lead for Managing Medicines at St Mary's CE (Aided) Primary School is Mrs Emma Gabriel or in her absence Mrs Janet Lees or Mrs Vicky Russell. In their duties staff will be guided by their training, this policy and related procedures.

IMPLEMENTATION, MONITORING & REVIEW

All staff, governors, parents/carers and members of the St Mary's CE (Aided) Primary School community will be made aware of and have access to this policy. This policy will be reviewed biennially and its implementation reviewed and as part of the Head teacher's annual report to Governors.

INSURANCE

Staff who follow the procedures outlined in this policy and who undertake tasks detailed in the RMP Medical Malpractice Treatment Table are covered under WSCC insurance policies. The medical audit is available to view on West Sussex Services for Schools under 'guide to insurance for schools'.

Claims received in respect of medical procedures not covered by the insurers will be considered under the Council's insurance fund.



ADMISSIONS

When the school is notified of the admission of any pupil the Lead for Managing Medicines will seek parental consent to administer short term-ad-hoc non-prescriptions medication using 'Template B: Parent/guardian consent to administer short-term non-prescribed 'ad-hoc' medicines'. An assessment of the pupil's medical needs will be completed this might include the development of an Individual Health Care Plans (IHP) or Education Health Care Plans (EHC) and require additional staff training. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place.

PUPILS WITH MEDICAL NEEDS

The school will follow Government guidance and develop an IHP or EHC for pupils who:

- Have long term, complex or fluctuating conditions – these will be detailed using Template 1 (Appendix 1)
- Require medication in emergency situations – these will be detailed using Template 2 for mild asthmatics and Templates 3, 4, 5 and 6 for anaphylaxis (Appendix 1).

Parents/guardians should provide the Head teacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents/guardians, Head teacher, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. Healthcare plans will be reviewed by the school annually or earlier if there is a change in a pupil's medical condition.

ALL PRESCRIBED & NON-PRESCRIBED MEDICATION

On no account should a child come to school with medicine if he/she is unwell. Parents may call into the school and administer medicine to their child, or they may request that a member of school staff administers the medicine. If a pupil refuses their medication, they should not be forced, the school will contact the parent/guardian and if necessary the emergency services. Pupils should not bring any medication to school for self-administration.

The school will keep a small stock of paracetamol, and antihistamine, for administration with parental consent (on relevant form or gained at registration at school) for symptoms that arise during the school day. All other medication must be supplied by the parent/guardian in the original pharmacist's container clearly labelled and include details of possible side effects e.g. manufacturer's instructions and/or patient information leaflet (PIL). Medicines must be delivered to the School Office with the appropriate consent form Template C and/or C1 (Appendix 2). The school will inform the parent/guardian of the time and dose of any medication administered at the end of each day by phone or verbally.



CONFIDENTIALITY

As required by the General Data Protection Act 2018, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the IHP or EHC. It is expected that staff with contact to a pupil with medical needs will as a minimum be informed of the pupil's condition and know how to respond in a medical emergency.

CONSENT TO ADMINISTER MEDICATION

Parental/guardian consent to administer medication will be required as follows:

- **Short term ad-hoc non-prescribed medication** - The school will request parent/guardian consent to administer ad-hoc non-prescription by either using the relevant form when the pupil joins the school OR by contacting the parent/guardian to gain consent at the time of administration (conversations will be recorded). The school will send annual reminders requesting parents/guardians to inform the school if there are changes to consent gained when the pupils joined the school. If the school is not informed of any changes by the parent/guardian it will be assumed that consent remains current.
- **Prescribed and non-prescribed medication** - each request to administer medication must be accompanied by 'Parental consent to administer medication form (Appendix 2 Template C and/or C1) or if applicable on the IHP)

PRESCRIPTION MEDICINES

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime. Administration will be recorded using Template D or E and the parent/guardian informed. Parents/guardians are expected to remove any remaining medicine from school once the prescribed course has been completed.

NON-PRESCRIPTION MEDICINES

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on an IHP or EHC as part of a wider treatment protocol. As recommended by the Government in 'Supporting Pupils at School with Medical Conditions December 2015' the school will also not administer aspirin unless prescribed. The storage and administration for non-prescription medication will be treated as prescription medicines.



If the relevant symptoms develop during the school day as detailed under the paragraph below 'short term ad-hoc non-prescribed medication' the school will administer the following non-prescription medications:

- paracetamol (to pupils of all ages)
- antihistamine,

All other non-prescription medications will only be administered by staff, providing:

- The parent/guardian confirms daily the time the medication was last administered and this is recorded on Template C1 (Appendix 2);
- medication is licensed as suitable for the pupil's age;
- medication is suitable for the pupil i.e. if a child is asthmatic the medication is suitable for that condition;
- administration is required more than 3 to 4 times per day;
- medication is supplied by the parent or guardian in the original packaging with the manufacturer's instructions and/or (PIL);
- and accompanied by parental/guardian consent Template C and C1 (Appendix 2) and confirmation the medication has been administered previously without adverse effect;

The school will **NOT** administer non-prescription medication:

- as a preventative, i.e. in case the pupil develops symptoms during the school day;
- if the pupil is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time;
- Any requirement for a non-prescription medication to be administered during school hours for longer than 48 hours must be accompanied by a Doctor's note. In the absence of a Doctor's note and if following the administration of a non-prescription medication symptoms have not begun to lessen in the first 48 hours the school will advise the parent to contact their Doctor. If symptoms have begun to alleviate, the medication can continue to be administered at home out of school hours. Under very exceptional circumstances where the continued administration of a non-prescribed medication is required to keep the pupil in school and this requirement has not been documented by a medical professional the school will continue to administer medication at their own discretion.
- A request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/guardians will be advised to contact their Doctor.



- Skin creams and lotions will only be administered in accordance with the Schools Intimate Care Policy and procedures.
- Medication that is sucked i.e. coughs sweets or lozenges, will not be administered by the school.
- if parents/guardians have forgotten to administer non-prescription medication that is required before school – requests to administer will be at the discretion of the school and considered on an individual basis.

SHORT TERM AD-HOC NON-PRESCRIBED MEDICATION

A small stock of standard paracetamol and antihistamine will be kept by the school for administration if symptoms develop during the school day.

ONLY the following will be administered following the necessary procedures:

- For relief from pain:
 - Standard Paracetamol will be administered in liquid or tablet form for the relief of pain i.e. period pain, migraine.
- For mild allergic reaction – anti-histamine (see Anaphylaxis)
- For travel sickness – medication will be administered if required before educational visits and must be age appropriate and supplied by the parent/guardian in its original packaging with the PIL if available.

Only 1 dose of any of the above medications suitable to the weight and age of the pupil will be administered during the school day.

Pain relief protocol for the administration of paracetamol

If a request for non-prescribed pain relief is made by a pupil or carer/staff (advocate for a non-verbal/non-communicating pupil) before 12pm:

- The school will contact the parent/guardian and confirm that a dose of pain relief (Paracetamol) was NOT administered before school, parents/guardians and if appropriate the pupil will also be asked if they have taken any other medication containing pain relief medication i.e. decongestants e.g. Sudafed, cold and flu remedies e.g. Lemsip and medication for cramps e.g. Feminax etc. and these conversations will be recorded. If a dose of pain relief has not been administered in the past 4 hours the school will with parental consent administer 1 dose.
- If the school cannot contact the parent/guardian and therefore cannot confirm if pain relief (Paracetamol) was administered before school then the school will refuse to administer pain relief.



If a dose of pain relief has been administered before school:

- PARACETAMOL - The school will not administer paracetamol until 4 hours have elapsed since the last dose (assume 8am). No more than 4 doses can be administered in 24 hours.

If a request for pain relief is made after 12pm:

- The school will assume the recommended time between doses has elapsed and will with parental consent, administer 1 standard of dose of Paracetamol without any need to confirm with the parent/guardian if a dose was administered before school, but if appropriate the pupil will still be asked if they have taken any other medication containing pain relief medication and this conversation will be recorded.

The school will inform the parent/guardian if pain relief has been administered this will include the type of pain relief and time of administration.

ASTHMA

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as outlined in the Asthma Toolkit. Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. The school may ask the pupils parent or guardian to provide a second inhaler. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept. The school inhaler will only be used in an emergency and will always be used with a spacer as outlined in the Asthma Toolkit. The school will develop IHP's for those pupils with severe asthma, and complete the Individual Protocol for pupils with mild asthma.

ANAPHYLAXIS

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service recommend that all staff are trained in the administration of auto injectors and that training is renewed annually.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/ guardian(s) to provide 2 auto-injectors for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

MILD ALLERGIC REACTION

Non-prescription antihistamine will with parental consent be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the



pupil must be monitored for signs of further allergic reaction. If antihistamine is not part of an initial treatment plan, anaphylaxis medication will be administered following the guidance for short term ad-hoc non-prescribed medication.

Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact hazardous equipment after administration of the medication i.e. P.E. Science, Design and Technology.

HAY FEVER

Parent(s)/guardian(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

SEVERE ALLERGIC REACTION

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupil's IHP. The school will administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupils must NEVER be left alone and should be observed at all times.

If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents informed.

MEDICAL EMERGENCIES

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHP or EHC, the emergency procedures detailed in the plan are followed, and a copy of the IHP or EHC is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff, if the pupils medication isn't available staff will administer the schools emergency medication with prior parental consent.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) spacer(s) will be held by the school to cover emergency use. Parents are expected to provide 2 in date auto-injectors for administration to their child, if the school does not hold 2 in date auto-injectors for each pupil then a suitable number of auto-injectors will be purchased for use by the school in an emergency.

Parental consent to administer the 'school inhaler and/or auto-injector' will be gained when the pupil joins the school using Template 2 for asthmatics and Templates 3, 4, 5 and 6 for anaphylaxis (Appendix 1). The school will hold a register of the pupils diagnosed with



asthma and/or anaphylaxis, and if parental consent has been given to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

Instructions for calling an ambulance are displayed prominently by the telephone in the School Office.

CONTROLLED DRUGS

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves whilst in school. Controlled drugs will be stored securely in a non-portable locked medicines cabinet in a locked room and only named staff will have access. Controlled drugs for emergency use e.g. midazolam will not be locked away and will be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug stock held in school. (Appendix 2 Templates D and E)

PUPILS TAKING THEIR OWN MEDICATION

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. Appropriate arrangements for medication should be agreed and documented in the pupil's IHP or EHC and parents should complete the self-administration section of 'Parental consent to administer medication' form (Template C Appendix 1).

STORAGE & ACCESS TO MEDICINES

All medicines apart from emergency medicines (inhalers, adrenaline auto injector, midazolam etc.) will be kept securely (where access by pupils is restricted). Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key and staff will be fully briefed on the procedures for obtaining their medication.

Emergency medicines such as inhalers, adrenaline auto injectors and midazolam must not be locked away. If appropriate certain emergency medication can be held by the pupil, or kept in a clearly identified container in his/her classroom. The school will make an assessment as to the competency of each individual pupil to carry their own medication. Parents will be asked to supply a second adrenaline auto injector and/or asthma inhaler for each child and they will be kept in the school office. Staff must ensure that emergency medication is readily available at all times i.e. during outside P.E. lessons, educational visits and in the event of an unforeseen emergency like a fire.

Medicines that require refrigeration are kept in the fridge in the Medical Room to which pupil access is restricted, and will be clearly labelled in an airtight container. There are specific arrangements in place for the storage of controlled drugs see page 7.



WASTE MEDICATION

Where possible staff should take care to prepare medication correctly. If too much medication is drawn into a syringe the remainder (amount above the required dose) should be returned to the bottle before administration. If only a half tablet is administered the remainder should be returned to the bottle or packaging for future administration.

If a course of medication has been completed or medication is date expired it will be returned to the parent/guardian for disposal.

SPILLAGES

A spill must be dealt with as quickly as possible and staff are obliged to take responsibility/follow the guidelines. Spillages will be cleared up following the schools procedures and considering the control of infection. Any spilled medication will be deemed unsuitable for administration and if necessary parents will be asked to provide additional medication.

The school has additional procedures in place for the management of bodily fluids which are detailed in individual health care plans or risk assessments. If the school holds any cytotoxic drugs, there management will be separately risk assessed and follow Health and Safety Executive (HSE) guidance.

RECORD-KEEPING – ADMINISTRATION OF MEDICINES

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational or residential visits. The pupil's parent/ guardian will also be informed if their child has been unwell during the school day and medication has been administered. For record sheets see Appendix 2 Template D and E.

RECORDING ERRORS & INCIDENTS

If for whatever reason there is a mistake made in the administration of medication and the pupil is:

- Given the wrong medication
- Given the wrong dose
- Given medication at the wrong time (insufficient intervals between doses)
- Given medication that is out of date
- Or the wrong pupil is given medication

Incidents must be reported to the Schools Senior Management Team who will immediately inform the pupil's parent/guardian. Details of the incident will be recorded locally as part of the schools local arrangements. Local records must include details of what happened, the



date, who is responsible and any effect the mistake has caused. Senior Management will investigate the incident and change procedures to prevent reoccurrence if necessary. NB: Incidents that arise from medical conditions that are being well managed by the school do not need to be reported or recorded locally.

STAFF TRAINING

The school will ensure a sufficient number of staff complete Managing Medicines in Schools training before they can administer medication to pupils. The school will also ensure that other staff who may occasionally need to administer a medicine are instructed and guided in the procedures adopted by the school by the person who has completed the Managing Medicines course. Staff given instruction by the Lead for Medicines MUST complete a competency test and achieve a score of 100% in order to administer medication.

Supply and locum staff will be given appropriate instruction and guidance in order to support the pupils with medical needs in their care. All school staff are trained annually to administer an auto-injector and asthma inhaler in an emergency. A record of all training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

The school will ensure that the staff who administer medicine for specific chronic conditions are trained to administer those specific medicines, for example, Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse.

EDUCATIONAL VISITS (OFF-SITE ONE DAY)

Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure they complete a consent form (Appendix 2 Template C) and supply a sufficient amount of medication in its pharmacist's container. Non-prescription medicines as detailed in this policy can be administered by staff, pupils must not carry non-prescription medication for self-administration.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

RESIDENTIAL VISITS (OVERNIGHT STAYS)

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Occasionally it may be necessary to administer non-prescription medicines as described in this policy i.e. antihistamine to pupils suffering from an allergic reaction or paracetamol for acute pain from things like headache, period pain, toothache etc. Parents must give



written consent prior to the residential visit and sign to confirm that they have administered the medication without adverse effect.

The school will keep its own supply of the following non-prescription medication (Paracetamol and antihistamine and salbutamol) for administration to pupils during a residential visit and parental consent will be required in order for the school to administer their supply (Appendix 2 Template C and C1). The medication will be stored and administration recorded as for prescription medicines. Pupils should not bring non-prescribed medication on the residential visit for self-administration.

RISK ASSESSING MEDICINES MANAGEMENT ON ALL OFF-SITE VISITS

Pupils with medical needs shall be included in visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals so that extra measures (if appropriate) can be put in place. A copy of the pupils IHP or EHP will be taken on the visit and detail arrangements relating to the management of their medication(s) during the visit should be included in the plan.

If a pupil requires prescribed or non-prescribed medication during visit and an IHP or EHP has not been developed and the management of their medication differs from procedures followed whilst in school, the school will conduct a risk assessment and record their findings.

Travelling abroad – a risk assessment will be developed considering parental and medical advice and documented on the pupils IHP or EHP. If an IHP or EHP has not been developed, the school will record their findings. Best practice would be to translate these documents to the language of the country being visited. The international emergency number should be on the care plan (112 is the EU number). European Health Insurance Cards (EHIC) should be applied for by parents and supplied to the school prior to travel for all pupils that travel abroad.

The results of risk assessments however they are recorded i.e. IHP, EHP etc. will be communicated to the relevant staff and records kept of this communication.

COMPLAINTS

Issues arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Head teacher. If the issue cannot easily be resolved the Head teacher will inform the Governing Body who will seek resolution.

Appendix 1 – WSCC Care Plan Templates September 2017

Appendix 2 – WSCC Administering Medicines Templates September 2017

Appendix 3 – Summary guidance medicines policy

See below for guidance on administering medication.



Short term - prescribed medication

Type of medication	Forms to complete	Administer:	Requirement for Individual Health Care Plan (IHP)	Training	Other
Prescribed medication e.g. Anti-biotics required more than 3 times per day,	Form Template C parental consent completed for each episode Form Template E to record administration	As directed by GP/Pharmacist/ Medical Professional	No IHP required	Managing Medicines in Schools available from WSCC or instruction and guidance from schools Lead for Medicines (who has completed Managing Medicines) and competency test completed scoring 100%.	Medicine labelled with the child's name and medication must be supplied by the parent/guardian in its original container, with prescriber's instructions and patient information leaflet (PIL). PIL can also be downloaded from the Electronic Medicines Compendium https://www.medicines.org.uk/emc/ Parent to take medication away if course is finished and any medication remains un-administered.

Long term – prescribed medication

Prescribed medication e.g. Anti-biotics, long term prescribed medication that is administer as part of an IHP	Parental consent is part of IHP Form Template D to record administration of medication for an individual pupil	As directed by GP/Pharmacist/ Medical Professional	Template 1- IHP required complete standard form	Long term prescribed medication that requires specialist administration – training via School Nurse /Community Nursing Service Long term prescribed medication without specialist administration Managing Medicines in Schools available from WSCC or instruction and guidance from schools Lead for Medicines (who has completed Managing Medicines) and competency test completed score 100%	As short term prescribed medication and: Parents are responsible to provide the school with medication that is in date. Schools must keep records of all communication with parents regarding requests for in date medication and/or out of date medication.
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Prescribed emergency medication

Type of medication	Forms to complete	Administer:	Requirement for Individual Health Care Plan (IHP)	Training	Other
<p>Short term prescribed emergency medication e.g.</p> <ul style="list-style-type: none"> • Auto Injectors (Epipen, Jext pen Emerade) for Anaphylaxis • Asthma Inhalers i.e. salbutamol • Midazolam for epilepsy (NB controlled drug) • Other unspecified 	<p>Parental consent is part of IHP</p> <p>Form Template D to record administration of medication for an individual pupil</p> <p>NB Midazolam is a controlled drug and administration must be witnessed and record of stock recorded on Form D</p>	<p>Emergency medication - as symptoms arise and/or in the event of a medical emergency administer as per training</p>	<p>Yes IHP required complete standard forms:</p> <p>Template 1 for pupils with severe asthma and those needing midazolam for epilepsy</p> <p>Template 2 pupils with mild asthma</p> <p>Templates 3 or/and 4 or 5 or 6 for Anaphylaxis dependent on type of medication</p>	<p>Asthma – inhaler training renewed annually delivered by School Nursing Service</p> <p>Auto-injectors – Best practice that all staff are trained to administer an auto-injector training renewed annually delivered by School Nursing Service</p> <p>Midazolam training renewed annually available from Community Nursing Service NB basic first aid must be renewed annually to validate midazolam training – basic first aid is offered by Outdoor Ed Team</p> <p>Other unspecified emergency medication – training as detailed on IHP and delivered by relevant medical professional</p>	<p>As short term prescribed medication and:</p> <p>Parents are responsible to provide the school with medication that that is in date. Schools must keep records of all communication with parents regarding requests for in date medication and/or out of date medication.</p> <p>Parents are expected to provide the school with 2 in date asthma inhalers and/or 2 auto-injectors.</p> <p>Asthma protocol for administration must be followed see main policy</p> <p>School will hold an asthma inhaler, spacer for emergency use.</p> <p>If parents do not provide 2 in date auto-injectors for their child the school will purchase an auto injector for emergency use as permitted by the Human Medicines Act 2017</p> <p>All emergency medication must be readily available and not locked away this includes controlled drugs i.e. midazolam</p>

Short term ad-hoc non-prescribed medication

Type of medication	Forms to complete	Administer	Requirement for IHP	Training	Other
<p>ONLY the following may be administered if symptoms develop during the school day:</p> <ul style="list-style-type: none"> • Paracetamol, • Ibuprofen (over 12's only) • Anti-histamine • Travel sickness <p>N.B. Special schools may wish to add that they will administer creams/lotions for nappy or skin rashes to the list of ad-hoc non-prescribed medication.</p>	<p>Template B Parental consent - for Paracetamol, Ibuprofen (over 12's only)</p> <p>Anti-histamine gained when pupil joins school or call for consent on the day of administration and record conversation must include given before without adverse effect</p> <p>Travel sickness and other meds for residential Template C or H completed for parental consent</p> <p>Template E - administration of medication to all children and any</p>	<p>All of the below follow guidance on PIL or packaging for side effects, dosage</p> <p>Consent gained when pupil joins school using template B</p> <p>Administer only where there is a health reason to do so.</p> <ul style="list-style-type: none"> • Paracetamol, • Ibuprofen (over 12's only) <p>Administer following relevant pain relief protocol see main policy and instructions on PIL and/or packaging</p> <ul style="list-style-type: none"> • Anti-histamine – administer as per instructions on PIL or packaging <p>Anti-histamine will ONLY be administered if pupil exhibits associated symptoms and not as a preventative</p> <p>Ibuprofen cannot be</p>	No IHP required	<p>Managing Medicines in Schools available from WSCC or instruction and guidance from schools Lead for Medicines (who has completed Managing Medicines) and competency test completed scoring 100%.</p>	<p>School should hold a small stock of standard paracetamol, ibuprofen (age 12 and over) and anti-histamine, all in their original container, with prescriber's instructions and PIL. Medication mixed with other substances i.e. paracetamol and caffeine or paracetamol plus etc. are not permitted</p> <p>ONLY ONE STANDARD DOSE CAN BE ADMINISTERED IN SCHOOL</p> <p>BEWARE DOSAGE – guidance on packaging is based on 'average' height and weight and may need to be revised for pupils that are below average. Do not increase dose for pupils who are above average</p> <p>NB: Parents will be expected to administer a dose of anti-histamine to their child before school for hay fever; schools will only administer anti-histamine for symptoms of allergic reaction and not as a precautionary measure.</p> <p>Paracetamol and Ibuprofen – administration the school will follow the pain relief protocol as outlined in the main policy</p> <p>Antihistamine - Staff must monitor symptoms closely if symptoms persist the emergency services should be called or prescribed an</p>



conversations with parents recorded under comments.

administered to pupils diagnosed with asthma

Travel sickness administered for school trips

auto-injector should be administered.

Other Non-prescription medicines

Type of medication	Parental consent	Administer:	Requirement for IHP	Training	Other
<p>Non-prescribed medication will be administered if they are required to allow a pupil to remain in school:</p> <ul style="list-style-type: none"> • Parent/guardian confirms daily in writing the time the medication was last administered by completing Template C1 (Appendix 2 of main policy); • medication is licensed as suitable for the pupil's age; • administration is required more than 3 to 4 times per day; • medication is supplied by the parent or guardian in the original packaging with the manufacturer's instructions and/or (PIL); <p>and accompanied by parental/guardian consent Template C and C1 (Appendix 2) and confirmation the medication has been administered previously without adverse effect;</p> <p>Will NOT be administered:</p> <p>The school will NOT administer non-prescription medication:</p> <ul style="list-style-type: none"> • as a preventative, i.e. in case the pupil develops symptoms during the school day; 	<p>Template C and C1 for parental consent and info on medication</p> <p>Template C1 used to record administration or Template E depending on schools admin procedures</p>	<p>Administer as instructions on medication</p>	<p>No IHP required</p>	<p>Managing Medicines in Schools available from WSCC or instruction and guidance from schools Lead for Medicines and competency test completed scoring 100%.</p>	<p>Medicine supplied by the parent/guardian in its original container, with prescriber's instructions and patient information leaflet (PIL). PIL can also be downloaded from the Electronic Medicines Compendium https://www.medicines.org.uk/emc/</p> <p>Parent to take medication away if course is finished and any medication remains un-administered.</p>

- if the pupil is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time;
- or more than 48 hours – Any requirement for a non-prescription medication to be administered during school hours for longer than 48 hours must be accompanied by a Doctor's note. In the absence of a Doctor's note and if following the administration of a non-prescription medication symptoms have not begun to lessen in the first 48 hours the school will advise the parent to contact their Doctor. If symptoms have begun to alleviate, the medication can continue to be administered at home out of school hours. Under very exceptional circumstances where the continued administration of a non-prescribed medication is required to keep the pupil in school and this requirement has not been documented by a medical professional the school will continue to administer medication at their own discretion.
- A request to administer a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/guardians will be advised to contact their Doctor.

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| <ul style="list-style-type: none">• Skin creams and lotions will only be administered in accordance with the Schools Intimate Care Policy and procedures.• Medication that is sucked i.e. sweets or lozenges, will not be administered by the school.• if parents/guardians have forgotten to administer non-prescription medication that is required before school – requests to administer will be at the discretion of the school and considered on an individual basis. | | | | | |
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ASTHMA TOOLKIT

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Author: Liz Darke Health and Safety Officer



What is asthma?

Asthma is a condition that affects the small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up which can further narrow the airways. These reactions cause the airways to become narrower and irritated - making it difficult to breathe and leading to symptoms of asthma. Triggers can include hot or cold weather, increased humidity, fumes, powders, physical exercise and stress.

It's difficult to say for sure what causes asthma, however you're more likely to develop asthma if you have a family history of asthma, eczema or allergies. It's likely that this family history, combined with certain environmental factors, influences whether or not someone develops asthma.

Asthma is a widespread, serious but controllable condition and schools should ensure that pupils can and do participate fully in all aspects of school life. Pupils with asthma need immediate access to reliever inhalers and, in an emergency, a spacer.

The school should ensure that all staff (including supply teachers and support staff) who have pupils with asthma in their care, know who those pupils are and know the school's procedure to follow in the event of an asthma attack.

Symptoms of asthma

The usual symptoms of asthma are:

- coughing
- wheezing
- shortness of breath
- tightness in the chest.

Not everyone will get all of these symptoms. Some people experience them from time to time; a few people may experience these symptoms all the time and occasionally some may not experience any symptoms.

Asthma medicines

Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor/asthma nurse and class teacher agree they are mature enough. Those deemed competent to do so may self-administer their asthma medication. The reliever inhalers of younger children should be kept in the classroom.

It is advised that the school has an in date spare reliever inhaler on site. These are held in case the pupil's own inhaler runs out, or is lost or forgotten and are kept in the school office. The school may ask a pupil's parent or guardian to provide a second inhaler. All inhalers must be labelled with the child's name by the parent/carer.

From October 1st 2014, following changes to the Human Medicines Regulations 2012, schools will be able to purchase inhalers for emergency use from their local pharmacist provided it is done on an occasional basis and not for the profit of schools. It is recommended that schools keep a small stock of back-up inhalers for emergency use. Schools wishing to purchase inhalers should put their request in writing on headed paper signed by the head teacher stating:

- The name of the school for which the product is required
- The purpose for which that product is required
- The total quantity required

It is recommended that emergency asthma medication is delivered via a spacer device and schools should ensure they have a spacer on site. Spacers may not be shared therefore once used a spacer should be allocated to the pupil that used it and a new one purchased. Spacers can be purchased from a local pharmacist. It is the school's responsibility to ensure the school inhaler remains in date. Spacers provided by pupils for their own individual use should be cleaned between uses. Wash the spacer in warm soapy water, rinse with clean running water and leave to dry naturally.

School staff who agree to administer medicines are insured by the local authority when acting in agreement with this policy. All school staff will facilitate pupils to take their medicines when they need to.

Record keeping

When a child joins the school, parents/carers are asked to declare any medical conditions (including asthma) that require care within school, for the school's records. At the beginning of each school year, parents are requested to update details about medical conditions (including asthma) and emergency contact numbers.

All parents/carers of children with asthma are given an Asthma Information Form to complete and return to school. From this information the school keeps its asthma records. All teachers know which children in their class have asthma. Parents are required to update the school about any change in their child's medication or treatment. Records must be kept for the administration of asthma medication as for any other prescribed medication.

Schools must gain consent from a parent/guardian to administer the school's emergency inhaler and a register must be kept with the inhaler that details which parents/guardians have given permission for the school inhaler to be administered. It is the responsibility of the school to keep the register up to date.

Exercise and activity - PE and games

All children are encouraged to participate fully in all aspects of school life including PE. Children are encouraged/reminded to use their inhalers before exercise (if instructed by the parent/carer on the asthma form) and during exercise if needed. Staffs are fully aware of the importance of thorough warm up and cool down. Each pupil's inhaler will be labelled and kept in a box at the site of the lesson.

School Environment

It is recommended that schools endeavour to ensure that the school environment is favourable to pupils with asthma. The school will need to take into consideration any particular triggers to an asthma attack that an individual may have and seek to minimise the possibility of exposure to these triggers.

Training

It is best practice that all school staff are trained to recognise the symptoms of worsening asthma, how to respond in an emergency and how to administer of reliever medication (inhaler).

Asthma Attacks – School's Procedure

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

- Encourage the pupil to use their inhaler
- Summon a first aider who will bring the pupil's Asthma Information Form and will ensure that the inhaler is used according to the dosage on the form
- If the pupil's condition does not improve or worsens, the First Aider will follow the 'Emergency asthma treatment' procedures
- The First Aider will call for an ambulance if there is no improvement in the pupil's condition
- If there is any doubt about a pupil's condition an ambulance will be called

Mild Symptoms:

- **Cough**
- **Feeling of 'tight chest'**
- **Wheeze**

Ensure that the pupil has access to their reliever (blue inhaler)

- **Sit the pupil down in a quiet place if possible**
- **Younger pupils or those using 'puffer' style inhalers should use a spacer**
- **Allow the pupil to take 2 or 4 puffs of the inhaler**
- **Assess effect and, if fully recovered, the child may rejoin usual activities**

Moderate Symptoms:

- **Increased cough and wheeze**
- **Mild degree of shortness of breath but able to speak in sentences**
- **Feeling of 'tight chest'**
- **Breathing a little faster than usual**
- **Recurrence of symptoms / inadequate response to previous 'puffs'**

Ensure that the pupil has access to their reliever (blue inhaler)

- **Sit the pupil down in a quiet place if possible and loosen any tight clothing around their neck**
- **Younger pupils or those using 'puffer' style inhalers should use a spacer**
- **Allow the pupil to take 4 or 6 puffs of the inhaler**
- **Assess effect, if fully recovered the pupil may rejoin activities, but a parent/carer should be informed**

Severe symptoms:

- **Not responding to reliever medication**
- **Breathing faster than usual**
- **Difficulty speaking in sentences**
- **Difficulty walking/lethargy**
- **Pale or blue tinge to lips/around the mouth**
- **Appears distressed or exhausted**

Ensure that the pupil has access to their reliever (blue inhaler)

- **Sit the pupil down in a quiet place if possible and loosen any tight clothing around their neck**
- **Younger pupils or those using 'puffer' style inhalers should use a spacer**
- **Help the child take one puff of their reliever inhaler every 30-60 seconds with a spacer, up to a maximum of 10 puffs.**



- Call 999 if pupil is starting to feel worse or if the symptoms are not relieved after 10 puffs and contact the child's parents/carers.
- Step 3 can be repeated if the ambulance is taking longer than 15 minutes – if in doubt seek advice from the call operator.

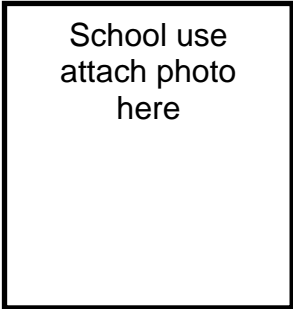
Individual protocol for Mild Asthma

Please complete the questions below, sign this form and return without delay.

CHILD'S NAME.....

D.O.B.

Class



Contact Information

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

1. Does your child need an inhaler in school? Yes/No (delete as appropriate)
2. Please provide information on your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs?)

.....
Do they have a spacer?

.....

3. What triggers your child's asthma?

.....

4. It is advised that pupils have a spare inhaler in school. Spare inhalers may be required in the event that the first inhaler runs out is lost or forgotten. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date. The school will also keep a salbutamol inhaler for emergency use.

Please delete as appropriate:

- My child carries their own inhaler YES/NO
- My child REQUIRES/DOES NOT REQUIRE a spacer and I have provided this to the school office
- I am aware I am responsible for supplying the school with in date inhaler(s)/spacer for school use and will supply this/these as soon as possible. YES/NO

5. Does your child need a blue inhaler before doing exercise/PE? If so, how many puffs?

6. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency? - Yes/No (delete as appropriate)

Emergency Procedure – severe symptoms (see full schools asthma attack procedure)

- **Give 6 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- **If their symptoms are not relieved with 10 puffs of blue inhaler, then this should be viewed as a serious attack:**
- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Please sign below to confirm you agree to the following:

- I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school.
- I give consent for the school to administer my child's inhaler in accordance with the emergency treatment detailed above.
- I agree that the school can administer the school emergency salbutamol inhaler if required.
- I agree that my child's medical information can be shared with school staff responsible for their care.

Signed:.....Print name..... Date.....

I am the person with parental responsibility

Please remember to inform the school if there are any changes in your child's treatment or condition. Thank you

<p>Parental Update (only to be completed if your child no longer has asthma)</p> <p>My child no longer has asthma and therefore no longer requires an inhaler in school or on school visits.</p>

Signed <i>I am the person with parental responsibility</i>	Date
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For office use:

	Provided by parent/school	Location (delete as appropriate)	Expiry date	Date of phone call requesting new inhaler	Date of letter (attach copy)
1 st inhaler		With pupil/In classroom			
2 nd inhaler Advised		In office/first aid room			
Spacer (if required)					

Record any further follow up with the parent/carer:

Example letter to send to parent/carer who has not provided an in-date inhaler or auto injector. Please amend as necessary for the individual circumstances.

Dear (Name of parent)

Following today's phone call regarding (name of pupil)'s asthma inhaler/adrenaline auto injector, I am very concerned that in date medication has not been provided. You have confirmed on (name of pupil)'s Individual Protocol that (name of pupil) requires an inhaler in school and you have agreed to provide the medication. Please ensure that:

- an inhaler/ adrenaline auto injector
- a spacer

are provided without delay.

If (name of pupil) no longer requires an inhaler/auto injector, please inform the school in writing as soon as possible.

Please be aware that in the absence of in date medication, should (name of pupil) suffer an attack, if you have given your consent, staff will administer the school's reliever inhaler/adrenaline auto injector. However, if you have not given consent for the school reliever inhaler/adrenaline auto injector to be administered, staff will not be able to follow suitable emergency procedures. They will be reliant on calling 999 and awaiting the Emergency Services.

Yours sincerely

