Medicines Policy

Approved by **Governors: July 2020**

Introduction

This policy sets a clear framework within which Sutton CE (VC) Primary School and families are able to work together to ensure that children requiring medicines receive the support they need. The policy, which has been based upon guidance from the Department for Education and Skills in collaboration with the Department of Health (2005), takes full account of the recommendations included in the Department of Health and Department for Education and Skills National Service Framework for Children, Young People and Maternity Services and is consistent with our Every Child Matters: Change for Children programme. Sutton School is an inclusive community that aims to support and welcome all children with medical conditions and to provide them wherever possible, with the same opportunities as others. This policy should be read in conjunction with the 'Supporting Children with Medical Needs Policy'.

Aims of the Policy:

- To monitor and review policies and procedures involving children with medical needs in order to make sure that everyone, including parents/carers, are clear about their respective roles;
- To put in place effective management systems to help support individual children with medical needs which are developed in partnership with parents/carers, staff and medical professionals;
- To make sure that within Sutton School medicines are handled responsibly;
- To ensure that all staff understand the common medical conditions that affect children at Sutton School by providing relevant training;
- To enable children with medical conditions to attend school regularly;
- To help ensure that all staff are clear about what to do in the event of a medical emergency;
- To ensure that parents/carers of children with medical conditions feel secure in the care which their children receive.

CONTENTS

Annex A: Forms

Appendix 1: Contacting Emergency Services

Appendix 2: Form 1: Medical information consent form for Sutton CE (VC) Primary School to administer medicine

Form 2: Headteacher's agreement to administer medicine

Appendix 3: Form 3: Authorisation for the administration of rectal diazepam

Form 4: Headteacher's agreement to administer rectal diazepam

Appendix 4: Form 5: Consent for the use of emergency salbutamol asthma inhalers

Form 6: Letter to inform parents/carers of emergency inhaler use

Appendix 5: Recognition and management of an allergic reaction/anaphylaxis

Appendix 6: Form 7: Authorisation for the administration of emergency adrenaline auto-injector

Appendix 7: Form 8: Record of medicine administered to an individual child

CHAPTER 1: GENERAL INFORMATION

1. Children with Medical Needs and Access to Services

- Children with medical needs have the same rights of admission to the school as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.
- Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.
- Most children with medical needs are able to attend regularly and can take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.
- An individual health care plan (IHP) can help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk. See Chapter 4 for more information regarding Health Care Plans.
- Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. The DDA defines a person as having a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on her/his abilities to carry out normal day to day activities.
- Under Part 4 of the DDA, the school will not discriminate against disabled children in relation to their access to education, pre-school and associated services – a broad term that covers all aspects of school life including trips, clubs and activities. Sutton School will make reasonable adjustments for disabled children including those with medical needs at different levels; and for the individual disabled child in their practices and procedures and in their policies.
- Sutton School plans strategically and, over time, in anticipation of the admission of a disabled child with medical needs so that they can access the premises, the curriculum and the provision of materials and resources.

2. Inclusion

Sutton School aims to be responsive to all aspects of diversity and to increase the learning and participation of all pupils within the school and its locality. We are developing inclusive values which are shared between all staff, pupils, governors, parents/carers and the wider community, in a secure, accepting, collaborative and stimulating environment. Everyone is valued and diversity is seen as a rich resource to enhance and support the learning of all.

This inclusive culture is reflected in all school policies and practices. We ensure that classroom and extra-curricular activities encourage the participation of all pupils, drawing on their knowledge and experience outside school. Teaching and support are integrated together, enabling all pupils to overcome barriers to learning and participate fully in school life.

Equality and inclusion will be achieved through analysis and assessment of children's needs, by monitoring the quality of teaching and the standards of pupils' achievements and by setting targets for improvement. Learning for all children is given equal priority and available resources are used to maximum effect.

Sutton School meets the specific duties of the Race Relations Amendment Act (2000) by considering the implications for race equality and cultural diversity in planning and developing all policies.

Children with Special Educational Needs will be given support to access the curriculum at an appropriate level to enable them to reach their full potential.

3. Support for Children with Medical Needs (see Supporting Children with Medical Needs Policy)

- Parents/carers have the prime responsibility for their child's health and should provide Sutton School with information about their child's medical condition(s). Parents/carers should obtain details from their child's General Practitioner (GP) or paediatrician, if needed. Doctors, nurses, health visitors and specialist voluntary bodies may also be able to provide additional background information for staff.
- The School Health Service can provide advice on health issues to children, parents/carers, education and early years staff. NHS Primary Care Trusts (PCTs) and NHS Trusts, Local Authorities, Early Years Development and Childcare Partnerships and the Governing Body will work together to make sure that children with medical needs and school staff have effective support.
- The school considers the issue of managing administration of medicines and supporting children with more complex health needs as part of their accessibility planning duties.
- There is no legal duty that requires staff to administer medicines. The role of administration of medicines will be built into the core job description for some support staff. Some support staff may have such a role in their contract of employment. The school will ensure that it has sufficient members of support staff who are appropriately trained to manage medicines as part of their duties.
- Staff managing the administration of medicines and those who administer medicines will receive appropriate training and support from health professionals. There will be robust systems in place to ensure that medicines are managed safely. There will be an assessment of the risks to the health and safety of staff and others and measures put in place to manage any identified risks.
- Some children with medical needs have complex health needs that require more support than regular medicine. The school will seek medical advice about each child's individual needs.

4. Staff administering medicine

- **There is no legal or contractual duty on staff to administer medicine or supervise a child taking it**. The only exceptions are where support staff may have specific duties to provide medical assistance as part of their contract. Of course, swift action needs to be taken by any member of staff to assist any child in an emergency under their staff 'duty of care' obligations. Anyone caring for children has a common law duty of care to act like any reasonably prudent parent. Staff need to make sure that children are safe. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips. The school will ensure that its insurance policy provides appropriate cover.

5. Prescribed Medicines

- Medicines will only be taken to Sutton School when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the day. The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.
- **The school will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.**
- It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school/setting hours. Parents/carers will be encouraged to ask the prescriber

about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

- Medicines which need to be carried about the child's person should be carried in a waist bag marked with a clearly recognizable first aid symbol i.e. white cross on a green background.

6. Controlled Drugs

- The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medicine for use by children, e.g. methylphenidate.
- Any member of staff may administer a controlled drug to the child for whom it has been prescribed if it is included as part of their contract. Staff administering medicine should do so in accordance with the prescriber's instructions.
- Although a child who has been prescribed a controlled drug may legally have it in their possession, the school will, as a matter of policy, keep controlled drugs in a locked non-portable container and only named staff will have access. A record should be kept for audit and safety purposes. It is legally permissible for the school to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.
- A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).
- Misuse of a controlled drug, such as passing it to another child for use, is an offence.

7. Non-Prescription Medicines

- Staff should **never** give a non-prescribed medicine to a child. The Head Teacher has the discretion to request that a member of staff administers a non-prescribed medicine to a child with specific prior written permission from the parents/carers. There is no legal or contractual duty on staff to administer medicine or supervise a child taking it. The circumstances under which staff may be asked to administer non-prescribed medicines are when a child is in the care of the school for more than 12 consecutive hours, i.e. residential trips. The written permission from parents/carers should verify that the medicine has been administered without adverse effect to the child in the past - a note to this effect should be recorded in the written parental agreement for the school to administer medicine. A short written agreement with parents/carers may be all that is necessary and Form A records this (see Annex A). Criteria, in the national standards for under 8s day care providers, make it clear that non-prescription medicines should not normally be administered. Where a non-prescribed medicine is administered to a child it should be recorded in the medicines book using the details required on Appendix 7: Form 7 and the parents/carers informed. If a child suffers regularly from frequent or acute pain the parents/carers should be encouraged to refer the matter to the child's GP.
  A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.

8. Long-Term Medical Needs

- It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of

treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

- The school will need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. For such children, there may be a healthcare plan, involving the parents/carers and relevant health professionals. This can include:

    - Details of a child's condition
    - Special requirements e.g. dietary needs, pre-activity precautions
    - Any side effects of the medicines
    - What constitutes an emergency
    - What action to take in an emergency
    - What not to do in the event of an emergency
    - Who to contact in an emergency
    - The role the staff can play

9. Administering Medicines

- No child under 16 should be given medicines without their parent's written consent. Any member of staff giving medicines to a child should check:

    - The child's name
    - The prescribed dose
    - The expiry date
    - Written instructions provided by the prescriber on the label or container

- If in doubt about any procedure staff should not administer the medicines but check with the parents/carers or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the Headteacher**,** in the first instance who will liaise, if appropriate, with the parent or with a health professional attached to the school.

- The school will keep written records each time medicines are given. the school will also arrange for staff to complete and sign a record each time they give medicine to a child. Where a prescription medicine is administered to a child it should be recorded in the medicines book and the parents/carers informed. Good records help demonstrate that staff have exercised a duty of care. In some circumstances such as the administration of rectal diazepam, the dosage and administration will be witnessed by a second adult.

10. Self-Management

- It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and the school will encourage this. If children can take their medicines themselves, staff may only need to supervise. The age at which children are ready to

take care of, and be responsible for, their own medicines, varies. Health professionals will need to assess with parents/carers, the child and the school if it is an appropriate time to make this transition. This will be detailed in the health care plan. The health care plan will also detail whether a child may carry and/or administer (where appropriate), their own medicines, bearing in mind the safety of other children and medical advice from the prescriber in respect of the individual child (Appendix 2: Form1).

- Where children have been prescribed controlled drugs staff need to be aware that these should be kept in safe custody.

11. Refusing Medicines

- If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures will be set out in an individual child's health care plan. Parents/carers should be informed of the refusal on the same day, and at the time if refusal is likely to result in immediate or impending detriment to the child. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

12. Record Keeping

- Parents/carers should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber.
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. This is then kept in a named plastic bag with a photo of the child attached. In all cases it is necessary to check that written details include:
    - Name of child
    - Name of medicine
    - Dose
    - Method of administration
    - Time/frequency of administration
    - Any side effects
    - Expiry date

13. Educational Visits

- The school will encourage children with medical needs to participate in safely managed visits. The school will consider what reasonable adjustments it might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the Educational Visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children.
- Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

- If the school is concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they will seek parental views and medical advice from the school health service or the child's GP. See DfE guidance on planning educational visits.

14. Sporting Activities

- Most children with medical conditions can participate in physical activities and extra-curricular sport. There will be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.
- Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff co-ordinating sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions, any preventative medicine that may need to be taken and emergency procedures.

15. Staff Medication

- All medication (prescription or non-prescription) must be kept in a secure place (e.g. a locked cupboard;
- All medication must be kept in original bottles and labelled appropriately (e.g. prescription medicine should have name, dose etc);
- Any medication that requires refrigeration must be kept in the school's secure medicines fridge. Access to the fridge to be via whoever has been appointed to control access to this fridge;
- Staff must not to carry medication (prescription or non-prescription) about their person whilst teaching and carrying out duties;
- Any staff taking medication that could impact their ability to perform their duties safely should bring this to the attention of their line manager. It would also be advisable for staff to bring any relevant information related to their medical condition (e.g. if there is anything that needs to be done in the event of an emergency) to the attention of their line manager / school first aiders, as appropriate.

CHAPTER 2: ROLES AND RESPONSIBILITIES

1. Parents & Carers

- Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the full-time care of a child on a settled basis, such as a foster parent, but excludes babysitters, child minders, nannies and school or pre-school staff.

- It only requires one parent to agree to or request that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom the school has day-to-day contact. Where parents/carers disagree over medical support, the disagreement must be resolved by the Courts. The school will continue to administer the medicine in line with the consent given and in accordance with the prescriber's instructions, unless and until a Court decides otherwise.
- If a child is 'looked after' by a local authority, the child may either be on a care order or be voluntarily accommodated. A Care Order places a child in the care of a Local Authority and gives the Local Authority parental responsibility for the child. The local authority will have the power to determine the extent to which this responsibility will continue to be shared with the parents/carers. A Local Authority may also accommodate a child under voluntary arrangements with the child's parents/carers. In these circumstances the parents/carers will retain parental responsibility acting so far as possible as partners of the local authority. Where a child is looked after by a local authority day-to-day responsibility may be with foster parents, residential care workers or guardians.
- Parents/carers should be given the opportunity to provide the Head Teacher with sufficient information about their child's medical needs if treatment or special care is needed. They should, jointly with the Head Teacher, and healthcare professions, reach agreement on the school's role in supporting their child's medical needs. Some parents/carers may have difficulty understanding or supporting their child's medical condition themselves. Local health services can often provide additional assistance in these circumstances.

    - Parents/carers should tell the school about any changes to their child's medication according to the prescription.
    - Inform the school of any changes to their child's condition.
    - Ensure that any medication provided to the school is labeled in the original container, with the child's name, prescribed dose, frequency of administration in accordance with the prescribers' instructions.
    - Ensure that their child's medication is within expiry dates.
    - Provide the school with appropriate spare medication which is labelled in accordance with the prescribers instructions.
    - Ensure their child has regular reviews about their condition with their GP or specialist healthcare professional.
    - Ensure that they contribute to the Healthcare Plan.

2. The Employer

- The Local Authority and the Governing Body must have a health and safety policy. It should incorporate managing the administration of medicines and supporting children with complex health needs.
- There must be appropriate Employers' Liability Insurance to provide cover for injury to staff acting within the scope of their employment.
- In the event of legal action over an allegation of negligence the employer, rather than the employee, is likely to be held responsible. Employers should therefore ensure that their insurance arrangements provide full cover in respect of actions which could be taken by staff in the course of their employment. It is **the school**'s responsibility to make sure that proper procedures are in place; and that staff are aware of the procedures and fully trained. Employers should support staff to use their best endeavours at all times, particularly in emergencies. In general, the consequences

of taking no action are likely to be more serious than those of trying to assist in an emergency. A health care professional should provide written confirmation of proficiency in any medical procedure.

3. The Governing Body

- The school will develop policies to cover its needs. The governing body has general responsibility for all of the policies even when it is not the employer. The governing body will generally take account of the views of the Head Teacher, staff and parents/carers in developing a policy on assisting children with medical needs. The governing body will follow the health and safety policies and procedures produced by the Local Authority where relevant.
- To ensure the health and safety of their employees and anyone else taking part in activities (this includes all children). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips.
- To ensure that health and safety policies and risk assessments are inclusive of the needs of children with medical conditions.
- To ensure that the medicines policy is effectively monitored and evaluated and regularly updated.
- If the administration of prescription medicines requires technical or medical knowledge then individual training will be provided to staff from a qualified health professional. Training is specific to the individual child concerned.

4. The Head Teacher

- The Head Teacher is responsible for putting this policy into practice and for developing detailed procedures. Day to day decisions will normally fall to the Head Teacher or to whosoever they delegate this to, as set out in the policy.

    - To ensure that the school is inclusive and welcoming.
    - To communicate the policy to all (including supply staff).
    - Delegate a staff member to maintain the school's medical conditions records.
    - To ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place.
    - Update the policy at least once a year according to review recommendations and recent local and national guidance and legislation.
    - Report to stakeholders about the implementation of the medicines policy.

- There is a contractual duty on Head Teachers to ensure that staff receive appropriate training. As the manager of staff it is likely to be the Head Teacher who will agree when and how such training takes place.
- The Head Teacher will ensure that all parents/carers and all staff are aware of the policy and procedures for dealing with medical needs. The Head Teacher will also make sure that the appropriate systems for information sharing are followed.
- For a child with medical needs, the Head Teacher will agree with the parents/carers exactly what support can be provided. Where parents/carers' expectations appear unreasonable, the Head Teacher will seek advice from the school nursing team or doctor, the child's GP or other medical advisers and, if appropriate, the Local Authority.

- If staff follow documented procedures, they should be fully covered by their employer's public liability insurance should a parent/carer make a complaint. The Head Teacher should ask the employer to provide written confirmation of the insurance cover for staff who provide specific medical support.

5. Staff

- Staff with children with medical needs in their class or group will be informed about the nature of the condition, and when and where the children may need extra attention. The child's parents/carers and health professionals should provide this information.
- To be aware of potential triggers, signs and symptoms of common medical conditions and to know what to do in an emergency.
- To understand the school's medicines policy.
- To know which children in their care have a medical condition and to be familiar with the content of a child's Healthcare Plan, if relevant.
- Allow children to have immediate access to their emergency medication.
- Maintain effective communication with parents/carers including informing them if their child has been unwell.
- Ensure that children who carry their medication with them have it when they go on a visit or out of the building.
- To ensure that children with medical conditions are not excluded unnecessarily from activities that they may wish to take part in.
- Ensure that children have appropriate food or medication with them during any exercise and are allowed to take it when needed.
- Ensure that when children have been unwell that they are given opportunities to catch up on missed activities.
- Use PSHE/PSED and other areas of the curriculum and the 'hidden curriculum' to raise children awareness of medical conditions.
- All staff will be made aware of the likelihood of an emergency arising and what action to take if one occurs. The school will endeavor to arrange trained back up cover if the member of staff responsible is absent or unavailable.
- The school nursing service/other approved training provider, provides registers and certificates for staff who attend medical training, and copies are held by the school.

Staff Giving Medicines

- Teachers' conditions of employment do not include giving or supervising a child taking medicines. The school will ensure that they have sufficient members of support staff who are employed and appropriately trained to manage medicines as part of their duties.
- Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child will have appropriate training and guidance. They will also be made aware of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case.

6. The Local Authority

- The Local Authority, as the employer, is responsible for all health and safety matters
- Local Authorities have a duty under the Children Act 1989 to provide advice and training. However providers should seek appropriate training from qualified professionals to deal with the needs of specific children.

7. Primary Care and NHS Trust

- PCTs, Local Authorities and the school governing body will work in cooperation to determine need, plan and co-ordinate effective provision within the resources available.
- PCTs **must** ensure that there is a medical officer with specific responsibility for children with special educational needs (SEN). Some of these children may have medical needs. PCTs and NHS Trusts, usually through the school health service, may provide advice and training for staff in providing for a child's medical needs.

CHAPTER 3: DEALING WITH MEDICINES SAFELY

1. Safety Management

- All medicines may be harmful to anyone for whom they are not appropriate. Where the school agrees to administer any medicines they will ensure that the risks to the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

2. Storage & Access to Medicines

- Large volumes of medicines will not be stored. Staff will only store, supervise and administer medicine that has been prescribed for an individual child. Medicines will be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Medicines will only be accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers.
- Children should know where their own medicines are stored and who holds the key (if appropriate). The Head Teacher is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. Other non-emergency medicines will generally be kept in a secure place not accessible to children.
- A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in a sealed box and clearly labelled. There will be restricted access to a refrigerator holding medicines. At Sutton School this will be within the Welfare Room.

3. Disposal of Medicines

- Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. For children for whom a leaving date is known, the medicines will be made ready for collection on their last day. If parents/carers do not collect all medicines, or if children are taken off roll, medicines will be taken to a local pharmacy for safe disposal.
- Sharps boxes will always be used for the disposal of needles. Sharps boxes can be obtained by parents/carers on prescription from the child's GP or paediatrician. Collection and disposal of the boxes will be arranged with the Local Authority's environmental services.

4. Hygiene and Infection Control

- All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

5. Emergency Procedures

- All staff should know how to call the emergency services. Guidance on calling an ambulance is Appendix 1. All staff should also know who is responsible for carrying out parts of the emergency/critical incident plan in the event of need. A member of staff should always accompany a child taken to hospital by ambulance if the parent/carer is not present, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents/carers are not available. Other children should know what to do in the event of an emergency, such as telling a member of staff.
- Staff should never take children to hospital in their own car; it is safer to call an ambulance.
- Individual health care plans will include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency.

CHAPTER 4: DRAWING UP A HEALTH CARE PLAN

1. Purpose of a Health Care Plan

- The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. A short written agreement with parents/carers may be all that is necessary.
- An individual health care plan clarifies for staff, parents/carers and the child the help that can be provided. Staff will be guided by the child's GP or paediatrician. The Headteacher/SENDCO will agree with parents/carers how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.
- The school will judge each child's needs individually as children vary in their ability to cope with poor health or a particular medical condition.
- In addition to input from the school health service, the child's GP or other health care professionals (depending on the level of support the child needs), those who may need to contribute to a health care plan include:
    - the Head Teacher
    - the SENDCO
    - the Welfare Officer
    - the parent or carer
    - the child (if appropriate)
    - class teacher
    - support staff
    - staff who are trained to administer medicines
    - staff who are trained in emergency procedures.

2. Co-ordinating Information

- The Head Teacher may delegate specific responsibility for co-ordinating and sharing information on an individual pupil with medical needs. This person can be a first contact for parents/carers and staff, and liaise with external agencies. The delegated person should make sure that supply staff know about any medical needs.

3. Staff Training

- A health care plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies. Staff should not give medicines without appropriate training from health professionals. When staff agree to assist a child with medical needs, the school will arrange appropriate training in collaboration with local health services. Local health services will also be able to advise on further training needs.

4. Confidentiality

- The Head Teacher and staff should always treat medical information confidentially. The Head Teacher should agree with the parent, who else should have access to records and other information about a

child. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

CHAPTER 5: COMMON CONDITIONS – PRACTICAL ADVICE ON ASTHMA, EPILEPSY, DIABETES AND ANAPHYLAXIS

INTRODUCTION

- The medical conditions in children that most commonly cause concern in schools and settings are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). This chapter provides some basic information about these conditions but it is beyond its scope to provide more detailed medical advice and it is important that the needs of children are assessed on an individual basis.
- Further information, including advice specifically for schools and settings, is available from health care professionals.

ASTHMA

What is Asthma?

- Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children have asthma in the UK.
- The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Younger children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest. Not everyone will get all these symptoms, and some children may only get symptoms from time to time.
- However in early years settings staff may not be able to rely on younger children being able to identify or verbalise when their symptoms are getting worse, or what medicines they should take and when. It is therefore imperative that staff who have younger children in their care know how to identify when symptoms are getting worse and what to do for children with asthma when this happens. This should be supported by written asthma plans, asthma school cards provided by parents/carers, and regular training and support for staff. Children with significant asthma should have an individual health care plan.

Medicine and Control

- There are two main types of medicines used to treat asthma, relievers and preventers. Usually a child will only need a reliever during the school day. **Relievers** (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise**.** Whilst **Preventers** (brown, red, orange inhalers, sometimes tablets) are usually used out of school hours.
- **Children with asthma need to have immediate access to their reliever inhalers when they need them.** Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the child may need some help to do this. It is good practice to support children with asthma to take charge of and use their inhaler from an early age, and many do.
- Inhalers are stored in a designated safe and accessible place (the medical room in the school and the first aid cupboard in the Care & Learning Centre kitchen) and are clearly marked with the child's name. Inhalers should always be available during physical education, sports activities and educational visits.
- The signs of an asthma attack include:
    - Persistent cough (when at rest);

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

When a child has an attack they should be treated according to their individual health care plan or asthma card as previously agreed.

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

- the symptoms do not improve sufficiently in 5-10 minutes
- the child is too breathless to speak
- the child appears exhausted
- the child is going blue
- the child has a blue/white tinge around the lips;
- the child has collapsed

RESPONDING TO SIGNS OF AN ASTHMA ATTACK

- **Keep calm and reassure the child;**
- **Encourage the child to sit up and slightly forward**
- **Use the child's own inhaler – if not available, use the emergency inhaler;**
- **Remain with the child while the inhaler and spacer are brought to them;**
- **Immediately help the child to take two separate puffs of salbutamol via the spacer;**
- **If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs;**
- **Stay calm and reassure the child. Stay with the child until they feel better. The child can return to normal activities when they feel better;**
- **If the child does not feel better or you are worried at ANY TIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE;**
- **If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way;**

- A child should have a regular asthma review with their GP or other relevant healthcare professional. Parents/carers should arrange the review and make sure that a copy of their child's management plan is available to Monkfield Park.
- Children with asthma should participate in all aspects of the day including physical activities. They need to take their reliever inhaler with them on all off-site activities. Physical activity benefits children with asthma in the same way as other children. Swimming is particularly beneficial, although endurance work should be avoided. Some children may need to take their reliever asthma medicines before any physical exertion. Warm-up activities are essential before any sudden activity especially in cold weather. Particular care may be necessary in cold or wet weather.
- Reluctance to participate in physical activities should be discussed with parents/carers, staff and the child. However children with asthma should not be forced to take part if they feel unwell. Children should be encouraged to recognise when their symptoms inhibit their ability to participate.
- Children with asthma may not attend on some days due to their condition, and may also at times have some sleep disturbances due to night symptoms. This may affect their concentration. Such issues should be discussed with the child's parents/carers or Education Welfare Officer as appropriate.
- The school environment should be asthma friendly, by removing as many potential triggers for children with asthma as possible.
- All staff should have training or be provided with information about asthma once a year. This should support them to feel confident about recognising worsening symptoms of asthma, knowing about asthma medicines and their delivery and what to do if a child has an asthma attack.

Emergency Asthma Inhalers

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows the purchase of salbutamol inhalers, without a prescription, for use in emergencies. Five inhalers are available at Sutton school only for use by children, for whom written parental consent for use of the emergency inhaler has been given annually (see Appendix 4: Form 5). These children must have been diagnosed with asthma and prescribed an inhaler, or have been prescribed an inhaler as reliever medication. All information should be recorded in the child's IHP. The emergency inhaler can be used if the child's prescribed inhaler is not available (for example if it is broken or empty). Further information on the administration of the emergency inhalers can be found in the medicines policy.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (e.g. terbutaline). The emergency salbutamol inhaler should still be used by these children if their own inhaler is not accessible as it will still help to relieve their asthma and could save their life.

All children recorded as having asthma are included on the asthma register. This is designed to allow staff to easily identify whether or not a child is identified as having asthma and whether consent for an emergency inhaler to be administered has been given by the parent/carer. The asthma register is stored in:

- The Welfare Room

Emergency Inhaler Kit

The emergency inhaler kit will include:

- **A salbutamol metered dose inhaler;**
- **at least two single use plastic spacers compatible with the inhaler;**

- **instructions on using the inhaler and spacer/plastic chamber;**
- **instructions on cleaning and storing the inhaler;**
- **manufacturers information;**
- **a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;**
- **a note of the arrangements for replacing the inhaler and spacers**
- **a list of children permitted to use the inhalers;**
- **a record of when the inhaler has been administered.**

Storage and Care of the Inhalers

Two nominated members of staff (Amy Tandon and Sam Brown) will have responsibility for ensuring that:

- **on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of 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 if necessary.**

The inhalers and spacers should be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler.

The emergency inhalers should only be used with the plastic spacer. To avoid possible risk of cross infection, the plastic spacer should not be re-used. It can be given to the child to take home for future personal use. 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 and should be disposed of.

Recording use of the inhaler and informing parents/carers

Use of the emergency inhaler should be recorded in the school medicines book. In addition the use of the emergency inhaler parent information form must also be completed and a copy made for the school records (see Appendix 4: Form 6).

Disposal

Spent inhalers will be returned to the pharmacy to be recycled.

EPILEPSY

What is Epilepsy?

- Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. At least one in 200 children have epilepsy and around 80 per cent of them attend mainstream school. Most children with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition.
- Seizures can take many different forms and a wide range of terms may be used to describe the particular seizure pattern that individual children experience. Parents/carers and health care professionals should provide information to **the school**, to be incorporated into the individual health care plan, setting out the particular pattern of an individual child's epilepsy. If a child does experience a seizure in a school or setting, details should be recorded and communicated to parents/carers including:
    - any factors which might possibly have acted as a trigger to the seizure – e.g. visual/auditory stimulation, emotion (anxiety, upset)
    - any unusual "feelings" reported by the child prior to the seizure
    - parts of the body demonstrating seizure activity e.g. limbs or facial muscles
    - the timing of the seizure – when it happened and how long it lasted
    - whether the child lost consciousness
    - whether the child was incontinent

This will help parents/carers to give more accurate information on seizures and seizure frequency to the child's specialist.

- What the child experiences depends whether all or which part of the brain is affected. Not all seizures involve loss of consciousness. When only a part of the brain is affected, a child will remain conscious with symptoms ranging from the twitching or jerking of a limb to experiencing strange tastes or sensations such as pins and needles. Where consciousness is affected; a child may appear confused, wander around and be unaware of their surroundings. They could also behave in unusual ways such as plucking at clothes, fiddling with objects or making mumbling sounds and chewing movements. They may not respond if spoken to. Afterwards, they may have little or no memory of the seizure.
- In some cases, such seizures go on to affect all of the brain and the child loses consciousness. Such seizures might start with the child crying out, then the muscles becoming stiff and rigid. The child may fall down. Then there are jerking movements as muscles relax and tighten rhythmically. During a seizure breathing may become difficult and the child's colour may change to a pale blue or grey colour around the mouth. Some children may bite their tongue or cheek and may wet themselves.
- After a seizure a child may feel tired, be confused, have a headache and need time to rest or sleep. Recovery times vary. Some children feel better after a few minutes while others may need to sleep for several hours.
- Another type of seizure affecting all of the brain involves a loss of consciousness for a few seconds. A child may appear 'blank' or 'staring', sometimes with fluttering of the eyelids. Such absence seizures can be so subtle that they may go unnoticed. They might be mistaken for daydreaming or not paying attention in class. If such seizures happen frequently they could be a cause of deteriorating academic performance.

Medicine and Control

- Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours.
- Triggers such as anxiety, stress, tiredness or being unwell may increase a child's chance of having a seizure. Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures. This is called photosensitivity. It is very rare. Most children with epilepsy can use computers and watch television without any problem.

- Children with epilepsy should be included in all activities. Extra care may be needed in some areas such as swimming. Concerns about safety should be discussed with the child and parents/carers as part of the health care plan.
- During a seizure it is important to make sure the child is in a safe position, not to restrict a child's movements and to allow the seizure to take its course. In a convulsive seizure putting something soft under the child's head will help to protect it. Nothing should be placed in their mouth. After a convulsive seizure has stopped, the child should be placed in the recovery position and stayed with, until they are fully recovered.

  An ambulance should be called during a convulsive seizure if:

  - it is the child's first seizure;
  - the child has injured themselves badly;
  - they have problems breathing after a seizure;
  - a seizure lasts longer than the period set out in the child's health care plan;
  - a seizure lasts for five minutes if you do not know how long they usually last for that child;
  - there are repeated seizures, unless this is usual for the child as set out in the child's health care plan.

- Such information should be an integral part of the school's emergency procedures but also relate specifically to the child's individual health care plan. The health care plan should clearly identify the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required.
- Most seizures last for a few seconds or minutes, and stop of their own accord. Some children who have longer seizures may be prescribed diazepam for rectal administration. This is an effective emergency treatment for prolonged seizures. The epilepsy nurse or a paediatrician should provide guidance as to when to administer it and why.
- Training in the administration of rectal diazepam is needed and will be available from local health services. Staying with the child afterwards is important as diazepam may cause drowsiness. Where it is considered clinically appropriate, a liquid solution midazolam, given into the mouth or intra-nasally, may be prescribed as an alternative to rectal Diazepam. Instructions for use must come from the prescribing doctor. For more information on administration of rectal diazepam, see Appendix 3: Form 3.
- Children and young people requiring rectal diazepam will vary in age, background and ethnicity, and will have differing levels of need, ability and communication skills. If arrangements can be made for two adults, at least one of the same gender as the child, to be present for such treatment, this minimises the potential for accusations of abuse. Two adults can also often ease practical administration of treatment. Staff should protect the dignity of the child as far as possible, even in emergencies.

DIABETES

What is Diabetes?

- Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes).

- About one in 550 school-age children have diabetes. The majority of children have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone.
- Each child may experience different symptoms and this should be evident in the health care plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents/carers' attention.

Medicine and Control

- The diabetes of the majority of children is controlled by injections of insulin each day. Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection. Older children may be on multiple injections and others may be controlled on an insulin pump. Most children can manage their own injections, but if doses are required at school supervision may be required, and also a suitable, private place to carry it out.
- Increasingly, older children are taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of long-acting insulin at home, usually at bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. The child is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give. Diabetic specialists would only implement this type of regime when they were confident that the child was competent. The child is then responsible for the injections and the regime would be set out in the individual health care plan.
- Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the lunch break, before PE or more regularly if their insulin needs adjusting. Most older children will be able to do this themselves and will simply need a suitable place to do so. However younger children may need adult supervision to carry out the test and/or interpret test results.
- When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional.
- Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low. Staff in charge of physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.
- Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar - a **hypoglycaemic reaction** (hypo) in a child with diabetes:

    - hunger
    - sweating
    - drowsiness
    - pallor
    - glazed eyes
    - shaking or trembling
    - lack of concentration
    - irritability
    - headache
    - mood changes, especially angry or aggressive behavior.

Each child may experience different symptoms and this should be evident from the health care plan.

- If a child has a hypo, it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later. An ambulance should be called if:
    - the child's recovery takes longer than 10-15minutes;
    - the child becomes unconscious.
- Some children may experience **hyperglycaemia** (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents/carers' attention. If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.
- Such information should be an integral part of **the school**'s emergency procedures but also relate specifically to the child's individual health care plan.

ANAPHYLAXIS

What is anaphylaxis?

- Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.
- Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).
- The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.
- Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction.

Medicine and Control

- The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths – adult and junior.
- Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. **An ambulance should always be called.**
- Adrenaline injectors, given in accordance with the manufacturer's instructions, are a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the child's leg. In cases of doubt it is better to give the injection than to hold back.
- Where children are considered to be sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely which is not locked away and is accessible to all staff.

- Studies have shown that the risks for allergic children are reduced where an individual health care plan is in place. Reactions become rarer and when they occur they are mostly mild. The plan will need to be agreed by the child's parents/carers, the school and the treating doctor.
- Important issues specific to anaphylaxis to be covered include:
    - anaphylaxis – what may trigger it;
    - what to do in an emergency;
    - prescribed medicine;
    - food management;
    - precautionary measures.
- An annual training session will be provided by local health services. Staff will have the opportunity to practice with trainer injection devices.
- Day to day policy measures are needed for food management, awareness of the child's needs in relation to the menu, individual meal requirements, cooking activities and snacks. It is important to ensure that the catering supervisor is fully aware of the child's particular requirements.
- Parents/carers often ask for the Headteacher/Manager to exclude from the premises the food to which their child is allergic. This is not always feasible, although appropriate steps to minimise any risks to allergic children should be taken.
- Children who are at risk of severe allergic reactions are not ill in the usual sense. They are normal children in every respect – except that if they come into contact with a certain food or substance, they may become very unwell. It is important that these children are not stigmatised or made to feel different. It is important, too, to allay parents/carers' fears by reassuring them that prompt and efficient action will be taken in accordance with medical advice and guidance.

Use of Emergency Auto Adrenaline Injectors

Auto adrenaline injectors are intended for use in emergency situations when an allergic individual is having a reaction consistent with anaphylaxis, as a measure that is taken until an ambulance arrives. In the event of an emergency situation an auto adrenaline injector should only be used on pupils known to be at risk of anaphylaxis, where both medical authorisation and written parental consent for the use of emergency auto adrenaline injectors has been provided. This information will be kept in the Welfare Room.

Emergency Anaphylaxis Kit

The emergency kit will include:

- **A minimum of one auto adrenaline injector;**
- **Instructions on using the auto adrenaline injector;**
- **Manufacturers information;**
- **A checklist of inhalers, injectors identified by their batch number and expiry date, with monthly checks recorded;**
- **A note of the arrangements for replacing the auto adrenaline injectors;**

- **A list of children to whom the auto adrenaline injectors can be administered;**
- **A record of when emergency auto adrenaline injector have been administered.**

Storage and Care of the auto injectors

Two nominated members of staff will have responsibility for ensuring that:

- on a monthly basis the auto adrenaline injectors are present and in working order,
- replacement auto adrenaline injectors are obtained when expiry dates approach;
- the auto adrenaline injectors are stored correctly i.e. at room temperature;

The auto adrenaline injectors should be kept separate from any child's auto adrenaline injector which is stored in a nearby location and the auto adrenaline injectors should be clearly labelled to avoid confusion with a child's auto adrenaline injector.

Recording use of the auto adrenaline injector and informing parents/carers

Use of the emergency auto adrenaline injector should be recorded in the school medicines book.. In addition the use of the auto adrenaline injector parent information form must also be completed and a copy made for the school records (see Appendix 6: Form 7).

Disposal

Auto adrenaline injectors which are out of date will be returned to the pharmacy for disposal.

ANNEX A: FORMS

Appendix 1 - Contacting Emergency Services

Request for an Ambulance

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

1. Your telephone number: **01353 778351**
2. Say you are calling about a child
3. Give your location as follows: **Sutton CE (VC) Primary School, The Brook, Sutton, Ely**
4. State that the postcode is: **CB6 2QQ**
5. Give exact location in the school/setting (insert brief description)
6. Give your name
7. Give name of child and a brief description of child's symptoms
8. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the incident.

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

Put a completed copy of this form by the telephone

Appendix 2: Form 1

Medical Information Consent Form for Sutton CE (VC) Primary School

Pupil Name: ……..….. Date of Birth: ……..…..

Name of Parents/Carer: …….. Home telephone number:……

Mobile telephone number: ……. Work telephone number: ……

Medical Practice:……. GP name: ……..…. Telephone Number: …….

Hospital: …… Consultant name: …… Telephone number: …….

My child administers his/her own medication: YES / NO

My child carries his/her medicine with them at all times: YES/NO

I consent to my child receiving the following medication in school:

Medicine: ……. …….. Dose: ……. …….. Frequency: ……. ……..

Medicine: ……. …….. Dose: ……. …….. Frequency: ……. ……..

Medicine: ……. …….. Dose: ……. …….. Frequency: ……. …….

Further instructions: ……..

I undertake to ensure that the school has adequate supplies of this/these medication(s).

I undertake to ensure that this/these medication(s) supplied by me and prescribed by my child's doctor is/are correctly labelled, in date, with storage details attached, in their original prescribed packaging and are supplied in a named plastic tub with a photograph of my child on it, or in a medically labeled waist bag if they carry it on their person.

I understand that the medication will be supervised or given by a member of staff who has received appropriate training in accordance with the Local Education Authority code of practice.

Signed: …… Print Name: ……..…….. (parent/carer) Date:……

Appendix 2: Form 2

Confirmation of the Headteacher/Head of setting's agreement to administer medicine

It is agreed that _____ *[name of child]* will receive

_____ *[quantity and name of medicine]* every day

at _____ *[time medicine to be administered e.g. Lunchtime or afternoon break]*.

_____ *[name of child]* will be given/supervised whilst he/she takes their

medication by _____ *[name of member of staff]*.

This arrangement will continue until_____ *[either end date of course of medicine or until instructed by parents/carers].*

Signed: [*The Head teacher/Head of Setting]* …… Date……

Appendix 3: Form 3

Authorisation for the administration of Rectal Diazepam

Pupil Name: ……..….. Date of Birth: ……..…..

Name of Parents/Carer: …….. Home telephone number: ……

Mobile telephone number: ……. Work telephone number: ……

Medical Practice: ……GP name: ……..……. Telephone Number: ……..

Hospital: ……Consultant name: ……..Telephone number: ……

(Name)……should be given Rectal Diazepam ……..mg.

If he/she has a prolonged epileptic seizure lasting over ……..minutes

OR

Serial seizures lasting over ……. minutes.

An Ambulance should be called if the seizure has not resolved after ……minutes.

Doctor's signature ……..…… Date ……

I undertake to ensure that the school has adequate supplies of this/these medication(s).

I undertake to ensure that this/these medication(s) supplied by me and prescribed by my child's doctor is/are correctly labeled, in date, with storage details attached, in their original prescribed packaging and are supplied in a named plastic tub with a photograph of my child on it.

I understand that the medication will be supervised or given by a member of staff who has received appropriate training in accordance with the Local Education Authority code of practice.

Signed: …….. (parent/carer) Date: ……..

Appendix 3: Form 4

Confirmation of the Headteacher/Head of setting's agreement to administer medicine

It is agreed that …….. *[name of child]* will receive Rectal Diazepam when it is required according to the schedule above.

Rectal Diazepam will be administered by ……. *[name of member of staff]*.

Signed: [*The Head teacher/Head of Setting]* ……. Date……

Appendix 4: Form 5

SUTTON CE (VC) PRIMARY SCHOOL

CONSENT FORM FOR THE USE OF EMERGENCY SALBUTAMOL INHALER

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 we have provided and is stored in the school.

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 school for such emergencies.

Signed: ……..... Date: ……

Name of parent/carer (print)……..

Child's name: ……

Class: …….

Parent/carer's address and contact details:

……

……

……

……

Telephone: ……

E-mail: ……...

……

Appendix 4: Form 6

SUTTON CE (VC) PRIMARY SCHOOL

LETTER INFORMING PARENTS/CARERS OF THE USE OF

EMERGENCY SALBUTAMOL INHALER

Child's name: ……

Class: ……

Date: ……

Dear……..,

This letter is to formally notify you that……..has had problems with his / her breathing today. This happened at …… (insert time) when……..

……

[Delete as appropriate]

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 to arrange for a replacement inhaler to be issued for their use in school.

Yours sincerely

.

(First Aider)

Appendix 5

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

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

ACTION:

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

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 6: Form 7

SUTTON CE (VC) PRIMARY SCHOOL

CONSENT FORM FOR THE USE OF EMERGENCY AUTO ADRENALINE INJECTORS

Child showing symptoms of a severe allergic reaction/anaphylaxis

1. I can confirm that my child has been diagnosed with a severe allergic reaction and has been prescribed an auto adrenaline injector.

Type…….. Dosage……..

2. My child has a working, in-date auto adrenaline injector, clearly labelled with their name, which we have provided and is stored in the school**..**

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

Signed: ……..... Date: ……

Name of parent/carer (print)……..

Child's name: ……

Class: ……

Parent/carer's address and contact details:

……

……

……

……

Telephone: ……

E-mail: ……...

……

Appendix 7: Form 8: Record of medicine administered to an individual child

Surname	

Forename(s)	
Date of Birth	**____ /____ /____ M F**
Class	
Condition or illness	
Date medicine provided by parent	
Name and strength of medicine	
Quantity received	
Expiry date	**____ / ____ / ____**
Quantity returned	
Dose and frequency of medicine	

Checked by:

Staff name 1_____ Staff name 2_____

Staff signature 1 _____ Staff signature 2_____

Date	**____/____/____**	**____/____/____**	**____/____/____**
Time given			
Dose given			
Any reaction			
Name of staff member 1			

Name of staff member 2						
Staff initials						

Date	**_____/_____/_____**		**_____/_____/_____**		**_____/_____/_____**	
Time given						
Dose given						
Any reaction						
Name of staff member 1						
Name of staff member 2						
Staff initials						