Managing Medicines Policy

(including Asthma Policy)

2026-28

CITY OF LONDON
PRIMARY ACADEMY
ISLINGTON

(This policy should be read in conjunction with the First Aid Policy)

Responsibility:	Head Teacher / Governing Body
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Statement
COLPAI is committed to reducing the barriers to sharing in school/nursery life and learning for all its pupils. This policy sets out the steps which the school/EYFS will take to ensure full access to learning for all its children who have medical needs and are able to attend school.

N.B. This policy has been developed in line with the DfE publication 'Supporting pupils at school with medical conditions December 2015'.

1. Managing prescription medicines which need to be taken during the school day

1.1 Parents/carers should provide full written information about their child's medical needs.

1.2 Short-term prescription requirements should only be brought to school if it is detrimental to the child's health not to have the medicine during the school day. If the period of administering medicine is 8 days or more, there must be an individual Pupil Health Care Plan.

1.3 The school/EYS will not accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosages.

1.4 The school/EYFS will not administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, unless it is done as part of an individual Pupil Health Care Plan. The school will inform parents of this policy.

1.5 Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff are authorised to administer a controlled drug, in accordance with the prescriber's instructions. A child may legally have a prescribed controlled drug in their possession. The school/EYFS will keep controlled drugs in a locked non-portable container, to which only named staff will have access. A record of access to the container will be kept. Misuse of a controlled drug is an offence, and will be dealt with under the school's behaviour policy.

1.6 Medicines should always be provided in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. In all cases this should include:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of administration
- Any side effects
- Expiry date (Paragraph 35)

1.7 The school/EYFS will refer to the DfE guidance document when dealing with any other particular issues relating to managing medicines.

2. Procedures for managing prescription medicines on trips, outings and during sporting activities

2.1 The school/EYS will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. This may extend to

reviewing and revising the visits policy and procedures so that planning arrangements incorporate the necessary steps to include children with medical needs. It might also incorporate risk assessments for such children.

2.2 If staff are concerned about how they can best provide for a child's safety or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP. Please refer to the EVOLVE guidance on planning educational visits.

2.3 The school/EYFS will support children wherever possible in participating in physical activities and extra-curricular sport. Any restriction on a child's ability to participate in PE should be recorded on their individual Pupil Health Care Plan.

2.4 Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions, and will consider the need for a risk assessment to be made.

2.5 The school/EYFS must cooperate with the Local Authority in fulfilling its responsibilities regarding home to school transport. This may include giving advice regarding a child's medical needs.

3. The roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines

3.1 Close co-operation between schools, EYFS, parents/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.

3.2 It is important that responsibility for child safety is clearly defined and that each person responsible for a child with medical needs is aware of what is expected of them.

3.3 The school/EYFS will always take full account of temporary, supply and peripatetic staff when informing staff of arrangements for the administration of medicines.

3.4 The school/EYFS will always designate a minimum of two people to be responsible for the administering of medicine to a child.

3.5 Staff should never give a non-prescribed medicine to a child unless this is part of an individual Pupil Health Care Plan, involving specific written permission from the parents/carers. Where the head agrees to administer a non-prescribed medicine it must be in accordance with this policy. The school will inform parents of this policy. Criteria in the national standards for under 8s day care 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 on a form such as Form 5 or 6 (can be found in the Form Sets) and the parents/carers informed. If a child suffers from frequent or acute pain the parents/carers should be encouraged to refer the matter to the child's GP.

3.6 National Guidance states: 'A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.' The school/EYS will inform parents of this policy.

3.7 Any controlled drugs which have been prescribed for a child must be kept in safe custody.

3.8 If a child refuses to take medicine, staff will not force them to do so. Staff should record the incident and follow agreed procedures (which should be set out in the policy or the child's Health Care Plan). Parents/carers will be informed of the refusal on the same day. If refusal results in an emergency, the school/EYS's normal emergency procedures will be followed.

3.9 If in doubt about a procedure, staff should not administer the medicine, but check with the parents or a health professional before taking further action.

N.B. The DfE guidance document gives a full description of roles and responsibilities.

4. Parental responsibilities in respect of their child's medical needs

4.1 It is the parents/carers' responsibility to provide the Head teacher with sufficient written information about their child's medical needs if treatment or special care is needed.

4.2 Parents are expected to work with the Head teacher to reach an agreement on the school's role in supporting their child's medical needs, in accordance with the school's policy.

4.3 The Head teacher will share medical information about their child's health to other staff on a need to know basis. Sharing information is important if staff and parents/carers are to ensure the best care for a child.

4.4 If parents/carers have difficulty understanding or supporting their child's medical condition themselves, they should be encouraged to contact either the school nurse or the health visitor, as appropriate.

4.5 It is the parents/carers' responsibility to keep their children at home when they are acutely unwell.

4.6 It requires only one parent/carer to agree to or request that medicines are administered to a child. It is likely that this will be the parent with whom the school or EYS has day-to-day contact.

4.7 Prior written agreement should be obtained from parents/carers for any medicines to be given to a child. (See Form sets).

5. Assisting children with long-term or complex medical needs

5.1 Where there are long-term medical needs for a child, including administration of medicine for a period of 8 days or more, an Individual Pupil Health Care Plan (IHCP) should be completed, either using:

5.1.1 Form 2 Pupil Health Care Plan
5.1.2 Asthma IHCP
5.1.3 Allergy/Anaphylaxis IHCP
5.1.4 Diabetes IHCP
5.1.5 Epilepsy IHCP

(which can be found in Form sets) and involving both the parents/carers and relevant health professionals.

5.2 A Pupil Health Care Plan clarifies for staff, parents/carers and the child the help that can be provided. It is important for staff to be guided by the school nurse or the child's GP or pediatrician.

5.3 The school/EYFS 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.

5.4 The school/EYFS will judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. Plans will also take into account a pupil's age and need to take personal responsibility.

5.5 Developing a Pupil Health Care Plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual child.

5.6 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 pro forma include the:

- Head teacher or head of EYFS
- Parent or carer
- Child (if appropriate)
- Early Years Practitioner/Class Teacher - Primary schools/Form Tutor/Head of Year - secondary schools
- Care assistant or support staff
- Staff who are trained to administer medicines
- Staff who are trained in emergency procedures (Paragraph 122)

5.7 The school/EYFS will consult the DfE publication 'Supporting pupils at school with medical conditions December 2015' when dealing with the needs of children with the following common conditions:

- Asthma
- Epilepsy
- Diabetes
- Anaphylaxis

5.8 Regarding epilepsy, some children may be prescribed rectal diazepam as a treatment for prolonged seizures. Staff involved must have received training from local health services. A written authorisation from the GP, Consultant or Epilepsy Specialist Nurse must have been received for each child, along with instructions for use. Form 9 (can be found in Form sets) may be used for this purpose. Two adults must be present for such treatment, at least one being of the same gender as the child. The dignity of the child must be protected as far as possible.

6. Policy on children carrying and taking their prescribed medicines themselves

(An example of this would be a child with asthma using an inhaler)

6.1 It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines. If such medicines are taken under supervision, this should be recorded.

6.2 There is no set age when a child or young person can take responsibility for their own medication. This needs to be a joint decision between school, parents/carers and the pupil. Please refer to Form 7 (can be found in Form sets).

6.3 Where pupils have been prescribed controlled drugs, these must be kept in safe custody. Pupils could access them for self-medication if it was agreed that this was appropriate.

7. Staff support and training in dealing with medical needs

7.1 The school/EYFS will ensure that there are sufficient members of support staff who manage medicines. This will involve participation in appropriate training.

7.2 Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child does so voluntarily and 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.

7.3 Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Agreement to do so must be voluntary.

7.4 The school/EYFS will ensure that staff receive proper support and training where necessary, in line with the contractual duty on head teachers to ensure that their staff receive the training. The Head teacher or teacher in charge of an EYS will agree when and how such training takes place, in their capacity as a line manager. The head of the school or EYFS will make sure that all staff and parents/carers are aware of the policy and procedures for dealing with medical needs.

7.5 Staff who have a child with medical needs in their class or group will be informed about the nature of the condition, and when and where the child may need extra attention.

7.6 The child's parents/carers and health professionals should provide the information specified above.

7.7 All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

7.8 Back up cover should be arranged for when the member of staff responsible is absent or unavailable.

7.9 At different times of the day other staff, such as lunchtime supervisors, may be responsible for children. They will also be provided with training and advice.

8. Record keeping

8.1 Parents/carers should tell the school or EYS 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. Any change in prescription should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.

8.2 The school will use Form 3A (can be found in form sets) to record short-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.

8.3 The school will use Form 3B (can be found in form sets) to record long-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.

8.4 It is the parent/carer's responsibility to monitor when further supplies of medication are needed in the school/EYS. It is not the school's /EYS's responsibility.

8.5 Form 4 (can be found in form sets) should be used to confirm, with the parents/carers, that a member of staff will administer medicine to their child.

8.6 (For Early Years EYSs) This EYS will keep written records of all medicines administered to children, and make sure that parents/carers sign the record book to acknowledge the entry. (All Early Years EYSs must do this).

8.7 Although there is no similar legal requirement for schools to keep records of medicines given to pupils, and the staff involved, it is good practice to do so. Records offer protection to staff and proof that they have followed agreed procedures. Some schools keep a logbook for this. Forms 5 and 6 (can be found in form sets) provide example record sheets. This school will/will not keep a logbook of medicines given.

9. Safe storage of medicines

9.1 The school/EYFS will only store, supervise and administer medicine that has been prescribed for an individual child.

9.2 Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.

9.3 Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, any side effects and the expiry date.

9.4 Where a child needs two or more prescribed medicines, each will be in a separate container.

9.5 Non-healthcare staff will never transfer medicines from their original containers.

9.6 Children will be informed where their own medicines are stored and who holds the key.

9.7 All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children and will not be locked away.

9.8 Schools may/may not allow children to carry their own inhalers. Agreement will be sought between school/parents/ child in accordance with the child's level of maturity.

9.9 Other non-emergency medicines will be kept in a secure place not accessible to children.

9.10 A few medicines need to be refrigerated. They can be kept in a refrigerator containing food

but must be in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines. It is acceptable for a staff room fridge to be used for storage, as long as medical items are clearly labelled.

9.11 Access to Medicines - Children need to have immediate access to their medicines when required. The school/EYS will make special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are kept securely and only accessible to those for whom they are prescribed. This will be considered as part of the policy about children carrying their own medicines.

10. Disposal of Medicines

10.1 Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. Return of such medicines to parents should be documented.

10.2 Sharps boxes will always be used for the disposal of needles. Collection and disposal of the boxes will be arranged with the Local Authority.

11. Hygiene and Infection Control

11.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures

11.2 Staff will have access to protective disposable gloves and will take care when dealing with spillages of blood or other body fluids, and disposing of dressings or equipment.

11.3 OfSTED guidance provides an extensive list of issues that early years providers should consider in making sure EYS are hygienic.

11.4 The School Premises Regulations 2012 and the Education (Independent School Standards) Regulations 2010 as amended January 2013 require every school to have a room appropriate and readily available for use for medical or dental examination and treatment and for the caring of sick or injured pupils. It must contain a washbasin and be reasonably near a water closet. It must not be teaching accommodation. If this room is used for other purposes as well as for medical accommodation, the body responsible must consider whether dual use is satisfactory or has unreasonable implications for its main purpose. The responsibility for providing these facilities in all maintained schools rests with the Local Authority.

12. Access to the school/EYFS's emergency procedures

12.1 As part of general risk management processes the school/EYFS must have arrangements in place for dealing with emergency situations. This could be part of the school's first aid policy and provision.

12.2 Other children should know what to do in the event of an emergency, such as telling a member of staff.

12.3 All staff should know how to call the emergency services. Guidance on calling an ambulance is provided in Form 1 (can be found in form sets).

12.4 All staff should also know who is responsible for carrying out emergency procedures in the event of need.

12.5 A member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives.

12.6 Health professionals are responsible for any decisions on medical treatment when parents/carers are not available.

12.7 Staff should never take children to hospital in their own car; it is safer to call an ambulance.

12.8 The national standards require early year's EYSs to ensure that contingency arrangements are in place to cover such emergencies.

12.9 Individual Pupil 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. Those with responsibility at different times of day (e.g. lunchtime supervisor) will need to be very clear of their role.

13. Risk assessment and management procedures

13.1 This policy will operate within the context of the school/EYFS's Health and Safety Policy.

13.2 The school/EYFS will ensure that risks to the health of others are properly controlled.

13.3 The school/EYS will provide, where necessary, individual risk assessments for pupils or groups with medical needs.

13.4 The school/EYFS will be aware of the health and safety issues relating to dangerous substances and infection.

14. Asthma: Use of Emergency Salbutamol Inhalers (see Guidance on the use of emergency salbutamol inhalers in school

14.1 From 1st October 2014 the Human medicines Regulations were amended to allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

14.2 The inhalers must only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

14.3 The inhaler will only be used if the pupil's prescribed inhaler is not available. The school has an emergency inhaler located with the centrally stored First Aid.

Asthma Policy

COLPAI recognises that asthma is a widespread, serious but controllable condition and the school welcomes all children with asthma. We have many children at COLPAI with asthma.

We ensure that children with asthma can and do fully participate in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities.

This is achieved through:

- Ensuring that children have access to their inhalers as and when required.
- Keeping a record of all children with asthma and the medicines they take.
- Creating a whole school environment, including the physical, social, sporting and educational environment, that is favourable to children with asthma.
- Helping all children to understand asthma as a medical condition.
- Making sure that all staff (including supply teachers and support staff) who come into contact with children with asthma know what to do in the event of an asthma attack.
- Working in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/carers, the local authority, doctors, nurses and children to ensure the policy is planned, implemented and maintained successfully.

Asthma medicines

Immediate access to reliever medicines is essential. The reliever inhalers of children are kept in plastic pouches in the designated first aid/medical cupboard of each classroom. All cupboards have first aid signage. School staff are not required to administer asthma medicines to children (except in an emergency). Children are encouraged to take their own inhaler when they require it. This is supervised either by a member of the office staff or a qualified first aider. All pumps are labelled in the original packaging with the doctors prescribed dosage and kept in the designated cupboard of each classroom. The asthma register clearly states which children are asthmatic, their class, date of birth, doctor's prescribed dosage and additional notes from their parent/carer. In the event of an attack, the inhaler must be taken to the child.
Children on the asthma register who have parental consent for the use of the emergency inhaler are also clearly indicated. The emergency inhaler can be used if the child's prescribed inhaler is not available (for example, because it is broken, or empty). The emergency inhalers are labelled and stored in the school's central first aid cupboard.

Record keeping

When a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their admission form. Thereafter, all parents/carers of children with asthma will be required to fill in the school asthma form 2C, which also includes permission to administer the school emergency inhaler, should there be an issue with their child's inhaler not working properly. From this information, the school keeps its asthma register, which is available to all school staff and can be located in the medical cupboard in the school office. A record of when the child takes their asthma relief is kept in the child's plastic medical wallet (stored in the first aid cupboard in the classroom). Any irregularities are reported to parents, for example a child needing to take asthma relief more than is usual for that child. An annual review meeting is held with one of the HLTAs where the Asthma forms 2C will be updated with parents/carers. Parents/carers will also be asked to update form 2C if their child's medicines, or dose changes.

Exercise and activity – PE and games

Taking part in sports, games and activities is an essential part of school life for all children. All teachers know which children in their class have asthma; they receive regular up-to-date class medical information. We encourage children as they get older to try to remember this themselves and to take more control in remembering their medication. Children with asthma are encouraged to participate fully in PE. Children whose asthma is triggered by exercise are encouraged to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. If a child needs to use their inhaler during a lesson they will be encouraged to do so.

Offsite sport, swimming and educational visits

All inhalers must accompany children when they are off the school grounds e.g. on a trip, swimming, visiting another school, etc. A copy of the school asthma card will be kept in the bag with the asthma pump. This is returned to the school office once back on school grounds.

School environment

COLPAI does all that it can to ensure the school environment is favourable to children with asthma. For example, we have a definitive no-smoking policy. As far as possible we do not use chemicals in science and art lessons that are potential triggers for children with asthma.

If a child is falling behind in lessons

If a child is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the Special Education Needs Coordinator about the child's needs. We recognise that it is possible for children with asthma to have special education needs due to their medical condition.

In the event of an asthma attack, school staff follow the T.I.M.E advice from Whittington Health. All staff received INSET on this approach September 2019, led by the school nurse.

ALWAYS SEEK THE ADVICE/ATTENTION OF A QUALIFIED FIRST AIDER IN THE EVENT OF AN ASTHMA ATTACK

Guidance on the use of emergency salbutamol inhalers in schools

Taken and edited from the Department of Health's published document 'Guidance on the use of emergency salbutamol inhalers in schools' September 2014.

We have a number of children at COLPAI with asthma. These children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. All pumps are labelled and kept in the classroom first aid / medical cupboard to ensure quick and easy access at all times. The emergency inhalers and spacers are labelled and kept in the central school first aid/ medical cupboard. The asthma register is located in the school office which is maintained by Hasnath Begum and Diane Charles. Each classroom medical folder contains a copy of this information. Pupils who have asthma are featured on a photo display with first name displayed (the child's full name is kept secure for GDPR reasons).

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:

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

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

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

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

In the event of an asthma attack follow the T.I.M.E advice from Whittington Health (the link for this leaflet can be found at the bottom of this page).

The child's parents or carers should be contacted after the ambulance has been called. A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

In September 2014, the Department of Health published guidance on the use of emergency salbutamol inhalers in schools. From the 1st October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

It should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. Consent should be updated regularly to take account of changes to a child's condition. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). The use of an emergency asthma inhaler should also be specified in a pupil's individual healthcare plan where appropriate.

Keeping an inhaler for emergency use will have many benefits:

- Prevent an unnecessary and traumatic trip to hospital, and potentially save their life
- Parents are likely to have greater peace of mind about sending their child to school

Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

The emergency kit

An emergency asthma inhaler kit should 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;
- Manufacturer's 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 (see below);
  A list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- A record of administration (i.e. when the inhaler has been used)

Salbutamol

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

Storage and care of the inhaler

HLTAs 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 (The school office will notify parents of all medication due to expire and inform the parent who is required to provide a timely replacement)
- 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 emergency inhalers and spacers are labelled and kept in the central school medical first aid cupboard. An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs. 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. The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. If the inhaler has been used without a spacer, it should also not be re-used but disposed of.

Recording use of the inhaler and informing parents/carers

Use of the emergency inhaler should be recorded. This should include where and when the attack took place, how much medication was given, and by whom.
The record is kept in the child's plastic medical wallet stored in the first aid cupboard of the classroom and the school office will inform the parent via email. The child's parents must be informed in writing/ via email so that this information can also be passed onto the child's GP.

Designated members of staff should be trained in:

- Recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- Responding appropriately to a request for help from another member of staff
- Recognising when emergency action is necessary
- Administering salbutamol inhalers through a spacer
- Making appropriate records of asthma attacks

Issue Control

This Safe Working Arrangement is issued and managed by Corporate Health and Safety.

New Issue		Revision	By whom
Version No.	**Issue Date**	**Amendments on**	
Version 1.00	Sept 2016		DL

Review Schedule

Review conducted		Review next due	
Date	**By whom**	**Date**	**By whom**
Sept 2017			

DOCUMENT CONTROL

The only controlled version of this document can be accessed on the Health and Safety Intranet site. Printed copies of this document, together with electronic copies held on local computers and other storage devices are uncontrolled.

Form Sets

FORM 1

Contacting Emergency Services

Request for an Ambulance: Dial 999, ask for ambulance and be ready with the following information

1. Speak clearly and slowly and be ready to repeat information if asked
2. Put a completed copy of this form by the telephone.

1. Your telephone number	
2. Give your location as follows	[insert school setting address]
3. State that the postcode is	
4. Give exact location in the school/setting	[insert brief description]
5. Give your name	
6. Give name of child and a brief description of child's symptoms	
7. Give details of any medicines given or prescribed	
8. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to scene of incident/injured person	

FORM 2A

Pupil Health Care Plan (General)

(This should be regularly reviewed)

School/Setting Information

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	/ /
Child's address	
Medical diagnosis or condition	
Date	/ /
Review date	/ /

Family Contact information

Name	
Phone no. (work)	
(home)	
(mobile)	

Name	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name of school/setting	
Child's name	

GP Information

Name of school/setting	
Child's name	

FORM 2A

Pupil Health Care Plan (General) (Continued)

Describe medical needs and give details of child's symptoms	
Daily care requirements (e.g. before sport/at lunchtime)	
Describe what constitutes an emergency for the child, and the action to take if this occurs Daily care requirements (e.g. before sport/at lunchtime)	
Follow up care	
Who is responsible in an emergency (state if different for off-site activities)	
Form copied to	

FORM 2B

Individual Health Care Plan

Allergies / Anaphylaxis

This plan relates to the health care needs provided to this school to the child / young person named below in relation to the safe management of the condition above. School staff involved in the day-to-day care of this child should be made familiar with the contents of this plan so they are aware of when they need to act, and what they and others need to do.

Child: _____

Date of Birth:_____

Class: _____

Any allergic reaction, including the most extreme form, anaphylactic shock, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it wrongly perceives as a threat.
Anaphylaxis Campaign

Emergency Contact details:
Contact 1

Name:_____

Relationship: _____

Contact numbers: _____

Contact 2

Name:_____

Relationship: _____

Contact numbers: _____

Possible symptoms of allergic reactions

A life-threatening reaction	
Airway	- Tightness or a lump in the throat, hoarse voice, hacking cough.
Breathing	- Short of breath, cough, not able to speak in full sentences, noisy breathing, wheezing.
Conscious level	- Feeling faint, weakness or floppiness, glazed expression, unconscious.
Deterioration	- Symptoms getting steadily worse.

If a child is having a life-threatening reaction

1. **Give Autoinjector** in the outer thigh muscle.
2. Once the Autoinjector has been given, **Dial 999 for the ambulance**. even if the child is making a good recovery
3. If the child is conscious and having breathing difficulties, help them to sit up. If they are faint or floppy, they are better lying flat with their legs raised up.
4. Repeat dose in 5 -10 mins if continued deterioration – often given by the ambulance crew

A non-life-threatening reaction	
Eyes	- itchy, runny, swollen
Nose	- Itchy, runny, congested
Mouth	- itchy or swollen lips or mouth
Skin	- itchy hives or nettle rash, redness, swelling of the face or other parts of the body
Gut	- nausea, stomach cramps, vomiting, diarrhea

If the child is having a non-life-threatening reaction:

1. **Give Antihistamine** syrup or tablet
2. The child should **Rest** and • **Not** do strenuous exercise • **Not** eat a heavy meal. • **Not** have any form of fizzy drink. • **Not** have a hot bath or shower
3. **Contact** the parents or guardian
4. **Do not leave the child alone** as the severity of symptoms can change quickly

Emergency care

Please fill in this section if your child has been prescribed emergency medication for their allergy.

Child's name: _____

Class_____

Name and strength of medication

When should medication be given?

How much medication should initially be given?

What action should be taken if medication is given?

What action should be taken if medication is not effective?

Signed: _____Name _____

Date:_____

Non Emergency Allergic Reactions in your child at school What causes the allergy/ what is your child allergic to?

Any other health conditions:

Early warning signs/Symptoms of child's allergic reaction,

What action should be taken if the child has an allergic reaction?

What can be done to help prevent or minimise allergic reaction?

Medications given at home (please include all medication)

Name of medicine	Is this prescribed for allergy?	Strength/Amount given	Times given

Medication to be given in school

Name of medicine	Is this prescribed for allergy	Strength/Amount given	Times to be given

Heath care plan agreed by:

Parent/carer:_____

Date: _____

Healthcare professional: _____

Date:_____

Member of school staff: _____

Date: _____

Parents/carers are responsible for ensuring that the school is aware of their child's needs and should update the school as necessary.

This care plan will be reviewed yearly or more often if required; it will be shared with staff in school that are involved in the child's care. Copies will be kept in the school office and in the classroom. Parent/carer to have a copy.

Plan reviewed

By:_____ Designation:_____ Date: _____

By:_____ Designation:_____ Date: _____

By:_____ Designation:_____ Date: _____

Parents/carers are responsible for ensuring that the school is aware of their child's needs and should update the school as necessary.
This care plan will be reviewed yearly or more often if required, it will be shared with staff in school that are involved in the child's care. Copies will be kept in the school office and in the classroom. Parent/carer to have a copy.

Plan reviewed

By:_____ Designation:_____ Date: _____

By:_____ Designation:_____ Date: _____

By:_____ Designation:_____ Date: _____

FORM 2C

Individual Health Care Plan

Asthma

This plan relates to the health care needs provided to this school to the child / young person named below in relation to the safe management of the condition above. School staff involved in the day to day care of this child should be made familiar with the contents of this plan so they are aware of when they need to act, and what they and others need to do.

Child: _____ Date of Birth: _____

Class: _____

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 of the airways become inflamed and starts to swell making it difficult to breathe.

Asthma UK

Emergency Contact details:

Contact 1

Name: _____

Relationship: _____

Contact numbers: _____

Contact 2

Name: _____

Relationship: _____

Contact numbers: _____

Emergency care

Please fill in this section if your child has been prescribed emergency medication for their asthma.

Child's name: _____

Class: _____

Name and strength of inhaler

When should inhaler be given?

How much medication should initially be given?

What action should be taken if inhaler is given?

What action should be taken if inhaler is not effective?

Signed: _____ Name: _____

Date: _____

Emergency Inhalers

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies. This will be for any pupil with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).
The emergency salbutamol inhaler can only be used by children, where parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma or prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

……. School holds inhalers in school for use in an emergency. Please complete the form below to confirm that you consent to an emergency inhaler being used for your child.

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

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 will be kept in school for their use
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: _____ Name(print)_____

Child's name: _____ Class: _____

Parent's address and contact detail

_____

_____

_____

Telephone : _____

Non-Emergency Asthma care for your child - Symptoms of asthma, please describe features of an attack and any early warning signs;

Any other health conditions:

When should inhaler be given?

Are there any triggers for the asthma?

What can be done to help prevent asthma attacks?

Medications given at home (please include all medication)

Name of medicine	Is this prescribed for asthma?	Strength/Amount given	Times given

Medication to given in school

Name of medicine	Is this prescribed for asthma?	Strength/Amount given	Times to be given

Heath care plan agreed by:

Parent/carer: _____

Date_____

Healthcare professional: _____

Date_____

Member of school staff: _____

Date_____

Parents/carers are responsible for ensuring that the school is aware of their child's needs and should update the school as necessary.

This care plan will be reviewed yearly or more often if required, it will be shared with staff in school that are involved in the child's care. Copies will be kept in the school office and in the classroom. Parent/carer to have a copy.

Plan reviewed

By:_____Designation:_____Date: _____

By:_____Designation:_____Date: _____

By:_____Designation:_____Date: _____

FORM 2D

Individual Health Care Plan Diabetes

This plan relates to the health care needs provided to this school to the child / young person named below in relation to the safe management of the condition above. School staff involved in the day-to-day care of this child should be made familiar with the contents of this plan so they are aware of when they need to act, and what they and others need to do.

Child: _____ Date of Birth: _____

Class: _____

Diabetes is a condition where the amount of glucose in the blood is too high because the body cannot use it properly.

This is because the pancreas doesn't produce any insulin, or not enough insulin, to help glucose enter the body's cells – or the insulin that is produced does not work properly (known as insulin resistance).

Emergency Contact details:

Contact 1

Name: _____

Relationship: _____

Contact numbers: _____

Contact 2

Name: _____

Relationship: _____

Contact numbers: _____

Type of diabetes, details of condition

Any other health conditions/ Allergies etc.:

Blood glucose monitoring:

Blood glucose target before eating……. Blood glucose target after eating…….

Monitoring procedure

Insulin administration regime

Medications given at home (please include all medications given)

Name of medicine	Is this prescribed for diabetes?	Strength/Amount given	Times given

Medication to given in school

Name of medicine	Is this prescribed for diabetes?	Strength/Amount given	Times to be given

Emergency care

Please fill in this section to give details of emergency procedures.

Child's name: _____

Class: _____

Signs of hypoglycemia (Hypo) - blood sugars too low

Action to be taken if Hypo occurs

Signs of Hyperglycemia (Hyper) - blood sugars too high

Action to be taken if Hyper occurs

Signed: _____ Name: _____

Date: _____

Suggested Daily Routine, e.g. times to eat, times for blood glucose monitoring etc.

Plan for physical Activity

Further information that may be useful to school

Health care plan agreed by:

Parent/carer: _____

Date_____

Healthcare professional: _____

Date_____

Member of school staff: _____

Date_____

Parents/carers are responsible for ensuring that the school is aware of their child's needs and should update the school as necessary.

This care plan will be reviewed yearly or more often if required, it will be shared with staff in school that are involved in the child's care. Copies will be kept in the school office and in the classroom. Parent/carer to have a copy.

Plan reviewed

By_____Designation_____Date_____

By_____Designation_____Date_____

By_____Designation:_____Date_____

FORM 2E

Individual Health Care Plan Epilepsy

This plan relates to the health care needs provided to this school to the child / young person named below in relation to the safe management of the condition above. School staff involved in the day-to-day care of this child should be made familiar with the contents of this plan so they are aware of when they need to act, and what they and others need to do.

Child: _____ Date of Birth: _____

Class: _____

Having epilepsy means that you have a tendency to have epileptic seizures. A seizure happens when there is a sudden burst of intense electrical activity in the brain, which causes a temporary disruption in the way the brain normally works.

Epilepsy.org.uk

Emergency Contact details:

Contact 1

Name: _____

Relationship: _____

Contact numbers: _____

Contact 2

Name: _____

Relationship: _____

Contact numbers: _____

Condition/cause of epilepsy, anything that makes seizures more likely, early warning signs?

Any other health conditions:

Description of Seizures:

How long do seizures usually last?

What happens after a seizure and how long does it usually take to recover?

Medications given at home (please include all medications given)

Name of medicine	Is this prescribed for epilepsy?	Strength/Amount given	Times given

Medication to given in school

Name of medicine	Is this prescribed for epilepsy?	Strength/Amount given	Times to be given

Emergency care

Please fill in this section if your child has been prescribed emergency medication for their epilepsy.

Child's name: _____

Class: _____

Name and strength of medication

When should the medication be given?

How much medication should initially be given?

What action should be taken if medication is given?

Date Plan Completed

Signed: _____ Name: _____

Date: _____

Heath care plan agreed by:

Parent/carer: _____Date_____

Healthcare professional: _____ Date: _____

Member of school staff: _____Date: _____

Parents/carers are responsible for ensuring that the school is aware of their child's needs and should update the school as necessary.

This care plan will be reviewed yearly or more often if required, it will be shared with staff in school that are involved in the child's care. Copies will be kept in the school office and in the classroom. Parent/carer to have a copy.

Plan reviewed

By:_____Designation:_____Date:_____

By:_____Designation:_____Date: _____

By:_____Designation:_____Date: _____

FORM 2F

Individual Health Care Plan

Name of Condition: _____

This plan relates to the health care needs provided to this school to the child / young person named below in relation to the safe management of the condition above. School staff involved in the day-to-day care of this child should be made familiar with the contents of this plan so they are aware of when they need to act, and what they and others need to do.

Child: _____ **Date of Birth:** _____

Class: _____

Summary description of medical and health complications associated with this condition:

_____

_____

_____

_____

Emergency Contact details:

Contact 1

Name: _____

Relationship: _____

Contact numbers: _____

Contact 2

Name: _____

Relationship: _____

Contact numbers: _____

Emergency care

Please fill in this section if your child has been prescribed emergency medication for managing this condition.

Child's name: _____

Class: _____

Name and strength of medication

When should the medication be given?

How much medication should initially be given?

What action should be taken if medication is given?

Non-Emergency Care of this pupil's condition

Likely source, cause or early warning signs associated with this condition that would signal to school staff that something requiring medical help might be about to happen?

Any other health conditions to be considered alongside this condition:

Description of how this condition affects this child/young person:

How long do complications/attacks with this condition usually last?

When this condition becomes a problem how long does it usually take to recover?

Medications given at home (please include all medications given)

Name of medicine	Is this prescribed for this condition?	Strength/Amount or dose given	Times given

Medication to given in school

Name of medicine	Is this prescribed for this condition?	Strength/Amount or dose to give	Times to be given

Date Plan Completed

Signed: _____ Name: _____

Date: _____

Heath care plan agreed by:

Parent/carer: _____Date_____

Healthcare professional: _____ Date: _____

Member of school staff: _____Date: _____

Parents/carers are responsible for ensuring that the school is aware of their child's needs and should update the school as necessary.

This care plan will be reviewed yearly or more often if required, it will be shared with staff in school that are involved in the child's care. Copies will be kept in the school office and in the classroom. Parent/carer to have a copy.

Plan reviewed

By:_____Designation:_____Date: _____

By:_____Designation:_____Date: _____

By:_____Designation:_____Date: _____

FORM 3A

Parental Agreement for School/Setting to Administer Medicine (short-term)

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school/setting.

Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Date dispensed	
Expiry date	
Agreed review date to be initiated by	[name of member of staff]
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school/setting needs to know about?	
Self administration	Yes ☐ No ☐
Procedures to take in an emergency	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

I accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.
I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only.

Parent/Carer's Signature			
Print Name		**Date**	

FORM 3B

Parental Agreement for School/Setting to Administer Medicine (long- term)

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school/setting.

Name of school/setting	
Date	
Name of child	
Name and strength of medicine	
Expiry date	
How much to give (i.e. dose to be given)	
When to be given	
Any other instructions	
Number of tablets/quantities to be given to	

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

Daytime phone no. of parent/carer or adult contact	
Name and phone no. of GP	
Agreed review date to be initiated by	[agreed member of staff]

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

I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only.

Parent/Carer's signature			
Print name		**Date**	

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

FORM 4

Head Teacher/Head of Setting Agreement to Administer Medicine

Name of School	

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 parent/carers].

Signature			
Print Name		**Date**	

(The Head teacher/Head of setting/named member of staff)

FORM 5

Record of Medicine Administered to an Individual Child

Name of School Setting	
Name of Child	
Date medicine provided by parent/carer	
Class	
Quantity received	
Name and strength of medicine	
Expiry Date	
Quantity returned	
Date	
Dose and frequency of medicine	

Staff Signature		**Signature of Parent/Carer**	

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Form 5

Record of Medicine Administered to an Individual Child (continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

FORM 6

Record of Medicines Administered to all Children

Name of School Setting	

Date	Child's name	Time	Name of Medicine	Dose given	Any Reaction

Signature		Print Name	

FORM 7

Request for Child to Carry His/Her Own Medicine

(This form must be completed by parent/carers/guardian)

If staff have any concerns discuss this request with healthcare professionals.

School/Setting Information	
Name of School	
Child's name	
Class	
Address	
Name of medicine	
Procedures to be taken in an emergency	

Contact Information	
Name	
Daytime phone no.	
Relationship to child	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signature			
Print Name		**Date**	

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

FORM 8

Staff Training Record – Administration of Medicines/Medical Support

School/Setting Information	
Name of School	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

For Trainer

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [please state how often].

Trainer's signature			
Print Name		**Date**	

For Staff

I confirm that I have received the training detailed above.

Staff signature			
Print Name		**Date**	
Suggested review date			

FORM 9

Authorisation for the Administration of Rectal Diazepam

School/Setting Information	
Name of School	
Child's name	
Home address	
G. P	
Hospital consultant	

[name of child] 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 for [name of child]

- *at the beginning of the seizure.

OR

- *if the seizure has not resolved after minutes.

(* please delete as appropriate)

Doctor's signature			
Print Name		**Date**	

Parent/Carer's signature			
Print Name		**Date**	

The following staff have been trained			
Trainers name		**Trainers post**	

FORM 9 Authorisation for the Administration of Rectal Diazepam (Continued)

NB: Authorisation for the administration of rectal diazepam

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state:

- When the diazepam is to be given e.g. after 5 minutes; and
- How much medicine should be given?

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

Records of administration should be maintained using Form 5 or similar.

FORM 10

Authorisation for the Administration of Buccal Midazolam

School/Setting Information	
Name of School	
Child's name	
Home address	
G.P	
Hospital consultant	

[name of child] should be given Buccal Midazolam mg. If he/she has

- *a prolonged epileptic seizure lasting over minutes.

OR

- *serial seizures lasting over minutes.

An Ambulance should be called for [name of child]

- *at the beginning of the seizure.

OR

- *if the seizure has not resolved after minutes.

(* please delete as appropriate)

Doctor's signature			
Print Name		**Date**	

Parent/Carer's signature			
Print Name		**Date**	

The following staff have been trained			
Trainers name		**Trainers post**	

FORM 10 Authorisation for the Administration of Buccal Midazolam (Continued)

NB: Authorisation for the administration of buccal midazolam

As the indications of when to administer the midazolam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state:

- When the midazolam is to be given e.g. after 5 minutes; and
- How much medicine should be given.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

Records of administration should be maintained using Form 5 or similar.