



Agate Momentum Trust Policy

Supporting pupils at school with medical conditions in schools

February 2018

For review February 2019

Supporting pupils in schools with medical conditions

Aims

This policy aims to ensure effective management systems to support individual children with medical needs who require access to their medicines whilst in school.

This policy and the guidance has been taken from *“Supporting pupils with medical needs, a good practice guide” 2014*
This policy is dependant on the partnership of staff, parents and pupils in achieving a sound formal procedure for the administration of medicines in school.

Regular review and amendment of this policy is required to ensure that the procedures are working effectively. Governors should expect to see an annual review of this policy, and copies should be submitted to the trust board as and when required to do so.

Please read this in conjunction with *‘Supporting children in school with medical needs’ DFE 2014*.

Guidance and requirements

Trust schools must ensure that arrangements are in place to support pupils with medical conditions and contact the school nursing service in the case of a young person that may require medical support..

Trust schools must take into account that many of the medical conditions requiring support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Trust schools should therefore ensure that the focus is on the needs of each individual young person and how their medical condition impacts on their school life and ensure, as far as possible, that such young people can access and enjoy the same opportunities at school as any other young person.

Trust schools must ensure that arrangements give parents/carers and pupils confidence in their ability to provide effective support for medical conditions. The arrangements should show an understanding of how medical conditions impact on a young person's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.

Trust schools should not deny, or prevent a young person with a medical condition, admission because arrangements for their medical condition have not been made.

Trust schools must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties.

The special educational needs co-ordinator (SENCO) will regularly review and make the policy accessible to parents/carers and school staff.

Trust schools will ensure that the arrangements they set up include details on how the policy will be implemented effectively. Details should include:

- The SENCO has overall responsibility for implementation of the policy
- Who is responsible for ensuring that sufficient staff are suitably trained
- A commitment that all relevant staff will be made aware of a young person's condition
- Cover arrangements in case of staff absence or staff turnover
- Briefing for supply teachers and other relevant adults
- Risk assessments for school visits and other activities outside of the normal timetable
- Monitoring of individual EHC plans
- A review date for the policy is February 2019.

Governors Statement

The Governors will ensure that arrangements are in place to support pupils with medical conditions. In doing so, they will ensure that such children, can access and enjoy the same opportunities at school as any other child.

Whilst Governors accept the constraints and difficulties within its own Employment Policy, Admissions Policy and Health and Safety Policy and with consideration for advice and guidance from the Local Authority, they also recognise the welfare and safety of the pupils and the safety and confidence of the school staff, along with the needs of parents and pupils in regard to administering of medicines in school.

School Governors at schools in the Agate Momentum Trust believe the main thrust of this document to be the reinforcement of the principle that: -

Children with medical needs have the same rights of admission to school as other children and will ensure that arrangements are in place for supporting pupils with medical conditions at school.

Thus should any point of difficulty arise from this document a resolution should be firmly based, as far as is reasonably practicable, on that principle.

Adequate training and support for staff will be provided for and funded, insofar as is practicably possible from normal delegated funding, or extra funding sought.

Governors also recognise that in some incidences accommodation of some children, after careful and extensive planning and consideration, may not be possible.

Record Keeping

The Governors will ensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

- Nurseries and early years have a legal obligation to record administration of drugs.
- School do not as yet have this same legal obligation, HOWEVER it is good practice to do so.

Trust schools School Governors have therefore chosen to follow good practice and ensure that ALL drugs administration is recorded to the same legal requirement as Nurseries and Early years. This will avoid future confusion about when, where and by whom it is administered by and this information is recorded.

Procedures for managing medicines, which need to be taken during the school day.

Procedures for managing NON-prescription medicines.

- Staff should never give non prescribed medication unless there is specific written permission on the completed *'Trust schools Medication in school form'* signed by the parent/carer.
- Permission must also be sought from the headteacher.
- Advise parents that non-prescribed medicines should not normally be administered at school.
- Suggest timing be set to administer said medication at home before and after school rather than during school.
- Non prescribed medicines **MUST** be in accordance with the employer's policy. (see Trust schools employer policy)
- Drugs listed as 'Controlled Drugs' within the specification of the Drugs classification list, must NEVER be administered unless prescribed. Please see section *'Procedures for managing prescription medicines which need to be taken during the school day'* in this policy.
- **NON- PRESCRIBED Invasive drug administering must never occur.** Thus oral administration of tablets and /or medication only. Creams, lotions or other medications to be applied to face or hands only.
- No non-prescribed injected medications,
- No non-prescribed ear or eye drops. (not including First Aid application of Eye Wash procedure during normal First Aid provision by a qualified First Aider)
- No non-prescribed medications applied to areas of the body deemed private, (usually areas covered by clothing) including hair, legs, feet, chest, back, genital area, buttocks and rectum. See *'Procedures for managing prescription medicines which need to be taken during the school day'* in this policy.
- No aspirin or ibuprofen to be given to any child under 16 unless prescribed by a doctor.

Parent requests for prescribed medication to be administered during school hours.

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

We will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be inside an insulin pen or pump.

- Advise parents that medicines should not normally be administered within the school setting.
- Suggest timing be set to administer said medication at home before and after school rather than during school if this is practicable.
- Only accept requests in the presence of the staff member obliged to carry out the administration, to ensure that adequate training and experience as appropriate is available.
- Never accept medications that have been taken out of the container as originally dispensed.
- Not make changes to doses on parental instructions.
- Ensure that the form:- 'Trust schools Medication in School form', is completed in full and signed by the parent.

Prescribed drug administration (non invasive).

The Medicines Standard of the National Service Framework for Children (NSF) recommends that a range of options are explored including:

- Prescribers consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children so that they can be taken outside school hours.
- Prescribers consider providing two prescriptions, where appropriate and practicable, for a child's medicine: one for home and one for use in school avoiding the need for repackaging or relabelling of medicines by parents.

Medicines should only be taken to school when essential; that is where it would be detrimental to the child's health if the medicine were not administered during the school day.

If the medication can be administered outside school hours with no ill effect then that should be the desired course of action.

Prescribed Invasive drug administration.

Requires:-

A full Health Medical care plan. (except prescribed ear drops and eye drops) including :-

- Parental Consent.
- Prescribed by a Doctor (nurse if applicable)
- Medications in correctly labelled container.
- Medication in date as labelled on container.
- Suitably trained and experienced staffs are available.
- Extra staff in attendance to satisfy confidence regarding complaints and /or allegations.

Procedures for managing prescription medicines on trips and outings.

1. Consider reasonable adjustments that can be made to enable children with medical needs to participate fully and safely on visits. (Refer to the child's Health Medical care plan and/or draw up a risk assessment for that child. Advice can be sought from the Head Teacher, Deputy Head Teacher, SENCO, School Nurse, First Aider or Health and Safety Co-ordinator, prior to risk assessment for trips and visits.).
2. Consider trained staffing for trips to fulfil needs of medicine administration.
3. Consideration for safe transport of medication.

4. Suitable accommodation for administering of medication. (This can be outside among the group, or in a more private surroundings dependant on need, suitability and risk assessment. keeping in mind privacy and comfort.)

Immediate access including sporting activities.

Some children may need immediate access to their medication, examples such as asthma pumps and some other specific medications. Children should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away.

These children need to have a Health Medical care plan drawn up.

Written into this plan must be provision for the rapid access to their medication, listing complications or emergency problems that may arise if there is a delay.

It should be considered if applicable, these children may be allowed to carry their own medication with them. Please read the section headed Self Management in this document.

Other considerations (Extended school provision)

With respect to the management of both wrap around care and after school clubs, there will always be someone on site that will have the relevant First Aid training, and contact details will be with the person responsible for the club. It is the responsibility of the club leader to gather all relevant information for the children attending their club.

Educational visits

This section also appears in our Educational Visits Policy.

All children who require medication for the alleviation or treatment of any medical condition, in an emergency, should have the medication taken on the school visit. This must be in date and if it is not the child/ren will not be allowed to go on the visit, unless the parent confirms in writing that the child can go along without one. This will be placed in a rucksack for the teacher to carry, along with a copy of Form 3 – Permission to Administer Medicine, which will be held with the medication in the designated plastic box. This information should be clearly stated on the Risk Assessment for that visit and the name of the person that will be accompanying the visit as the trained person to assist with any administration needs for the child/ren. The child/ren should know who the adult is that is carrying their medication. In addition, should medication be required during the visit, the dosage administered will be recorded on the Risk Assessment for the visit.

Further to this, on return to school, an Incident/Illness Report Slip needs to be completed and passed to the child, enabling him/her to notify his/her parents/carers that medication has been administered and/or an incident/illness has occurred on the visit.

All medication must be returned to the appropriate storage depot at school.

Dealing with Medicines Safely

No Child under 16 should be given medicines without their parent's written consent.

- Controlled Drugs
- The supply, possession and administration of some medicines are controlled by the 'Misuse of Drugs act.
- Controlled drugs that have been prescribed for a pupil should be securely stored in a non-portable container and only named staff should have access.
- A record will be kept of any doses used and the amount of the controlled drug held in school.
- The storage of these drugs is strictly controlled by these regulations.

- Children MAY be prescribed medicines that are under these controls. In these incidences please refer to *Supporting children in school with medical needs chapter 1 'controlled drugs'*
- Information regarding controlled drugs will be found on the packaging of the medication.
- Misuse of a controlled drug, such as passing it to another person for use is an offence.

Checks before administering

- The child's name.
- If the child has another name including a previous name or a 'known as' name these MUST appear on the parental consent form and ALSO be verified by the class teacher or other staff member to whom the child is known.
- The medical condition.
- The written record, *Trust schools Medication in school form*, must be completed and fully signed before medicines are accepted and updated at EACH dose.
- The parent has signed the above form.
- The headteacher has agreed and signed the above form.
- The member of staff is adequately trained to administer, or supervise self administration of the medication and has signed the form confirming this.
- Read and check the prescribed dose.
- Name of medicine
- Details of storage of the medicine.
- The expiry date of the medication.
- Method of administration.
- Time/frequency of administration
- Written instructions provided by the prescriber on the label or container.
- Staffs are aware of any medical emergencies that could arise from administration of this medication. (including signs and effects of overdose or under dose, as indicated on the *Trust schools Medication in school form*).
- Any side effects listed.

To assist these checks, this information must be ticked off in the appropriate boxes BEFORE administering each dose. If in any doubt about any procedure staff should not administer the medicines but check with parents or a health professional before taking further action. If staffs have any other concerns related to administering medicines to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school.

Self Management

- It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines.
- Older children with a long term illness should, whenever possible, assume complete responsibility under parental supervision.
- If children take their own medicines, staff need only supervise and record.
- Only those medicines agreed in a full health medical care plan, or SEN plan can be carried by children. This is to ensure their safety and the safety of other children who may acquire these medications.
- Where children have been prescribed Controlled Drugs. Staff need to keep supplies under strict supervision. Self administration can only occur if it is agreed in a full health plan, and only under supervision.
- ALL drug administration, including self administered, need to be recorded on the *Trust schools Medication in school form*

Refusing medicines

If a child refuses to take a medicine

- Staff should not force them to.
- Staff must make a note in the *Trust schools Medication in school form*.
- Follow procedure in the Health Medical care plan for that child if this exists.
- Inform parents THAT day of the refusal
- If an emergency occurs, follow the schools emergency procedure.

Storing Medicines

- Large volumes of medicines should not be stored.
- Staff should only store, supervise and administer medicine that has been prescribed for an individual child.
- Medicines should be stored in accordance with product instructions.
- Pay particular attention to temperature required for the product.
- Ensure that the medicine is in the original container and has its storage instructions available.
- Ensure medicines that require refrigeration are stored in the LOCKABLE fridge in the staffroom, and kept locked. Medicines that might be required urgently, and also need refrigeration can be kept in the normal refrigerator provided child access to this refrigerator is restricted
- Asthma inhalers and emergency adrenalin pens should be available to the child concerned and not locked away. Consideration to whether the child can carry this medication should be dealt with on the Health Medical care plan, SEN plan or added to the *Trust schools Medication in school form*.
- All other medications not covered here should be kept in a locking cupboard, access by unauthorised persons must be restricted.

Disposal of Medicines

- Staff should not dispose of medicines
- Parents are responsible for returning excess medication or date expired medication to the pharmacist for disposal.
- Sharps boxes should be passed to the local authority environmental services for safe destruction.

Hygiene and Infection Control

- Follow the guidance of your training regarding hygiene and infection control.
- Use the 'sharps' system for correct disposal of needles or other instruments that could cause cutting or stab wounds.
- Ensure all materials that may be contaminated by body fluids are correctly and safely disposed of.
- Ensure gloves are used for the administration of all medicines.
- Wash hands before and after medicine administration.
- Clothing contaminated by body fluids to be dealt with in the appropriate manner.
- All spills to be dealt with appropriately keeping in mind contamination and bodily fluids.
- All health and safety aspects to be considered before during and after administration of medicines.
- Spoons or cups to be washed under hot water immediately following administration of medicines.
- Obviously sharing or spoons, cups or other shared methods of administration of medicines is NOT ALLOWED under any circumstances.

Emergency Procedures

- Emergency procedures must be included on any Health Medical care plan, SEN plan or added to the *Trust schools Medication in school form*.
- Staff to be made aware of the emergency procedures pursuant to each child with medical needs
- First aiders to be called in the first instance, information regarding medical needs to be made available to them if available.
- Normal procedures for Emergency Ambulance to be carried out if required or indicated on the Health medical care plan or SEN plan or *Trust schools Medication in school form*, **or deemed necessary by the first aider.**
- Staff must never take children to hospital in their own vehicle; it is safer to await Ambulance arrival.
- An appropriate member of staff should always accompany a child to hospital, they must also bring with them all appropriate information such as home details and medical information including a copy of any Health medical care plan or SEN plan or *Trust schools Medication in school form*, **They should remain with the child until a parent or carer arrives.**
- Health professionals are responsible for ALL decisions on medical treatment when parents are not available.

Roles and Responsibilities

It is important that responsibility for child safety is clearly defined and that each person involved with children with medical needs is aware of what is expected of them. An overview of the relevant legislation can be found in *Supporting children in school with medical needs (Annex A)*.

Parents and Carers

Parents as defined in section 576 of the Education Act 1996, to 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 care of a child on a settled basis, such as foster carer, but EXCLUDES baby sitters, child minders, nannies and school staff.

For roles and responsibilities of Parents and Carers please read *Supporting children in school with medical needs. Chapter 2 Parents and Carers section 67 thru 72*

Included in the Roles and Responsibilities in the above document:-

Parents must

- Read, and when understood, sign the written consent form titled *Trust schools Medication in school form*.
- Inform the school of any changes to the prescription, medication, method of administration or support required. This information to be checked against the prescriber information and the information provided by the health practitioner.

Parents must also provide full information regarding the medical condition of their child including:-

The Employer

For roles and responsibilities of the employer please read *Supporting children in school with medical needs Chapter 2 The Employer section 73 thru 78*

Included in the Roles and Responsibilities in the above document:-

- The employer (The School) is responsible for making sure that staff have appropriate training to support children with medical needs. And this training has given staff sufficient understanding, confidence and expertise and that arrangements are in place to up-date training on a regular basis.
- The employer (The School) should ensure that there are appropriate systems for sharing information about children's medical needs to the appropriate persons. (Stored safely on computer, displayed on inside cover of registers and in an appropriate folder at or near first aid stations.) And at points deemed necessary whilst retaining privacy of said information.

The Governing Body

For roles and responsibilities of Governors please read *Supporting children in school with medical needs . Chapter 2 The Governing Body sections 79 & 80*

Included in the Roles and Responsibilities in the above document:-

- The Governing Body has general responsibility for all the schools policies
- The Governing Body will want to take into account the views of the Headteacher, staff and parents in developing a policy on assisting pupils with medical needs.
- The schools governing body should follow the health and safety policies and procedures of Agate Momentum Trust..

The Head Teacher

For roles and responsibilities of the Head teacher please read *Supporting children in school with medical needs. Chapter 2 The Head Teacher sections 81 thru 85.*

Included in the Roles and Responsibilities in the above document:-

- The head is responsible for putting the employers' policy into practice and for developing detailed procedures.
- The head is responsible for day to day decisions
- The head is responsible for ensuring that staff receives proper support and training where necessary.
- The head is responsible for deciding when and where said training takes place.
- The head is responsible for ensuring that all Parents and Staff are aware of the Policy and Procedures for dealing with medical needs.
- The head is responsible for agreeing with the parents exactly what support can be provided, where parents' expectations appear unreasonable, the head should seek advice from the Agate Momentum Trust Board, the child's medical practitioners and the school nurse or doctor.
- The head should ask the Trust Board to provide written confirmation of the insurance cover for staff who provides specific medical support.
- The head is responsible for the delegating of the above as set out in the policy.

Teachers and Other Staff

For roles and responsibilities of teachers and other staff please read *Supporting children in school with medical needs. Chapter 2 Teachers and Other Staff sections 86 thru 90.*

Included in the Roles and Responsibilities in the above document:-

- Teachers are to be made aware of children in their class who have medical needs, they should be aware of the nature of the condition, when and where the child may need extra help.
- The information should be available simply and effectively so that replacement teaching staff will have normal daily access, while the information remains private.
- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.
- Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- At present teachers conditions of employment do not include giving or supervising a pupil taking medicines.
- Schools should ensure that they have sufficient members of support staff who are employed and appropriately trained to manage medicines as part of their duties.
- At different times of the day different staff may be responsible for children, such as lunchtime supervisors. it is important that sufficient information and training is given.
- **Staff administering the medicine have read and understood this document, and are able to complete the Trust schools Medication in school form, including agreeing that they are sufficiently trained and experienced to carry out that administration and to sign the appropriate section in that document.**
- ANY member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance. They should be aware of the possible side effects and of the emergency procedures in place.
- **School nurses** - every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that Trust schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual health and medical care plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs – for example there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition

Others

Primary care and Health trusts, Health Services and OFSTED also have responsibilities all of which are listed please read *Supporting children in school with medical needs. Chapter 2*

Health Medical Care Plans and Common Conditions

(a) Asthma

One in ten children in the UK has asthma. The most common symptoms are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Whilst older children can identify these symptoms, younger children may not be able to. It is thus essential that staff in Early Years settings are aware of the range of symptoms.

Parents or carers of children with severe asthma are responsible for advising Trust schools Primary School accordingly. The school nurse will be consulted, and if necessary, an individual Medical care plan will be drawn up by the nurse and the SENCO.

There are 2 types of medicines used to treat asthma: (i) relievers (blue inhalers) and (ii) preventers (brown, red or orange inhalers; sometimes tablets). Usually a child will only need a reliever at school, to relieve symptoms when a child is having an asthma attack. They are also sometimes used before exercise.

New DFE Guidance on the use of emergency salbutamol inhalers in schools (March 2015) From 1st October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies. The emergency salbutamol inhaler 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. The inhaler can be used if the pupil's prescribed inhaler is not available (e.g. because it is broken, or empty).

Parents' Responsibilities:

- To complete Form to request that asthma pump be available to the child during school time;
- To detail on the form whether the pump is (i) a reliever or (ii) a preventer;
- To provide a "spacer" (to assist in administration of the medicine) where possible;
- To advise staff at school if the child's condition worsens for any reason, and
- To ensure the correct prescription label is affixed to the pump.

The School's Responsibilities:

- To provide safe, accessible storage arrangements for the child's pump;
- For KS1 children (i.e. up to year 2), to ensure that an adult administers the dosage through the pump (and spacer);
- For KS2 children (i.e. year 3 – 6), to ensure that an adult is present whilst the child self-administers the dosage (using a spacer if necessary);
- To ensure that arrangements are in place to ensure that asthma pumps are taken on Educational Visits, carried by an appropriate member of staff, and
- To advise parents in writing when the pump is used, and to keep a record of use at school.
- To provide a child in an emergency or where a child has lost or run out of their **(blue)** asthma pump with the school emergency inhaler, to relieve the child having breathing difficulty. This will be recorded and a letter sent to the parents to inform them that their child has received the emergency pump in school.

If a young person needs to be taken to hospital, staff should stay with the young person until the parent/carer arrives, or accompany a young person taken to hospital by ambulance.

b) Epilepsy – a medical care plan MUST be in place

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. At least one in 200 children has epilepsy and around 80% of them attend mainstream school. Note that most children with diagnosed epilepsy never have a seizure during the school day.

Parents' Responsibilities:

- To provide the school with as many details as possible re the child's specific condition, so that a medical care plan can be put together;
- To provide a history of the child's previous seizures (to include frequency, duration and any other particular points that may usefully inform the Medical care plan);
- To complete the medical form to authorise staff to administer medication as required;
- To provide the designated school staff with any prescribed medication, that will be stored and managed
- To complete the medical form to request that, in the event of a prolonged seizure, rectal diazepam is authorised to be administered.

The School's Responsibilities:

- To put a Medical care plan in place, in consultation with the child's parents/carer and appropriate external agencies;
- To ensure that all staff are made aware of the child's condition;
- To ensure that staff are aware that seizures usually last for a few seconds or minutes only, and that they may or may not be accompanied by a loss of consciousness;
- To ensure that staff are aware that triggers such as anxiety, stress, tiredness or being unwell may increase a child's chance of having a seizure;
- To ensure that staff understand whether or not the child has photosensitivity (sensitivity to flashing or flickering lights that can also trigger seizures);
- To ensure that staff understand that should the child have a seizure, the appropriate action is to put them in a safe position, and to allow the seizure to take its course;
- To ensure that staff are trained in the administration of rectal diazepam, should this be required in the event of a prolonged seizure;
- To provide safe, accessible storage arrangements for the child's medication, and
- To advise parents in writing should any medication be administered, and to keep a record of administration at school.

(c) Diabetes – a Medical care plan MUST be in place

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). The condition affects about 1 in 550 school-age children in the UK, the majority of whom have Type 1

diabetes. This group 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.

Parents' Responsibilities:

- To provide the school with as many details as possible re the child's specific condition, so that a Medical care plan can be put together;
- To provide a history of any significant hypoglycaemic (blood sugar levels are too low) or hyperglycaemic (blood sugar levels are too high) episodes, with as much relevant detail as possible;
- To complete the medical form (attached to this Policy as Appendix 1) to authorise staff to administer medication as required;
- To advise designated school staff of the child's personal insulin administration plan (i.e. how often is insulin administered? Do blood glucose levels need to be checked at school, and if so, how often?);
- To provide appropriate glucose tablets/gel for storage at school in case of a hypoglycaemic reaction, and - to provide school with any prescribed medication.

The School's Responsibilities:

- To ensure that where staff agree to administer blood glucose tests or insulin injections, they are given the appropriate training;
- To ensure that relevant staff are aware of the action to take if the child has a hypoglycaemic (blood sugar is too low) reaction (stay with the child and administer a fast-acting sugar, such as glucose tablets);
- To ensure that relevant staff are aware of the action to take if the child experiences hyperglycaemia (blood sugar is too high). Signs to look out for are tiredness, a greater than usual need to go to the toilet or to drink, and should be flagged to the SENCO to discuss with the child's parents/carers;
- To provide safe, accessible storage arrangements for the child's medication, and
- To advise parents in writing should any medication be administered, and to keep a record of administration at school.

(d) ANAPHYLAXIS – a Medical care plan MUST be in place

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 fruit (e.g. kiwi fruit), penicillin, latex and the venom of stinging insects (e.g. bees, wasps).

The most severe form of allergic reaction is anaphylactic shock, where the blood pressure falls dramatically and the patient loses consciousness. Fortunately, this is rare among young children below teenage years. More commonly among children, there may be a 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, nausea and vomiting. Even where mild symptoms are present, the child should be watched carefully as a more serious reaction may still occur.

However, anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

Parents' Responsibilities:

- To provide the school with as many details as possible re the child's specific condition, so that a Medical care plan can be put together;
- To provide a complete list of any and all substances known to cause an allergic reaction in the child to date;
- To provide a history of any significant allergic reactions, with as much relevant detail as possible;
- To complete medical form (attached to this Policy as Appendix 1) to authorise staff to administer medication as required; in the case of anaphylaxis, the treatment is an injection of adrenaline (also known as epinephrine, or 'epipen')
- In discussion with the SENCO, to determine how many 'epipen' devices to have stored at school, and to provide school with any prescribed medication, that will be stored and managed.

The School's Responsibilities:

- To ensure that where staff volunteer to be trained in the use of 'epipen' devices, appropriate training is arranged;
- To ensure that relevant staff are aware of the action to take if the child has an acute, severe allergic reaction (anaphylaxis);
 - as per the DfE guidance, to call an ambulance should a severe, acute allergic reaction occur;
- To provide safe, accessible storage arrangements for the child's medication, and
- To advise parents in writing should any medication be administered, and to keep a record of administration at school.

(e) SICKLE CELL ANAEMIA – a Medical care plan MUST be in place

There are a number of different sickle cell disorders which are genetic in nature. The severity of the condition varies from child to child, and also varies over time. Some of the effects are as follows:

- Anaemia which may reduce capacity for exercise;
- Obstruction of small blood vessels by 'sickled' cells which cause painful crises in bone and muscle and can lead to damage in different parts of the body;
- An increased risk of infection;
- Delayed growth and delayed onset of puberty, and
- Psychological difficulties due to having a chronic and often painful illness. Painful crises can be triggered by cold, infection, dehydration, fatigue and stress, but may also occur without warning. Other signs to look out for include complaints of pain at any site, fever, breathing problems, headache and odd sensations such as limping or headaches.

Parents' Responsibilities:

- To provide the school with as many details as possible re the child's specific condition, so that a Medical care plan can be put together;
- To provide a history of any significant crises, with as much relevant detail as possible;
- To complete the medical form (attached to this Policy as Appendix 1) to authorise staff to administer medication as required.

The School's Responsibilities:

- To ensure that where staff volunteer to be trained in the administration of any specific medication that may be required, and that training is arranged;
- To ensure that relevant staff are aware of the action to take if the child has a crisis, as well as being aware of the possible triggers;
- To provide safe, accessible storage arrangements for the child's medication and
- To advise parents in writing should any medication be administered, and to keep a record of administration at school.

Legal Framework

Please refer to *Supporting children in school with medical needs Annex A, B & C*. For information on the Legal Framework, related documents and useful contacts.

Agate Momentum Trust schools Medication in School Form

Parent, Staff, Headteacher agreement to store/supervise/administer/record medicine in school.

Please read the school policy before completing this form.

In order to ensure that the correct medication is given to the correct child at the correct time and dosage.

Checks must be made regarding the child's identity.

(Parent to initial any changes on this side of the form.)

<p style="text-align: center;">Child's Identity</p> <p>Child's full name _____ UPN _____</p> <p>number from school files _____ Class _____</p> <p>name _____ Class teacher name _____</p>	<p style="text-align: center;">Child Checks</p> <p style="text-align: center;">Any other name the child uses, including 'known as' or nickname.</p> <p style="text-align: center;">_____</p>
<p>Medical Condition.</p> <p>Medical Condition or illness _____ Name of Doctor _____</p> <p>prescribing this medication _____ Dr. Phone number _____ Signs and symptoms of the condition. _____</p>	
<p>Medication.</p> <p>Name type of medicine _____ Date dispensed _____</p> <p>_____/_____/_____ Expiry date ____/____/____ Review date (one week only) ____/____/____</p> <p>Dosage _____ Method given _____ Time of dose _____</p> <p>_____ Storage instructions _____ Any precautions that should be known to the school _____</p> <p>.....</p> <p>Self-administration YES/NO (delete as appropriate) Child Allowed to carry own medicine YES/NO</p> <p style="text-align: center;">Is immediate access required for this medication? YES/NO. Emergency</p> <p>procedures.....</p> <p>.....</p>	
<p style="text-align: center;">Parent Details</p> <p>Parent name _____</p> <p>Emergency contact number _____ The information is correct to the best of my knowledge and I give permission for this medicine to be administered as specified on this form. I will inform the school immediately in writing if :-</p> <ul style="list-style-type: none"> • There is any change in dosage. • Change in frequency of dose • The medication is stopped. • If any contra indications to the medicine. I understand that:- • I must deliver the medicine personally to the school. • This is a service that the school is NOT obliged to undertake. • I remain responsible for medications administered as set out in this document. 	<p style="text-align: center;">Staff accepting medicine.</p> <p>I have reviewed this form and agree to accept the medicine for dosage to the named child as laid out here. Full records will be made and retained.</p> <p>Name _____</p> <p>Signature</p> <hr/> <p style="text-align: center;">Headteacher agreement.</p> <p style="text-align: center;">I have reviewed this form and agree to accept the medication for administering to the named child as laid out here. I am confident the member of staff administering is adequately trained and competent for the task.</p> <p>Signature Date</p> <p style="text-align: center;"><i>(only to be signed when this side of the form is fully completed)</i></p>
<p>Signature of parent Date</p>	

Records of medication administered should be kept in an A5 book

Medication	Time	Dosage	Adult who administered medication

Ivie Okwuegbuna and Jo Edwards
SENCO
Hallsville/Scott Wilkie Primary School



Executive Head Teacher Ms Keri Edge

**CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER
Trust schools Primary school**

Child showing symptoms of asthma / having asthma attack

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

Signed:

Date:

Name (print).....

Child's name:

Class:

Parent's address and contact details:

.....
.....

Telephone:

E-mail:



Executive Head Teacher Ms Keri Edge

**SPECIMEN LETTER TO INFORM PARENTS OF
EMERGENCY SALBUTAMOL INHALER USE**

Child's name:

Class:

Date:

Dear.....,

[Delete as appropriate]

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

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

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

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

[Delete as appropriate]

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

Yours sincerely,

Ivie Okwuegbuna and Jo Edwards
Hallsville/Scott Wilkie Primary School