







- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Ensure that an appropriate medical healthcare professional is consulted and signs the relevant documentation, particularly with regard to AAls
- Ensure that all staff who need to know are aware of a child's condition.

### 3.3 Staff

- 4.1 Our School is clear about the need to actively support pupils with medical conditions to participate in trips and visits, or in sporting activities, and not prevent them from doing so.
  - 4.2 The School will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on trips, visits and sporting activities.
  - 4.3 Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.
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- 5.1 It is important to have sufficient information about the medical condition of any child with long term medical needs.
  - 5.2 The School needs to know about any particular needs before a child is admitted, or when a child first develops a medical need. For pupils who attend hospital appointments on a regular basis, special arrangements may also be necessary, such as around resuscitation plans and 'ReSPECT' forms ('Recommended Summary Plan for Emergency Care and Treatment.'). An IHP should be in



- 6.1 The main purpose of an IHP for a pupil with medical needs is to identify the level of support that is needed.
- 6.2 The principal has overall responsibility for the development of IHPs for pupils with medical conditions. At this School



Medicines will be administered by named members of the School staff with specific responsibility for the task in order to prevent any errors occurring. These staff members will normally be qualified first aiders.

## 7.2 Non-prescription medicines

It is rare that non-prescription medicines will be self-administered by pupils or staff and will be considered on a case by case basis. Non-prescription medicines (including Calpol) will only be administered at the School if:

- The parent/guardian has completed an Administration of Medicine Request Form (see [Appendix A](#))
- The parent/guardian provides the medicine in the original container and includes instructions for administration, dosage and storage.
- A record is kept of all pupils receiving the medicine

Before any non-prescription medicine is administered, the person administering the medicine must check maximum dosages and when the previous dosage was given. This information must be recorded.

## 7.3 Controlled drugs

7.3.1 Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

7.3.2 A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the School office and only named staff have access.

7.3.3 Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

## 7.4 Injections

There are certain conditions e.g. diabetes, bleeding disorders or hormonal disorders which are controlled by regular injections. Pupils with these conditions are usually taught to give their own injections. Where this is not possible, they should be given by their parents.

## 7.5 Disposal of Medicines

Any unused or out of date medication or medication that is no longer required will be handed back to the parents/ carers of the pupil for disposal.

Sharps boxes should always be used for the disposal of needles and other sharps.





## 9.1 Supply

The School can purchase a spare AAI from a pharmaceutical supplier without prescription. Small quantities can be purchased on an occasional basis. The request must be signed by the Principal, be on headed paper and include the following details:

- the name of the School for which the AAI is required
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reaction in a pupil who does not meet this criteria, emergency services should be called and advice sought as to whether administration of the spare emergency AAI is appropriate.

## 9.5 Storage

The School should ensure that all AAI's not carried by pupils and spare AAI(s) are kept in a safe and suitably central location, for example the school office or staff room, to which all staff have access at all times, but in which the AAI is out of reach and sight of pupils. They must not be locked away in a cupboard or an office where access is restricted. The School should ensure that the AAI's are accessible at all times and not located more than 5 minutes away from where they may be needed. In larger Schools it may be prudent to locate a kit near the central dining area and another near the playground; more than one kit may be needed.

Any spare AAI devices held in emergency kits should be kept separate from any pupils own prescribed AAI which might be stored nearby; the spare should be clearly labelled.

At least two named volunteers amongst school staff should have responsibility for ensuring that:

- On a monthly basis the AAI's are present and in date
- Replacement AAI's are obtained when expiry dates approach

AAI devices should be stored at room temperature, protected from direct sunlight and extremes of temperature.

## 9.6 Disposal

Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used AAI's can be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the Council.

## 10.1 Supply

The School can purchase inhalers and spacers from a pharmaceutical supplier without a prescription. Inhalers can be purchased in small quantities on an occasional basis. The request will need to be in writing and signed by the Principal, on headed paper and must include the following details:

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

## 10.2 Emergency kit

The emergency asthma inhaler kit should include:

- A record of administration (when the inhaler was used)

A copy of the asthma register should also be kept with the emergency kit.

The School should consider keeping more than one emergency asthma kit to ensure that all pupils within school are close to a kit.

### 10.3 Responding to symptoms

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. Consents should be reflected in the pupil's IHP. The inhaler can be used if the pupil's prescribed inhaler is not available. A pupil may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these pupils if their inhaler is not accessible (as it will still help to relieve their asthma).

Common 'day to day' symptoms of asthma include:

- 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 by a pupil's own inhaler and rest. It should not usually require the pupil to be sent home or require urgent medical attention.

Signs of an asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The pupil complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue-white tinge around the lips
- Going blue

An ambulance should be called immediately and the asthma attack procedure should be commenced without delay if the pupil:

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

When responding to signs of an asthma attack staff should:

- Keep calm and reassure the pupil
- Encourage the pupil to sit up and slightly forward
- Use the pupil's own inhaler and, if not available, use the emergency inhaler
- Remain with the pupil while the inhaler and spacer are brought out
- Immediately help the pupil to take two separate puffs of the salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs
- Stay calm and reassure the pupil. Stay with the pupil until they feel better and when they feel better they can return to school activities
- If the pupil does not feel better or you are worried at any time before you have reached ten puffs, call 999 for an ambulance
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The pupil's parents or carers should be contacted after the ambulance has been called
- A member of staff should always accompany a pupil taken to hospital by an ambulance and stay with them until a parent or carer arrives

When the emergency inhaler is to be used, a check should be made against the register that parental consent has been given for its use. The inhaler should be primed when first used (e.g. spray two puffs).

Parents or carers should be informed if their child has used the emergency inhaler.

#### 10.4 Arrangements

10.4.1 Pupils should have their own reliever inhaler in school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them and, if not, it should be easily accessible to them.

10.4.2 At least two volunteers should be responsible for ensuring the protocol on the emergency inhaler is followed.

10.4.3 There should be a reasonable number of designated staff members to provide sufficient coverage. The School should have agreed arrangements in place for all members of staff to summon the assistance of a designated member of staff, to help administer an emergency inhaler, as well as for collecting the emergency inhaler and spacer. The School should have a procedure for allowing a quick check of the register as part of initiating the emergency response. This does not necessarily need to be undertaken by a designated member of staff, but there may be value in a copy of the register being held by at least each designated member of staff.

#### 10.5 Storage

At least two named volunteers should have responsibility for ensuring that:

- On a monthly basis the inhaler and spacers are present and in working order and the inhaler has a sufficient number of doses available
- Replacement inhalers are obtained when expiry dates approach
- Replacement spacers are available following use
- The plastic inhaler housing has been cleaned, dried and returned to storage following use or that replacements are available, if necessary



11.1 The School will encourage and make reasonable adjustments to allow pupils with medical needs to participate in safely managed visits. Where pupils with medical conditions are included on



- 13.3 Staff should never take pupils to hospital in their own car. When emergency treatment is required, medical professionals or an ambulance should always be called immediately. On those occasions where an injury is not life threatening but staff consider that medical treatment is required, parents/ carers should always be informed.
- 13.4 Staff should record events when AAls have been administered using the Adrenaline Auto Injector Administration Report Form ([Appendix C](#)).
- 13.5 Staff can summon assistance from a designated member of staff,

- Understand the rapidity with which anaphylaxis can progress to a life-threatening reaction and that anaphylaxis may occur with prior mild (e.g. skin) symptoms
- Appreciate the need to administer adrenaline without delay as soon as anaphylaxis occurs, before the pupil might reach a stage of collapse (after which it may be too late for the adrenaline to be effective)
- Be aware of the anaphylaxis policy
- Be aware of how to check if a pupil is on the register
- Be aware of how to access the AAI
- Be aware of who the designated members of staff are and policy on how to access their help

In addition to the above, designated members of staff will also receive training in the following:

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#### 15.1 Medicine records

The Principal will ensure that written records are kept of all medicine administered to pupils, including details of what, how and how much was administered, when and by whom. Parents will be informed if their child has been unwell at the School.

#### 15.2 Storage of IHPs

For pupils on the medical conditions list key stage transition point meetings should take place in advance of transferring to enable parents, the School and health professionals to prepare the pupil's IHP and train staff, if appropriate.

- 17.1 Teachers and other School staff in charge of pupils have a common law duty to act as any reasonably prudent parent would to make sure that pupils are healthy and safe on School premises and this might, in exceptional circumstances, extend to administering medicine and/or taking action in an emergency.
- 17.2 This duty also extends to teachers leading activities taking place off the School site, such as educational visits, School

- DFE guidance “supporting pupils at school with medical conditions” ([https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/63875/Supporting-pupils-at-school-with-medical-conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/63875/Supporting-pupils-at-school-with-medical-conditions.pdf))
- Schools should have regard to statutory guidance issued by the Department of Health, available via the below link:
- [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/67554/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67554/Adrenaline_auto_injectors_in_schools.pdf)
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To: The Principal of the School

From: The parent/guardian of [Click or tap here to enter text.](#)

My child has been diagnosed as having [Click or tap here to enter text.](#) . They are considered fit to attend the School but require the following prescribed medicine to be administered during School hours [Click or tap here to enter text.](#)

I allow/do not allow for my child to carry out self-administration.

I allow/do not allow for my child to carry the medication upon themselves

Could you please therefore administer the medication as indicated below?

[Click or tap here to enter text.](#) at [Click or tap here to enter text.](#) with effect  
from

[Schools must include the action plan for their chosen brand of AAI here]

ADRENALINE AUTO INJECTOR ADMINISTRATION REPORT FORM


c.c. Hospital with child (where possible)

c.c. Parent