



<b>POLICY NO: 44</b>	Revision No	3
	Date Issued	June 2019
<b>Supporting Students with Medical Conditions</b> (incorporating Administration of Medicine Policy)	Authorised by	Full Governors
	Date approved	27.6.19
	Minute number	19.02-9.1
	Implementation Date	28.6.19
	Review Date	June 2022

## Contents

Purpose, Values and Aims of Highfields School	2
1. Summary	3
2. Purpose	3
3. Scope	3
4. Implementation & Process	3
4.1 Receipt of medication	3
4.2 Storage of medication	4
4.3 Storage and administration of controlled drugs	5
4.4 Administration of medication	5
4.5 Changes to medication	6
4.6 Non-prescription medicines	6
4.7 Development and implementation of healthcare plans (complex health needs)	6
4.8 Notification to school of a student's medical condition	7
4.9 Training	7
4.10 Emergencies	7
4.11 Promoting Accessibility and Inclusion (including Day trips, residential trips and sporting activities)	8
4.12 Avoiding unacceptable practice	9
4.13 Insurance	10
4.14 Complaints	10
4.15 Record Keeping	10
4.16 Specific illnesses/conditions	11
4.17 Infection control	12
4.18 Injuries	12
4.19 Absence	12
5. Consultation Process	12
6. Roles and Responsibilities	12
6.1 Responsibility of the Governors	12
6.2 Responsibility of the Headteacher	14
6.3 Responsibility of the Health & Safety Officer	14
6.4 Responsibility of the SENCo, supported by SEND teaching staff and TA keyworkers	15
6.5 Responsibility of staff holding positions of specific responsibility	15
6.6 Responsibility of all staff	15
6.7 Responsibility of the School Nurse (NHS)	15
6.8 Responsibility of Students	16
6.9 Responsibility of Parents/Carers	16
7 Monitoring, evaluation and Policy review	16
8 Associated Documents	16
8.1 Appendices	16
8.2 Associated School Policies	16
8.3 Other Documents	16



## Purpose, Values and Aims of Highfields School

### Our Core Purpose

To be an inclusive, happy community that values every individual and inspires them to achieve their full potential.

### Our Values

Inclusion, fairness and equality  
Respect and tolerance  
Celebration of achievement  
Personal reflection, honesty and mutual trust  
Care for our environment

### Aims – to achieve our core purpose and values we aim to:

- Respect all students and staff as individuals
- Celebrate diversity and promote equality
- Provide appropriate levels of challenge
- Develop understanding and enjoyment of learning
- Support and encourage individuals to make a valuable contribution to society
- Be a reflective school seeking continuous improvement
- Play an active part in our community
- Nurture physical and emotional well being
- Promote a happy, safe and stable environment





## 1. Summary

- 1.1 This policy recognises the responsibility of the Headteacher and Governors of the school for administering medicines and supporting students at school with medical conditions to receive a full education. This is under the guidance of the local authority (Derbyshire County Council) "Administration of medicines and associated complex health procedures for children" guidance and in line with the Department for Education's guidance "Supporting pupils at schools with medical conditions".
- 1.2 The policy details the responsibilities of key personnel but emphasises the duty on all staff to do everything reasonably practicable to assist in supporting students with medical conditions and in meeting the policy objectives.

## 2 Purpose

To interpret legislation, directives and advice about administering medicine and supporting students with medical conditions at Highfields School.

This school is an inclusive community that welcomes and supports students with medical conditions. This school provides all students with any medical condition the same opportunities as others at school. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made. We will make adaptations as far as practical and reasonable to make the school accessible to all.

The school makes sure all staff understand their duty of care to children and young people in the event of an emergency. We understand that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood. This school understands the importance of medication and care being taken as directed by healthcare professionals and parents/carers. Staff receive training on the impact medical conditions can have on students.

The school recognises that duties in the Children and Families Act (England only), the Equality Act (England, Wales and Scotland) and the Disability Discrimination Act (Northern Ireland only) relate to children with disability or medical conditions and are anticipatory.

## 3 Scope

This document applies to all employees and visitors (students, parents/carers, workers, other visitors) to Highfields School.

## 4 Implementation & Process

### 4.1 Receipt of medication

- 4.1.1 No medicines (prescribed or non-prescribed) requiring school staff to administer and/or store will be allowed into school unless accompanied by a fully completed consent form signed by the parent/carer (see Appendix 1).
- 4.1.2 Consent forms for medicines should be handed in to the pastoral office.





- 4.1.3 Only prescribed medicines which are in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage can be accepted by the school (as a minimum the dispensing label must state the name of the student, dispensing pharmacy, date of dispensing, name of medicine, amount of medicine dispensed and strength, dose and how often to take it and if necessary any cautions or warning messages). The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or pump rather than in its original container.
- 4.1.4 No student should be given prescription or non-prescription medicines without their parent's/carer's written consent except in exceptional circumstances where the medicine has been prescribed without the knowledge of the parents/carers. In such cases, every effort should be made to encourage the young person to involve their parent/carer while respecting their right to confidentiality. A senior member of staff should be consulted.
- 4.1.5 Ideally, only enough medicines for the day are to be supplied as this will avoid confusion or the chance of too much medicine being given. However, where a student is on a long term course of medication the school will, by arrangement with the parent/carer, agree to store sufficient medicine to avoid unnecessary 'toing and froing' of medicines on the understanding that these will be in date for the duration agreed, supplied as dispensed by the pharmacist (as above) and parent/carer accept they are responsible for collecting and disposing of any excess medicine(s) which are out of date.
- 4.1.6 Staff volunteering to administer medicine will ensure that they check the information on the prescription label matches the information on the parental consent form. As prescription labels may have vague directions for administration such as 'as directed' or 'as before'. Unless there are clear directions on the parental consent form the medicine will be rejected and won't be stored or administered in school until there are clear directions.
- 4.1.7 Any medicines not provided in the original containers, appropriately labelled and with a fully completed parental consent form will not be administered. In the event that the school decided not to administer the medicine the parent/carer will be informed immediately so they can make alternative arrangements for the medicine to be administered.
- 4.1.8 Staff and parents/carers should check and agree the quantity of medicine provided and this should be recorded on the Medicines Administration Record (MAR) (appendix 2) and signed by both the staff member and parent/carer.
- 4.1.9 The school will ensure parents/carers are made aware of the above requirements at the start of each year and are reminded of them periodically via the school newsletter.
- 4.1.10 The school, on receipt of the medication and completed parental consent form, will ensure a suitable medical administration record (MAR) form (appendix 2) is completed for the student and medication. Two staff will be involved in drawing the MAR form to ensure the information transposed onto the form is correct and complete.

## 4.2 Storage of medication

- 4.2.1 All medicines should be brought to the school reception at Starkholmes (lower site) or the pastoral office at Lumsdale (upper site).





- 4.2.2 Medicines will be stored as follows:
- a. Medicines which are not 'rescue medicines required immediately in an emergency' such as antibiotics, pain relief etc will be stored in a locked cupboard in the main office (Starkholmes lower school site) and the pastoral office (Lumsdale upper school site)
  - b. Medicines requiring refrigeration will be stored in a labelled container within a fridge only accessible to staff in either the main office or pastoral office. Where there is a long term medication the fridge will be regularly defrosted, cleaned and temperatures checked.
  - c. Emergency or rescue medication is that which is required immediately in an emergency situation such as asthma inhalers or adrenaline pens. These need to be readily available to students as and when required.
  - d. Where the student is deemed to have the competency to keep and administer their own rescue medications the school will encourage and support them to do so.
  - e. Where students are not deemed to have sufficient capacity to store and administer their own rescue medication the school will ensure that it is stored so that it is readily accessible in an emergency, but is only available for the child it has been prescribed for.
  - f. In this school that will be the main office (Starkholmes) or pastoral office (Lumsdale) unless individually identified elsewhere and agreed with the parent/carer.
  - g. Suitable arrangements will be in place to ensure these emergency medications are readily available during break/lunch times and other activities away from the classroom (ie PE, offsite activities).
  - h. All medications will be stored in their original labelled/named containers irrespective of where they are stored.

### 4.3 Storage and administration of controlled drugs

There are certain legislative requirements concerning controlled drugs. As such there is a separate section on these (see appendix 3) which will be followed should any medication designated as a controlled drug be required in school.

### 4.4 Administration of medication

- 4.4.1 Medicines should only be administered at school when it would be detrimental to a student's health or school attendance not to do so.
- 4.4.2 Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- 4.4.3 There are three levels of administration of medicines in schools:
- a. The student self-administers their own medication of which the school is aware
  - b. The student self-administers the medication under supervision
  - c. A named and trained consenting staff member administers the medicine.
- 4.4.4 Administering medicines is a purely voluntary activity (unless specified as part of a staff member's job description). Therefore, participation in the administration of medication is on a voluntary basis and staff cannot be compelled to administer medicines unless they have accepted job descriptions that include duties in relation to the administration of medicines. The school will encourage staff to be involved where necessary in administering



medication to ensure students access to education is not disrupted. However, individual decisions on involvement will be respected and punitive action will not be taken against those who choose not to consent.

- 4.4.5 School will keep a record of the staff who administer medicines.
- 4.4.6 All staff who administer medications will receive sufficient information, instruction and where necessary training to undertake this task. Training from a health professional will always be required for invasive procedures requiring a specialised technique (eg, diabetes, epilepsy, gastronomy etc).
- 4.4.7 For most routine administration of medicines, knowledge of this policy and the guidance containing within it will be sufficient as staff will not be expected to do more than a parent/carer who gives medication to a student.
- 4.4.8 Where a child has a complex health need and an individual treatment plan, and required specific or rescue medication, the staff administering the medication will have detailed knowledge of the individual treatment plan and will have received suitable training from health professionals to undertake the administration of the medicine. This training will be refreshed annually or as required should there be any significant changes to the medicine or administration procedure.
- 4.4.9 When no longer required, medicines should be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the collection of needles and other sharps. Parents/carers are responsible for the disposal of sharps.

## **4.5 Changes to medication**

The school will not change the dose of a prescribed medication without written authorisation from a health professional.

## **4.6 Non-prescription medicines**

- 4.6.1 The school will accept non-prescription medications.
- 4.6.2 Non-prescription medicines must be supplied by parents/carers in their original containers labelled with the student's name. They must be in date for the duration that they are required for and must be accompanied by the fully completed parental consent form. Parents/carers must also, on a daily basis, inform school of what dose has been given to the student that day to avoid accidental overdosing. Schools who give non-prescription medicines in line with these guidelines should inform parents/carers of any dose given in writing.
- 4.6.3 The school will not keep a stock of non-prescription medication to give students.
- 4.6.4 The school will not administer any medications containing aspirin unless prescribed by a doctor.

## **4.7 Development and implementation of healthcare plans (complex health needs)**

- 4.7.1 Where appropriate students with a medical condition should have an individual healthcare plan (IHP). An IHP details exactly what care a child needs in school, when they need it and who is going to give it. It should also include information on the impact any health condition may have on a child's learning, behaviour or classroom performance. This should be drawn up with





- input from the child (if appropriate) their parent/carer, relevant school staff and healthcare professionals, ideally a specialist if the child has one.
- 4.7.2 The school will follow the guidance in the County Council "Administration of medicines and associated complex health procedures for children" guidance and will also comply with the codes of practice relating to specific individual medical conditions contained within their document. A list of these specific codes of practice is contained at Appendix 4.
- 4.7.3 The IHP will accompany a student should they need to attend hospital (all IHPs are stored on SIMS under the linked documents section and should be printed to accompany the student to hospital). Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings. See Section 4.15 (Record Keeping) for further information about the development, review and storage of Individual Health Care Plans.
- 4.7.4 Medical healthcare plans should be developed in collaboration with the SENCO, appropriate Student Support Services and other relevant staff, student, parents/carers, medical professionals and outside agencies.
- 4.7.5 Complex needs will be recorded on the plan.
- 4.7.6 Plans will be reviewed at least annually, or as required.
- 4.7.7 Plans will be easily accessible to school staff whilst preserving confidentiality as required.

#### **4.8 Notification to school of a student's medical condition**

- 4.8.1 Transitional arrangements between schools should be arranged including any additional staff support and training, equipment or access required and any other modifications.
- 4.8.2 If a diagnosis is awaited or unclear, the school may need to meet with parents/carers and receive some form of medical evidence to start implementing procedures to effect support for the student.

#### **4.9 Training**

- 4.9.1 Training needs to be identified by staff in discussion with line manager and/or Health and Safety Officer or SENCO.
- 4.9.2 Training to be provided, delivered by a suitably qualified and competent person.
- 4.9.3 Training records to be kept by the Health & Safety Officer.
- 4.9.4 Many of the conditions indicated in the previous section require that staff undertake specific training to be able to administer the medication in line with the student's individual treatment plan.
- 4.9.5 There are also specific medical practices which require insurance approval before they can be undertaken by school staff (see Appendix 5 for details).

#### **4.10 Emergencies**

- 4.10.1. Procedures in medical care plans should be followed. These should be checked by staff, including visit leaders.
- 4.10.2 All staff understand and are trained in the school's general emergency procedures. All staff, including temporary or supply staff, know what action to take in an emergency and receive updates at least yearly.



- 4.10.3 If a child is unwell at school, a qualified First Aider or appointed person (as appropriate) should attend in the first instance. A medical professional should be called if required.
- 4.10.4 If a student needs to attend hospital, a member of staff (preferably known to the student) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance. It should be noted that the safety of other students must not be compromised if a member of staff needs to accompany a child.
- 4.10.5 Staff and students will be involved as required, for example informing the relevant people and obtaining assistance.
- 4.10.6 The school is committed to identifying and reducing potential triggers for an emergency both at school and on out-of-school visits. School staff have been given training and information on medical conditions which includes avoiding/reducing exposure to common triggers. The school is working towards reducing/eliminating health and safety risks which may be triggers to medical conditions.
- 4.10.7 IHPs detail an individual student's triggers and details how to make sure the student remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of students with medical needs.
- 4.10.8 We review all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.
- 4.10.9 Parents/carers to be informed of emergencies.

## **4.11 Promoting Accessibility and Inclusion (including Day trips, residential trips and sporting activities)**

### **4.11.1 Principles of Inclusion and Accessibility**

- 4.11.1.1 The school undertakes to ensure that the whole school environment is inclusive and as accessible to students with medical conditions as practical and reasonable. This includes the physical environment, as well as social, sporting and educational activities. This school is committed to providing a physical environment accessible to students with medical conditions. Students, parents/carers and appropriate professionals are consulted to ensure this accessibility.
- 4.11.1.2 The school is also committed to an accessible physical environment for out-of-school activities. We make sure the needs of students with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- 4.11.1.3 We ensure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of students with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.
- 4.11.1.4 We promote inclusion and accessibility by ensuring that all staff are aware of the potential social problems that students with medical conditions may experience and use this knowledge,





alongside the school's bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.

#### **4.11.2 Sporting and Physical Activities**

- 4.11.2.1 We understand the importance of all students taking part in physical activity. In order to facilitate this staff will make appropriate adjustments to physical activity sessions to make them accessible. This includes out-of-school clubs and team sports.
- 4.11.2.2 All relevant staff are aware that students should not be forced to take part in activities if they are unwell. They should also be aware of students who have been advised to avoid/take special precautions during activity, and the potential triggers for a student's medical condition when exercising and how to minimise these.
- 4.11.2.3 We make sure that students have the appropriate medication/equipment/food with them during physical activity.

#### **4.11.3 Trips and Visits**

- 4.11.3.1 The visit leader should check each student's medical condition and consider how this will impact on participation. This will be done in consultation with the student, parents/carers and medical specialist where appropriate. Reasonable adjustments will need to be made unless evidence from a medical professional states that this is not possible.
- 4.11.3.2 A risk assessment should be carried out, in consultation with the student and parents/carers to ensure safe participation in activities.
- 4.11.3.3 The student's IHP should accompany them on the visit.

#### **4.12 Avoiding unacceptable practice**

- 4.12.1 Students should not be prevented from easily accessing their inhalers and medication, and administering their medication when and where necessary.
- 4.12.2 It should not be assumed that every student with the same condition requires the same treatment.
- 4.12.3 Views of students and their parents/carers should not be ignored; neither should medical evidence or opinion be ignored (although this may be challenged).
- 4.12.4 Students with medical conditions should not be sent home frequently or prevented from accessing normal school activities, unless this is specified in their individual healthcare plan.
- 4.12.5 A student should not be sent to the school office or medical room unaccompanied or with someone unsuitable.
- 4.12.6 Students should not be penalised for their attendance record if their absences are related to their medical condition, eg appointments.
- 4.12.7 Students should not be prevented from drinking, eating or taking toilet breaks as required in order to manage their medical condition effectively.



- 4.12.8 Parents/carers should not be expected, or feel obliged to, attend school to administer medication or provide medical support, including toileting issues, unless their healthcare plan states this or it is at the parent's request.
- 4.12.9 Students should not be prevented from participating in any aspect of school life, including school trips, where reasonable and practicable adjustments can be made.

#### 4.13 Insurance

- 4.13.1 The school is covered by Derbyshire County Council's insurance policy and with AIG for educational visits.
- 4.13.2 In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

#### 4.14 Complaints

Complaints should be taken up directly with the school, following the complaints procedure.

#### 4.15 Record Keeping

- 4.15.1 The school has clear guidance about record keeping. Parents/carers are asked if their child has any medical conditions on the admissions form. The school uses an Individual Health Care Plan (IHP) to record the support an individual student's needs around their medical condition. The IHP is developed with the student (where appropriate), parent/carer, school staff, specialist nurse (where appropriate) and relevant healthcare services. The school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register. IHPs are regularly reviewed, at least every year or whenever the student's needs change. The student (where appropriate), parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the students in their care.
- 4.15.2 Student confidentiality is protected. Permission will be sought from parents/carers before sharing any medical information with any other party.
- 4.15.3 An accurate record of all medication administered, including the dose, time, date and supervising staff will be kept. This should include information about any side effects and any issues arising to provide protection for staff and students. Parents/carers should be informed if their child has been unwell at school (see below):

#### Procedure to administer medicines

For all administration of medicines the following procedures will be adopted:

- 4.15.3.1 Wherever possible, two staff will be involved in the process to ensure that the correct dose of the correct medicine is given to the correct student and once the medicine has been



administered both will sign the MAR (for controlled drugs there must be two people in attendance).

4.15.3.2 Before the medicine is given each time, staff will ensure they have checked the following:

Right person	Is this the right person for this medicine?
Right medication	Is this the correct medicine? Do the label instructions match up with the instructions on the written consent? Is the name the same?
Right dose	Dose the label state the same as the instructions? Remember to check not just the amount eg 5ml or 10ml but also the correct concentration eg 125mg/5ml
Right time	Are you sure it is 12 midday that this medicine should be given? Where can you check?
Right route	Are you sure that the way you are about to give the child this medication is the right way? You are not going to put ear drops in their eye?
Right date	Ensure the medication has not expired. Always check on the label for instructions that may relate to this eg Do not use after 7 days. Always check the documentation that is has not already been given

4.15.3.3 Medication will only be given to one student at a time and the MAR sheet will be completed before any medication is given to the next student.

4.15.3.4 Only the medication for that student will be taken out of the storage and this will be returned to storage before starting the process for the next student.

**If there is any doubt whether the medication should be given for any reason then the medication will not be given. Further advice should then be sought from health professionals and/or parents/carers and this should be recorded and reported to their line manager.**

4.15.3.5 If a student refuses to take their medication or it is suspected that they have not taken a full dose staff will record this on the MAR sheet and immediately seek advice from health professionals and/or parents/carers. This should also be reported to their line manager. They should not attempt to give another dose or try and force the pupil to take another dose.

## 4.16 Specific illnesses/conditions

Details of all students' medical records are kept on the school's management information system; healthcare plans are available for staff to view on the network.





## 4.17 Infection control

- 4.17.1 The school should be informed of any notifiable diseases, which the school should report as required.
- 4.17.2 Staff and students should remain at home until 48 hours after the last incidence of infectious diarrhoea and/or vomiting.
- 4.17.3 Illnesses and conditions, for example swine flu, slapped cheek syndrome, glandular fever, chickenpox and worms must be reported to school so that relevant action can be taken. If in doubt, parents/carers/staff should contact school before returning after any infection.
- 4.17.4 Local authority and national guidance should be followed.

## 4.18 Injuries

If students are on crutches or have an injury which may limit their mobility, parent/carer must contact school before their child's return to arrange for a risk assessment and/or adjustments.

## 4.19 Absence

- 4.19.1 All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a student's medical condition. We will not penalise students for their attendance if their absences relate to their medical condition.
- 4.19.2 We will refer students with medical conditions who are finding it difficult to keep up educationally to the SENCO who will liaise with the student (where appropriate), parent/carer and the student's healthcare professional, as appropriate.
- 4.19.3 We will keep in touch with a child and their family when they are unable to attend school because of their condition.
- 4.19.4 Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), we will work with the local authority and education provider to ensure that the child receives the support they need to reintegrate effectively. This school works in partnership with all relevant parties including the student (where appropriate), parent/carer, school's Governing Body, all school staff, catering staff, employers and healthcare professionals to ensure that the reintegration is planned, implemented and maintained successfully.

## 5 Consultation Process

Each policy is reviewed by the lead person, Senior Leadership Group and the relevant Governors' Sub-Committee for approval before being presented to Full Governors for ratification.

## 6 Roles and Responsibilities

### 6.1 Responsibility of the Governors

Governors should ensure that:





- 6.1.1 The ethos of the school is set and maintained, built on our core purpose of being a happy and inclusive community. Our Supporting Students with Medical Conditions policy should reflect and promote this ethos.
- 6.1.2 The school has a policy for administering medicine and supporting students at school with medical conditions, to ensure that it is implemented within the school and that the effectiveness of this policy is monitored. The Governors should formally approve this policy.
- 6.1.3 This policy, and school practice, meets the statutory requirements as for schools to support students with medical conditions, as set out in Section 100 of the Children and Families Act 2014. This section places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting students at their school with medical conditions.
- 6.1.4 Arrangements which are put in place are sufficient to meet the governors' statutory responsibilities and that policies, plans, procedures and systems are properly and effectively implemented.
- 6.1.5 Procedures and systems are in place for the safe administration of medicine, and records kept.
- 6.1.6 Suitable facilities for the administration of medicines are provided.
- 6.1.7 A system is in place for obtaining and recording parental consent in relation to the administration of medicine, including arrangements for students to manage their own health needs, medicines and procedures, where appropriate.
- 6.1.8 Arrangements are in place in school to support students with medical conditions.
- 6.1.9 School leaders consult health and social care professionals, students and parents/carers to ensure that the needs of students with medical conditions are effectively supported
- 6.1.10 Policies and procedures are reviewed regularly and are accessible to parents/carers and school staff.
- 6.1.11 Key staff are identified in the implementation of the policy.
- 6.1.12 The policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting students at school with medical conditions.
- 6.1.13 Individual healthcare plans are reviewed at least annually.
- 6.1.14 The school works in collaboration with other agencies.
- 6.1.15 Staff training needs and support are identified, and resources made available, so that staff can fulfil their role.
- 6.1.16 Training and support to staff is reviewed, including how this has been assessed.
- 6.1.17 Where appropriate, whole-school training or awareness is provided.
- 6.1.18 Emergency arrangements are available to all staff.
- 6.1.19 Support is in place for students with medical needs to participate as fully as possible in all aspects of school life, including school trips, visits, fixtures, other sporting activities.
- 6.1.20 Practice which is not acceptable is explicit.
- 6.1.21 An appropriate level of insurance is in place.
- 6.1.22 Complaints are handled appropriately.
- 6.1.23 Encouraging, supporting and acclaiming good practice



## 6.2 Responsibility of the Headteacher

The Headteacher is ultimately responsible for the day to day implementation of the administration of medicine and supporting students with medical conditions in school. In order to effectively discharge this responsibility, the Headteacher should ensure that:

- 6.2.1 A school policy is approved by the Governing Body in line with CAYA and national guidance and that this policy is applied equitably and fully throughout school.
- 6.2.2 The policy is brought to the attention of all employees and is periodically reviewed.
- 6.2.3 Individuals within the school staff are allocated appropriate duties delegated by the Headteacher.
- 6.2.4 Any staff who volunteer to administer medicines are competent and fully familiar with their responsibilities.
- 6.2.5 Staff volunteering to administer medicines receive suitable training where necessary and that this is kept up to date.
- 6.2.6 The administration of medicines and the recording of this is in line with this policy.
- 6.2.7 The Governing Body are made aware of any issues that arise out of the implementation of this policy.
- 6.2.8 Any disputes regarding the application of this policy are resolved.
- 6.2.9 Where staff support is required, medicines are only administered where permission on the appropriate form has been obtained.
- 6.2.10 Encouraging, supporting and acclaiming good practice

## 6.3 Responsibility of the Health & Safety Officer

The Headteacher delegates the development and implementation of the policy to the Health and Safety Officer, who should ensure that:

- 6.3.1 The policy is developed (including consultation), approved, implemented and communicated; the policy should be monitored and periodically reviewed.
- 6.3.2 Planning or adaptations and modifications to the school building are made in order that we continue to improve accessibility for students with medical conditions, where reasonable and practical.
- 6.3.3 Liaising with students and their parents/carers on return to school after absence, or where a medical condition changes so that the students requires short term modifications.
- 6.3.4 Communicating with staff about students returning to school after substantial medical condition related absence or injury – in particular over modifications that may need to be in place to facilitate a safe and successful return to school.
- 6.3.5 Risk assessments are carried out as required by an appropriate member of staff.
- 6.3.6 Relevant training is undertaken by staff.
- 6.3.7 Records are maintained.
- 6.3.8 The Headteacher is advised of situations or activities as appropriate.
- 6.3.9 Advice and support is given to the Headteacher, governors and staff.



## **6.4 Responsibility of the SENCo, supported by SEND teaching staff and TA keyworkers**

- 6.4.1 Working with parents/carers and professionals alongside the student to assess the need of students with medical conditions, assigning them on the SEN register where appropriate, coordinating support for them and monitoring its effectiveness.
- 6.4.2 Coordinating the production of Individual Health Care plans for students with medical conditions.
- 6.4.3 Production and maintenance of IHPs (in liaison with the School Nurse).
- 6.4.4 Coordinating the work of external agencies used by the school for students with medical conditions.
- 6.4.5 Providing information and training to staff so that all are informed about medical conditions, and confident in dealing with them.

## **6.5 Responsibility of staff holding positions of specific responsibility**

- 6.5.1 First aiders and appointed persons for first aid should understand their duties in line with their training.
- 6.5.2 Staff administering medication are competent (and where necessary trained) and confident to undertake the administration of the medicine and do so in controlled circumstances with parental consent obtained and records kept as appropriate on the correct forms.
- 6.5.3 Risk assessments should be carried out as required.
- 6.5.4 To fully check before administering any medication that this is the correct medication for the correct student and is being administered in line with the instructions on the label and the parental consent form.
- 6.5.5 To immediately bring to the attention of the Headteacher any mistakes made in the administration of any medicine.
- 6.5.6 Care plans should be implemented and communicated appropriately.
- 6.5.7 Relevant training should be undertaken and refreshed as necessary.
- 6.5.8 There should be appropriate communication with other staff, students, parents/carers and outside agencies.

## **6.6 Responsibility of all staff**

- 6.6.1 Promoting and upholding the standard of care and vigilance the school expects of its colleagues, contributing to a positive ethos based on values of inclusion, respect, and care.
- 6.6.2 Making themselves familiar with students' medical and SEN needs/requirements.
- 6.6.3 Ensuring they understand the needs of students, particularly when leading a school visit or fixture.
- 6.6.4 Undergoing any training required.

## **6.7 Responsibility of the School Nurse (NHS)**

- 6.7.1 Notifying the school when a student has been identified as having a medical condition which will require support in school.
- 6.7.2 Advising on IHPs.
- 6.7.3 Providing support and advice to staff and students.
- 6.7.4 Liaising with other health professionals as required.



## **6.8 Responsibility of Students**

- 6.8.1 Being involved with discussions relating to their medical support and/or healthcare plan.
- 6.8.2 Co-operating with staff members in administering medication.
- 6.8.3 Where appropriate, with parental consent, administering their own medication and/or managing procedures (such as blood sugar level testing).

## **6.9 Responsibility of Parents/Carers**

- 6.9.1 Providing the school with sufficient and up to date information about their child's medical needs.
- 6.9.2 Being involved as key partners in the development and review of their child's healthcare plan.
- 6.9.3 Consenting to administering of medication as required.
- 6.9.4 Providing up to date medication and arranging for disposal or replacement of used/out of date medication or equipment as required. Parents/carers are therefore advised to note expiry dates when they provide medication.

## **7 Monitoring, evaluation and Policy review**

We will collect, study and use quantitative and qualitative data relating to the implementation of this policy, and make adjustments as appropriate. The policy will be reviewed every three years by the Governors' Personal Development, Welfare and Behaviour Committee.

## **8 Associated Documents**

### **8.1 Appendices**

- Appendix 1 - Medicines consent form
- Appendix 2 – Medical Administration Record (MAR)
- Appendix 3 - Controlled drugs
- Appendix 4 – Specific codes of practice
- Appendix 5 – Insurance
- Appendix 6 - Supporting students with asthma

### **8.2 Associated School Policies**

- 8.2.1 Health and Safety Policy (Policy No 8)
- 8.2.2 Educational Visits (Policy No 29)
- 8.2.3 First Aid Policy (Policy No 43)

### **8.3 Other Documents**

- 8.3.1 Department of Education's "Supporting pupils at school with medical conditions" statutory guidance, December 2015 (this replaced the September 2014 version, including clarifying the distinction between statutory and non-statutory guidance and adding references to the SEND Code of Practice).
- 8.3.2 Derbyshire County Council's "Administration of Medicines etc" document.
- 8.3.3 Section 100 of the Children and Families Act 2014
- 8.3.4 Highfields School complaints procedure
- 8.3.5 Annex A: Model process for developing individual healthcare plans





## Parental consent for school to administer medicine

## Appendix 1

Highfields School will not give your child medicine unless you complete and sign this form, and has a policy that staff can administer medicine, and staff consent to do this.

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

Name of School

Date

Student's name

Date of birth

Form

Medical condition or illness

### Medicine

Name/type of medicine/strength  
*(as described on the container)*

Date dispensed

Expiry date

Agreed review date to be initiated by  
(name of member of staff) (LONG TERM  
MEDICATION ONLY)

Dosage and method

Timing – when to be given

Special precautions

Any other instructions

Number of tablets/quantity to be given to school

Are there any side effects that the school needs  
to know about?

Self-administration

Procedures to take in an emergency





### Contact Details – First Contact

Name

Daytime telephone number

Relationship to student

Address

### Contact Details – Second Contact

Name

Daytime telephone number

Relationship to student

Address

I understand that I must deliver the medicine personally to my child’s pastoral manager.

Name of agreed member of staff

Name and phone number of GP

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

I accept that this is a service that Highfields School is not obliged to undertake.  
I understand that I must notify Highfields School of any changes in writing

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Parent/Carer

Print name \_\_\_\_\_

Date \_\_\_\_\_

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

### For School Use Only

Checked by	Date	Signature	Print Name

**To be reviewed annually or if dose changes (LONG TERM MEDICATION ONLY)**





## Appendix 2

### Record of medicine administered to an individual child (MAR)

Name of School

Student's name

Date of birth

Form

Date medicine provided by parent/carer

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose, timing 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	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>





### Controlled Drugs

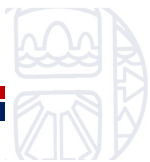
The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act 1971 and its associated regulations. Some may be prescribed as medication for use by children. Controlled drugs likely to be prescribed to children which may need to be administered in school are, for example, Methylphenidate and Dexamfetamine for ADHD or possibly Morphine/Fentanyl for pain relief.

There are legal requirements for the storage, administration, records and disposal of controlled drugs. These are set out in the Misuse of Drugs Act Regulations 2001 (as amended). They do not apply when a person looks after and takes their own medicines.

Any trained member of staff may administer a controlled drug to the pupil for whom it has been prescribed. Staff volunteering to administer medicine should do so in accordance with the prescriber's instructions and these guidelines.

- A child who has been prescribed a controlled drug may legally have it in their possession to bring to school/setting.
- Once the controlled drug comes into school (in accordance with previous instructions on receipt of medication) it should be stored securely in a locked container within a locked cabinet to which only named staff should have access.
  - A record of the number of tablets/doses received, should be kept for audit and safety purposes.
- When administering a controlled drug, two people will be present - unless it has been agreed that the child may administer the drugs him or herself.
- The administration of **controlled drugs requires 2 people**. One should administer the drug, the other witness the administration. Both should complete the administration record.
- In some circumstances a non-controlled drug should also be treated in the same way where a higher standard is considered necessary. For example, the administration of rectal diazepam or buccal midazolam – these may be requirements imposed by insurers as a condition of cover
- On each occasion the drug is administered, the remaining balance of the drug should be checked and recorded by the person(s) administering the drugs.
- A controlled drug, as with all medicines, will be safely disposed of by returning it directly to the parent/carer when no longer required to arrange for safe disposal
- If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).
- Misuse of a controlled drug, such as passing it to another child for use, is an offence and will be dealt with through the schools disciplinary process and police involved where appropriate.
- School will minimise the storage of controlled drugs on site whilst understanding the need to avoid constantly having to receive and log controlled drugs on a daily basis and therefore will not store more than 1 weeks supply of a controlled drug at a time.





## **Lone working**

In exceptional circumstances if it is not possible to ensure that 2 staff are available to comply with the requirements of this policy and strict adherence could lead to a child being denied access to education or the safety of the child or staff being compromised. The school will look to put in place suitable arrangements to ensure the child's medicine can be given. These will be discussed and agreed by the Headteacher and Governing body and will be written down. They should be agreed by parents/carer's and the staff agreeing to undertake the administration. *For Community and Voluntary Controlled schools also add and be agreed by the Local Authority.*

**If staff are concerned that a medicine that is not a controlled DRUG should be managed in the same way, it can be treated as a controlled drug.**

## **Off-site and in the Community**

This will cover a range of circumstances for which appropriate arrangements will need to be made. They will cover, for example, a range from a short off-site 1:1 activity to a longer, perhaps overnight, activity with a group of young people. The minimum requirements are:

- there must be a named person responsible for safe storage and administration of the medicine;
- a second person will witness the administration;
- during short duration or day visits off site if the controlled drug is required to be administered the named person should carry the medicine with him/her at all times and a lockable/portable device such as a cash box will be used to prevent ready access by an unauthorised person.
- only the amount of medicine needed whilst off-site should be taken – it should be stored in a duplicate bottle which can be requested from the pharmacist and must have a duplicate of the original dispensing label on it.
- the controlled drugs register may also be taken where that is appropriate (e.g. a long absence where the register is not required elsewhere in respect of another young person); alternatively a record kept and the register updated on return to base.
- For residential visits on arrival the controlled drug will be transferred from its portable storage and be stored in accordance with the guidance for storage in school wherever possible.

## **THE CONTROLLED DRUGS REGISTER – SPECIFIC REQUIREMENTS FOR SAFE STORAGE & ADMINISTRATION OF CONTROLLED DRUGS**

### **Storage:**

- The controlled drug must be stored in a lockable cupboard/cabinet – *this may be the safe cupboard used for all medicines, in which case there should be a separate, labelled container for the drugs and this register*
- Staff responsible for the administration of the controlled drug must be aware of its location and have access
- The controlled drug must only be given by a member of staff who has received instruction in its administration





- The dosage must be witnessed by a second member of staff, wherever possible - *where this is not possible, for example in 1-1 situations, a manager/supervisor at intervals should countersign this record to evidence compliance with the procedures*
- Any discrepancies must be reported and investigated immediately.

### *NB – Emergency medicines*

*Where a drug that is either a controlled drug or one that should be subject to the standards for controlled drugs and is designed for emergency use (Buccal Midazolam, for example), the need for ready access over-rides the general requirements in relation to safe storage. It will still be stored securely and not in a way where pupils could access it.*

### **Recording:**

The receipt, administration and disposal of controlled drugs will be recorded in a book intended for that purpose. It will be bound and with numbered pages.

- A separate sheet is to be maintained for each child, for each controlled drug that is stored and for each strength of the drug
- The prescriber's instructions and any additional guidelines will be followed
- The controlled drug register replaces the MAR sheet for *the specific drug only* – the health and medicine information sheet will also be completed
- ***Entries must never be amended/deleted nor pages removed***
- If a recording error is made, a record to that effect will be entered on that page, countersigned with a statement "go to page..."
- If it is an administration error, the Code of Practice 8 in the Children's Services guidance will be followed





Information on a controlled drugs register, as a minimum will record the information set out in the templates below.

CONTROLLED DRUG REGISTER FORMAT PART 1								
<b>NAME OF STUDENT</b>								
<b>MEDICINE RECEIVED</b>								
Name of medicine received:								
Strength:								
Form:								
Quantity/amount:								
Received from:		Pharmacy: or			Date			
		Parent/carer			Date			
Signed:							Date	
Witnessed:								
DISPOSAL METHOD								
Name of medicine received:								
Returned to:		Pharmacy: or			Date			
		Parent/carer			Date			
Amount: – <i>this should be the amount remaining from the administration record</i>								
Signed:							Date	
Witnessed:								
CONTROLLED DRUG REGISTER FORMAT PART 2								
Received		Administered				By whom		Stock
Amount	Date	Name	Date	Time	Amount given	Worker administering	Worker witness	Balance remaining







### List of Codes of Practice in Children's Services Guidance

1. Allergy/Anaphylaxis
2. Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) in school and other settings
3. Asthma
4. The asthma attack – What to do
5. Children with Diabetes needing insulin
6. Continence management & the use of Clean Intermittent Catheterisation (CIBC)
7. Epilepsy - Treatment of Prolonged Seizures
8. Action to be taken if a medicine administration error is identified
9. Controlled Drugs
10. Disposal of Medicines
11. Safe handling and storage of medical gas cylinders
12. Non-prescribed medicines/medicinal products
13. First Aid





## Insurance

## Appendix 5

The following information is subject to regular review. The most current version is maintained in the electronic version on the Derbyshire County Council Intranet/Extranet.

**Procedures can only be performed where parental permission has been given, staff are following written guidelines, have been trained and been judged to be competent to carry out a procedure.**

**For advice on whether or not a procedure can be performed or for approval to be sought email the requirements to: [HealthandSafetyCAYA@derbyshire.gov.uk](mailto:HealthandSafetyCAYA@derbyshire.gov.uk)**

<b>TASK/PROCEDURE</b>	<b>Confirmation of insurance required from Risk and Insurance Manager before commencement</b>	<b>INSURER or INDEMNITY CONDITIONS</b>
Anal Plugs	<b>Yes</b>	
Apnea monitoring	<b>No</b>	Covered for monitoring via a machine following written guidelines. There is NO cover available in respect of visual monitoring
Bladder washout	<b>Yes</b>	
Blood samples	<b>No</b>	Covered - but only by Glucometer following written guidelines
Buccal midazolam by mouth	<b>No</b>	Covered - following written guidelines
Bursting blisters	<b>Yes</b>	
Catheters (urinary) including mitrofanoff - clean/change of bag	<b>No</b>	Covered - following written guidelines for the changing of bags and the cleaning of tubes. There is no cover available for the insertion of tubes.
Catheters (urinary) including mitrofanoff - insertion of tube	<b>Yes</b>	
Chest drainage exercise	<b>No</b>	To be undertaken by competent staff in line with a care plan
Colostomy/ileostomy/vesicostomy Stoma care - change of bag & cleaning	<b>No</b>	Covered - following written guidelines in respect of both cleaning and changing of bags
Defibrillators/First Aid only	<b>No</b>	Covered - following written instructions and appropriate documented training.
Dressing Care - Application & replacement	<b>No</b>	Covered - following written health care plan for both application and replacement of dressings
Ear/Nose drops	<b>No</b>	Covered - following written guidelines
Eye care/ Eye Drops	<b>No</b>	Covered - following written guidelines for persons unable to close eyes
Gastrostomy & Jejunostomy care <ul style="list-style-type: none"> <li>• General Care</li> <li>• Administration of medicine</li> <li>• Bolus or continuous pump feed</li> </ul>	<b>No</b>	Covered - in respect of feeding and cleaning following written guidelines but no cover available for tube insertion unless maintenance of Stoma in an emergency situation.





Gastrostomy & Jejunostomy tube - insertion/reinsertion	<b>Yes</b>	Covered - in respect of feeding and cleaning following written guidelines but no cover available for tube insertion unless maintenance of Stoma in an emergency situation.
Hearing aids - Checking, fitting and replacement	<b>No</b>	Covered for assistance in fitting/replacement of hearing aids, following written guidelines
Inhalers, and nebulisers	<b>No</b>	Covered - following written guidelines for both mechanical and hand held
Injections - pre-packed doses. (Includes epipens & dial-up diabetic insulin pens.	<b>No</b>	Covered but only for the administering of pre-packaged dosage using pre-assembled pen on a regular basis pre-prescribed by a medical practitioner and written guidelines
Injections - non pre-measured doses	<b>Yes</b>	
Injections - intramuscular and sub-cutaneous injections involving assembling syringe	<b>Yes</b>	
Manual Evacuation	<b>No</b>	To be undertaken by competent staff in line with a care plan
Mouth toilet	<b>No</b>	Covered
Naso-gastric/jejunal tube feeding	<b>No</b>	Covered - following written guidelines but cover is only available for feeding and cleaning of the tube. There is no cover available for tube insertion which should be carried out by a medical practitioner
Naso-gastric/jejunal tube - reinsertion	<b>Yes</b>	
Oral prescribed medication	<b>No</b>	Covered subject to being pre-prescribed by a medical practitioner and written guidelines. Where this involves children, wherever possible Parents/Guardians should provide the medication prior to the child leaving home. A written consent form will be required from Parent/Guardian and this should be in accordance with LA procedure on medicines in schools etc.
Oxygen administration - assistance	<b>No</b>	Covered but only in the respect of assisting user following written guidelines, i.e applying a mask or nasal canula
Oxygen and care of liquid oxygen administration including filling of portable cylinder from main tank	<b>No</b>	All covered subject to adequate training except filling of portable cylinder from main tank as subject to HSE guidelines.
Pessaries	<b>Yes</b>	
Pressure area care (bed sores etc)	<b>No</b>	To be undertaken by competent staff in line with a care plan
Pressure bandages	<b>No</b>	Covered - following written guidelines.



Physiotherapy	<b>Yes</b>	Refers to physiotherapy provided by a professional physiotherapist or the drawing up of a treatment programme. Physiotherapy undertaken by trained volunteers carrying out prescribed exercises is allowed.
Rectal administration generally e.g. morphine	<b>Yes</b>	
Rectal midazolam in pre-packaged dose	<b>No</b>	Covered - following written guidelines and two members of staff must be present.
Rectal diazepam in pre-packaged dose	<b>No</b>	Covered - following written guidelines and two members of staff must present.
Rectal Paraldehyde	<b>Yes</b>	
Stoma care	<b>No</b>	Including maintenance of patency of stoma in an emergency
Suction Machine - Oral Suction Yanker Sucker	<b>Yes</b>	
Suppositories	<b>Yes</b>	Applies to suppositories other than pre-packed midazolam or diazepam (which are shown separately)
Syringe drivers - programming	<b>Yes</b>	
Swabs - External	<b>No</b>	Covered - following written guidelines.
Swabs - Internal	<b>Yes</b>	No - other than oral following written guidelines.
Topical Medication	<b>No</b>	To be undertaken by competent staff in line with a care plan
Tracheostomy - clean external	<b>No</b>	Cover is only available for cleaning around the edges of the tube following written guidelines.
Tracheostomy - removal and re-insertion	<b>Yes</b>	
Vagas Nerve Stimulator	<b>No</b>	As long as written care plan is in place.
Ventilators	<b>Yes</b>	Covered - following written guidelines.



## Supporting students with Asthma General Principles

## Appendix 6

These guidelines and additional information should be read in Conjunction with our Supporting Students with Medical Conditions policy.

Highfields School recognises that asthma is a significant and common medical condition affecting many young people. We welcome all students with asthma, in line with the principles of inclusion set out in our Supporting Students with Medical Conditions policy.

### What is asthma?

Asthma is a condition that affects a person's airways – the small tubes that carry air in and out of the lungs. It can affect different people in different ways, being more intense for some and having different triggers. It is the most common chronic condition, affecting one in eleven children in the UK.

### 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 the student's own inhaler and rest (e.g. stopping exercise). They would not usually require the student to be sent home from school or to need urgent medical attention.

### Managing Asthma

Students should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. We encourage students to learn how to manage their asthma independently. Immediate access to a reliever inhaler is vital. Students are encouraged to carry their reliever inhaler as soon as the parents, doctor or nurse and school staff agree they are mature enough. All school staff will let students take their own medication when they need to.

Parents **may choose to** provide the school with a labelled spare reliever inhaler. If so, these are kept **in the main office at the Starkholmes site and in the pastoral office at the Lumsdale site**. They will be held separately in case the student's own inhaler runs out or is lost or forgotten. All inhalers must be labelled with the child's name by the parent. School staff are not required to administer medication to children except in an emergency however many of our staff are happy to do this. School staff who agree to do this are insured by the local education authority when acting in accordance with this policy.

In September 2014 the Government issued '*Guidance on the use of Emergency Salbutamol inhalers in schools*'. This permitted schools to keep its own emergency reliever inhalers for use in the event that a student's own inhaler is lost or broken (schools do not have to keep emergency inhalers but are allowed to do so). We are now in the process of considering introducing this provision at Highfields.





There are some very useful resources to help staff, students and parents understand and manage asthma available on the Asthma UK website [www.asthma.org.uk](http://www.asthma.org.uk). These include a Child Asthma Action plan which can be used by young people to record key information and help them manage their condition.

## **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 AMBULANCE 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**

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