

Medicines Policy

Trust Committee Responsible	AAT Health & Safety
Status	Statutory
Review Cycle	Three yearly
Date written/last review	June 2021
Date of next review	June 2024

Please note that all Trust policies are reviewed annually. Should you have any queries regards this policy, note an omission or wish to propose an amendment, please email sconnor@strathmore.org.uk.

Medicines Policy Purpose & Scope

This policy has been drawn up with guidance from and meets the requirements of and in conjunction with:

- Section 2 of the Health and Safety at Work Act 1974
- Section 100 of the Children and Families Act 2014
- Department for Education – Supporting pupils at school with medical conditions – December 2015
- Special Educational Needs and Disability Code of Practice: 0 to 25 years – July 2014
- Guidance on the use of emergency salbutamol in school – March 2015
- Guidance on the use of emergency Adrenaline Auto-Injectors (AAI) in schools – September 2017
- Best Practice Guidelines in the administration of Buccal (Oromucosal) Midazolam
- Guidance on the use of emergency steroid management – GOSH NHS
- Diabetes UK – Diabetes Management in Schools
- Misuse of Drugs Act 1971
- NHS Act 2006
- Equality Act 2010
- Guidance on the use of emergency salbutamol inhalers in schools March 2015
- <https://www.hse.gov.uk/riddor/>

Aims and Objectives

This policy covers medical attention, the administration and storage of medication for employees and pupils of The Auriga Trust.

It has been developed to ensure all pupils are fully supported with their medical conditions in school so that they can play a full and active role in school life and achieve their academic potential.

Medicines should only be given in school when it is necessary and essential to a pupil's health or school attendance. Medicines should not be given on an ongoing basis, unless prescribed by a doctor.

The term *parent* implies any person or body with parental responsibility, such as foster parent, guardian or local authority.

Overview for Managing Medication in School

Medicine must only be administered to a pupil where written permission for that particular medicine has been obtained from the pupil's parent or carer.

In all cases, it is the parent's responsibility to communicate any changes to their pupil's medication regime in writing.

Schools can only accept prescribed medicines if these are in date, labelled with the pupil's name, in the original container with a recognised pharmacy label on the medication and clear instructions for administration, dosage and storage.

The exception to this is insulin, which must still be in date, but will be available to schools inside an insulin pen/pump, rather than in its original container.

All medicine administered must be verified by a second person and must be recorded.

The only 'over the counter' medicines that can be administered by staff are; Calpol (for primary aged pupils) and Calpol or paracetamol (for secondary aged pupils). The parent or carer must be contacted before administering the Calpol or paracetamol and they may only be administered to a pupil where we have written permission from the pupil's parent or carer.

Clarendon's staff support and encourage pupils to take responsibility to manage their own medication. Pupils who can take their own medicines, and/or are able to manage procedures themselves, will have the appropriate level of supervision.

However, the age at which pupils are ready to take care of and be responsible for their own medicines varies. If it is not appropriate for a pupil to self-manage, then staff will help to administer medicines and manage procedures for them.

If a pupil refuses to take medicine or to carry out a necessary procedure, staff will not force them to do so, but will follow the procedures agreed in the pupil's individual healthcare plan. Parents will be informed so that alternative options can be considered.

Any changes to the administration of the pupils' medication will be discussed with the school, the parent/carers and the school nurse; and reflected in their Individual Health Care Plan.

General Principles

The Auriga Academy Trust will:

- establish relationships with relevant health professionals, the local authorities and other support services;
- assist pupils with long-term medical conditions by drawing up Individual Healthcare Plans for the administration of medication and care;
- respond flexibly to the needs of each pupil and how their medical condition impacts on their school life and consider what reasonable adjustments might enable pupils to participate fully and safely on visits;
- keep the pupil's best interests in mind, ensure that the school assesses and manages risks of the pupil's education, health and social wellbeing whilst minimising disruption;
- ensure that no medicines are given, nor healthcare procedures are undertaken, by any staff without appropriate training;

Additionally, the school will:

- regularly liaise with the Specialist Community Public Health Nurse who advises, provides training, monitors and communicates with other health professionals on the school's or parents'/carers' behalf;
- ensure arrangements for pupils are in place at the start of a school year;
- ensure that arrangements are in place within two weeks for new pupils moving to the school mid-term or having received a new diagnosis;
- provide the facility to safely store, administer and record individually prescribed medication;
- ensure that, for pupils with medical conditions, they and/or key staff will know where their medicines are at all times and have access to them should they need to;
- hold a supply of Calpol and paracetamol that will be stored in a locked and secure cabinet;
- endeavour to notify all staff of pupil medical alerts and treatment regimens – information for all staff will be displayed in the staffroom;
- train and monitor staff who are used in the process of assisting with the administration of medication including contingency and emergency situations;
- ensure that no prescription or non-prescription medicines are given to pupils without parents'/guardians' written consent;
- notify the parent/guardian in the event that a pupil refuses to take prescribed medication (e.g. Controlled Drugs);
- notify parents/guardians of an outbreak of a contagious condition within the school, (advice on the periods of exclusion for contagious diseases and the recommended treatment of head lice is made available);
- advise parents/guardians that pupils are not allowed to carry/administer medication and that if a pupil requires medication, contact should be made with the school/centre in advance and discussed on a case by case basis with regard to the guidelines. The sole exception being insulin, which will generally be supplied in a clearly dated insulin pen or pump and can be carried with the pupil when appropriate; this may not be possible in primary settings;

- dispose of needles and other sharps in line with local policies, following guidelines for medical professionals such as the NHS diabetes team, NHS immunisations team and/or school community nursing team. Sharps boxes are kept securely at school and will accompany a pupil on off-site visits
- ensure all relevant staff, including external transport company staff, are aware of any medication being transported to and from home
- regularly review and update this policy.

Forms and Procedures for the Administration of Medicines

No medicines should be administered without the completion of the appropriate form.

Form A – Confidential Medical Information should be completed by parents/carers with the additional sheets (1 & 2) as necessary.

Form B – Parental Agreement for Setting to Administer Medicine should be completed by parents/carers.

Form C (a) – Consent for Administration of Emergency Medication: Oromucosal Midazolam should be completed by parents/carers for the administration of emergency medication: Oromucosal Midazolam.

Form C (b) – Consent for Administration of Emergency Medication: Adrenaline Auto-Injector (AAI) should be completed by parents/carers for the administration of emergency AAI (e.g. Epipen) Medication. It includes written consent for the use of, and payment for the spare AAI if necessary.

Form C (c) - Consent for Administration of Emergency Medication: Asthma Inhaler (e.g. Salbutamol/Ventolin) should be completed by parents/carers for the administration of emergency inhaler. It includes written consent for the use of, and payment for the spare asthma inhaler if necessary.

Please see Appendix D for the executive summary and additional information taken from The Department of Health - Guidance on the use of emergency salbutamol inhalers in schools .

Form C (d) – Consent for Administration of Emergency Medication: Hydrocortisone Tablets should be completed by parents/carers for the administration of emergency medication: Hydrocortisone Tablets.

Form C (e)- Consent for Administration of Emergency Medication: Correction dose of Insulin should be completed by parents/carers for administration of emergency medication: Insulin.

Form D – Individual Healthcare Plan should be completed by the school, relevant healthcare professional, parents and pupil where, based on evidence, a healthcare plan would be appropriate and not disproportionate. If consensus cannot be reached, the Head Teacher will take a final view. The Individual Healthcare Plan should be linked to, or become part of, the Education, Health and Care Plan and be reviewed at least annually.

In all cases it is the parents' responsibility to communicate any changes of medication regime in writing.

It is the responsibility of the person administering the medicine to check that they are giving:

- the correct medicine
- in the correct dose
- at the correct time
- to the correct pupil

For controlled drugs and emergency medication, this is overseen and checked by a second person.

After discussion with parents/carers, pupils who are competent should be encouraged to take responsibility for managing their own medicines and procedures. Wherever possible, pupils should be able to access their medicines for self-medication quickly and easily, with an appropriate level of supervision. If it is not appropriate for a pupil to self-manage, then staff will help to administer medicines and manage procedures for them. This should be reflected within Individual Healthcare Plans

If a pupil refuses to take medicine or carry out a necessary procedure, they should not be forced to do so but the agreed procedure in the Individual Healthcare Plan should be followed. Parents must be informed so that alternative options can be considered.

Form E (a) – Record of Medicine Administered must be used to record each time medicine is administered, what, how, the dose, by whom and why. This will include information on when the medication is due to expire. Any side effects of medication that is administered at school should be noted. Additionally, the batch number and expiry date should be noted.

Form E (b) – Record of Controlled Drug Medicine Administered must be used to record each time medicine is administered, what, how, the dose, by whom and will always be checked by a second person. This will include information on when the medication is due to expire. Any side effects of medication that is administered at school should be noted. Additionally, the batch number and expiry date should be noted.

Form E (c) – Record of Type 1 Diabetes Insulin Administered and Blood Glucose check can be used, if the pupil does not have a diabetes diary. If in use it must record each time medicine is administered, alongside what, how, the dose, by whom and why administered. Any side effects of the medication that is administered at school should be noted. Additionally, the batch number and expiry date should be noted.

Form F – Record of Emergency Medication Administration is used to record not only the medication but also the seizures, including the duration and description. Additionally, the batch number and expiry date should be noted.

Pupil to be identified by photograph in Records of Administration of Medication file. The administration of medicine paperwork must be completed at the time the medicine is administered and stored in the class folder. Records must be kept until that pupil is aged 25 years.

Storage of Medicines

No out of date medicines should be kept at school. All items in the locked cabinet should be checked weekly by the Health and Wellbeing Lead TAs' responsible for

medicines in school. The keys for locked cabinets should be kept separately in a coded key box (the code changed regularly) and only given to those who dispense the medication. The parents/carers of pupils receiving ongoing medication should be notified immediately if items are running out. Medicines must be administered from original containers.

Please refer to Appendix B (the Gateway Centre, Clarendon & Capella House Schools) and Appendix C (Strathmore School) for information relating to storage of medication on specific school sites.

Medicines

Prescribed Medication:

Medicines should only be taken into school or settings when essential: that is, where it would be detrimental to a pupil's health if the medicine were not administered during the school day. Schools will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, with the exception of paracetamol and Calpol as detailed below.

Medicines should always be provided in the original container as dispensed by the pharmacists. All prescription only medicines (POM) should have printed labels with the drug and/or generic name, the correct date and frequency of administration, the full name of the pupil and the prescribing doctor or pharmacist.

The label on the container should clearly display the expiry date. Parents will be advised that additional prescription labels can be requested from dispensing pharmacies in the case that the original packaging is no longer available or if more than one setting requires a supply of medication (e.g. respite provider and school).

Medications handed in at the school office will be recorded and stored in a locked cabinet with the exception of Insulin, AAI's, Oromucosal Midazolam and asthma inhalers, which will be stored centrally. The cabinet will be in the medical room at Clarendon sites and in the Head of School's office at the Gateway Centre.

Consent must be obtained from the parents and the head teacher (as per Department for Education 'Supporting Pupils at School with Medical Conditions, December 2015, pp 12) via forms B, C (a), C (b), C (c), C (d) or C(e) depending on the type of medication before any administration to pupils takes place.

The school will not accept medicines that have been taken out of the original container nor make changes to dosages on parental/guardians' instructions.

Type 1 Diabetes Insulin and Glucose Monitor

Pupils with type 1 diabetes are not to be disadvantaged because of this medical condition. This includes any blood glucose checks being carried out in and around the school.

- Depending on their level of understanding and competence, pupils, particularly teenagers should carry their insulin and glucose monitor on their person at all times or they should be quickly and easily accessible at all times and **NOT** locked in a cupboard or an office where access is restricted. This may not be possible in primary settings. If the pupil's diabetes equipment is left at school

each day, the pupil must still have access to other equipment when travelling to and from school.

Emergency Adrenaline Auto-Injectors (AAIs – An anaphylactic reaction always requires an emergency response).

Pupils at risk of anaphylaxis should have their prescribed AAIs at school for use in an emergency. The MHRA recommends that those prescribed AAIs should carry **TWO** devices at all times, as some people can require more than one dose of adrenaline and the AAI device can be used wrongly or occasionally misfire.

Depending on their level of understanding and competence, pupils, particularly teenagers, should carry their AAIs on their person at all times, however, this may not be possible in primary settings. If they are not carried by the pupil they should be quickly and easily accessible at all times, e.g. kept in a central place in a box marked clearly with the pupil's name but **NOT** locked in a cupboard or an office where access is restricted.

If the pupil's AAI is left at school each day, the pupil must still have access to an AAI when travelling to and from school.

Following a change in the law, Clarendon School has bought a spare adrenaline auto-injector for use on pupils with serious allergies in emergencies where:

- both medical authorisation and written parental consent for use of the spare AAI has been provided in the event of anaphylaxis;
- the use of the spare AAI is part of the pupil's individual healthcare plan;
- a list of pupils to whom the AAI can be administered is kept with the injectors in the Emergency Kit and located in the school office out of reach of pupils;
- appropriate support and training for staff in the use of AAIs is provided;
- clear records are kept of the use of any AAI, parents or carers are informed that their pupil has been given an AAI and whether it was the school's spare or pupil's own device;
- the storage, care and disposal of the spare AAIs follows the agreed procedures and are the responsibility of the Health & Wellbeing Leaders/responsible TA.

Clarendon School's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay. It can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.

In giving their consent, parents or carers have also agreed to refund the cost of the spare AAI should it be used on their pupil so that another spare can be purchased for emergency use in school.

Emergency Oromucosal Midazolam

Pupils at risk of seizure may require emergency administration of Oromucosal Midazolam – please refer to the individual pupil health care plans.

The same consent procedures must be in place as for the above *Emergency Adrenaline Auto-Injectors*.

School spare Emergency Salbutamol Inhaler:

The emergency salbutamol inhaler should only be used by pupils, 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 (for example because it is broken, or empty).

The same consent procedures must be in place as for the above *Emergency Adrenaline Auto-Injectors*.

Please see Appendix D for the executive summary and additional information taken from The Department of Health - Guidance on the use of emergency salbutamol inhalers in schools .

Emergency Hydrocortisone Tablets

Pupils at risk of cortisol deficiency may require extra hydrocortisone doses – please refer to the individual pupil health care plans.

The same consent procedures must be in place as for the above *Emergency Adrenaline Auto-Injectors*.

Controlled Drugs:

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

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. This may not be possible in primary settings. All other controlled drugs are kept in a secure cupboard in the school specific designated areas and only named staff have access.

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

A member of staff may administer a controlled drug to the pupil for whom it has been prescribed, providing it is in accordance with the prescriber's instructions and in line with Local Authority procedures and the school has evidence of the prescription.

Controlled drugs must be stored and administered in accordance with the following procedure:

- Drugs will be stored in a locked non-portable container and only named staff should have access.
The only exception to this rule is if a pupil with prescribed Oromucosal Midazolam (emergency medication prescribed for Epilepsy), a maximum of 2 doses of this can be stored in a zipped pouch carried by a named and trained member of staff or kept in the designated agreed area.
- Controlled drugs will only be administered as long as a copy of Form B detailing the dosage and frequency has been completed and signed by the parents and the head teacher (as per DfE 'Supporting Pupils at School with Medical Needs, December 2015, pp 12).

- Controlled drugs, as with all medication, received by staff at school will be checked and logged into **the drug registration book** – all batches finished or returned will also be logged into this book.
- Controlled drugs, as with all medication, should be returned to the parent (via SEND transport assistant if necessary) when no longer required to arrange for safe disposal – **see Form I – Medication Return Record** (not used by Strathmore School who instead use drug registration book). If this is not possible, it should be returned to a dispensing pharmacist and a dated receipt obtained to be stored within pupil file
- After administering a controlled drug, if the medication is in tablet form, the supporting adult must count the remaining tablets and record this number on **Form E(b) – Record of Controlled Medicine Administered**
- Sharps boxes should always be used for the disposal of needles and other sharps.

All medication must be checked and administered by two members of staff.

Non-Prescription Medication:

The school will only hold supplies of Paracetamol and Calpol. Medication, for example for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Only when parents/carers have given written permission should paracetamol/Calpol be administered at school (e.g. for headaches, menstrual pains).

These forms are completed and signed as appropriate by the parents of pupils starting at school and signed by the head teacher (as per DfE ‘Supporting Pupils at School with Medical Needs, December 2015, pp 12). If a pupil has been given paracetamol before school, the parent/guardian should inform the school (if in doubt a parent should be contacted to check). Parents/carers must be informed when paracetamol/Calpol is administered.

*Staff must not administer any ‘over the counter’ medicines such as eye-drops for hay fever or cough mixtures. Separate arrangements can be made for residential journeys where parental permission has been given and remedies are supplied in their original, unopened packaging. **A pupil under 16 should never be given aspirin.***

Medication and First Aid Kits for School Trips

Trip Leaders are responsible for the organisation of medication in line with the Individual Healthcare Plans when taking pupils in their care on day visits and school journeys. A general first aid kit is also taken on these occasions. The kit should be checked before leaving school and this responsibility must be completed by or delegated by the trip leader. School staff must refer to school specific protocol for who to inform should any supplies run out or become low.

If medicine is required on school outings, managers must ensure that a trained member of staff is appointed to administer the medication and follow protocols, e.g. signing in and out of medication.

When medication needs to be administered to a pupil whilst out on an educational visit, trip or school journey, only the dosage required for the duration of the trip or journey should be carried by a responsible adult. When taking medication off the

premises, Trip Leaders must sign medicine out using the drug registration book and sign it back in upon arrival back at school. In the case of tablets, these must be counted and checked by two members of staff into separate clearly labelled containers. On a school journey of more than one day's duration, all medication is kept in a locked box. Medicines which need to be kept refrigerated will be stored in appropriate conditions, e.g. cool box. Recording of the administration of medicines whilst away from school must follow the same procedures and be signed off on the prepared sheets.

In the case of type 1 diabetes, all routines are followed as per school procedures, with any extra care requirements being discussed with parents/carers and healthcare professionals prior to visit.

Medical Attention – see Appendix B The Gateway Centre, Clarendon & Capella House Schools, Appendix C Strathmore School

Accident and Incident Report Form – For incidents on school premises involving members of staff, pupils or visitors, who subsequently receive hospital/further medical attention, the HSE is the enforcing authority and reports should be submitted to the Local Authority Health & Safety Lead within 24 hours. This is done by completing an online form through the Accident Management System (AMS) WorkRite. Notification must be sent via AMS to **the designated manager**. (At Clarendon & Capella House) a copy must be saved as a separate, named document, filed within the pupil records.

(At Clarendon School Only) The **First Aid Book or Arbor** is used to record all first aid treatments. Parents/Guardians will be notified of First Aid Treatment (please refer to appendix for school specific information). **Head injuries** must be reported to first aiders, SLT and parents/guardians as a matter of urgency because symptoms e.g. of concussion may take several hours to become apparent.

Emergency Procedures

Risk assessments are carried out for all school activities, including school trips. The pupil's Individual Healthcare Plan (**Form D**) should clearly define what constitutes an emergency and explain what to do, including ensuring all relevant staff members are aware of emergency symptoms and procedures. Where appropriate, other pupils in school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a pupil needs to be taken to hospital, staff should stay with the pupil until their parent/guardian arrives, or accompany a pupil taken to hospital by ambulance. The school needs to ensure understanding of the local emergency services cover arrangements and that correct information is provided for navigation systems. The school will ensure a copy of the plan is taken to the hospital with the pupil.

Training & Monitoring

Form H Staff Training Record – Administration of Medicines should be completed after each training session by the member of staff and trainer. Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements as set out in Individual Healthcare Plans. Staff will have an understanding of the specific

medical conditions of the pupils with whom they are working, the implications and preventative measures. Healthcare professionals, including the School Nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Community Nursing Teams are a valuable potential resource for advice and support in relation to pupils with medical conditions. The School Nurse will liaise with lead clinicians locally on appropriate support for the pupil and associated staff training needs. Parents/Guardians can often be key in providing relevant information to school and their views should be sought. Parents/guardians should provide specific advice but should not be the sole trainer.

Ongoing practice will be reviewed regularly through visits by the School Nurse. Any concerns will be raised with a member of the SLT. The training needs of staff are further monitored, reviewed and addressed as individual needs required. Training needs are also reviewed through the appraisal process as part of the School Improvement Plan.

General whole school staff awareness is maintained through; staff meetings, information displayed in the staffroom and circulated via email. New staff are trained as part of the CPD calendar.

Administration of medication should only be undertaken by permanent, trained members of staff.

Twickenham School staff have access to the student profiles which outline any health needs and signposts them to the Health Care Plan should they need specific information. They are also supported by the Gateway staff who have in-depth knowledge of their pupils.

THE GOVERNING BODY

Governors and Trustees are kept informed about any issues relating to this policy and the procedures through Health & Safety sub-committee meetings, Local Governing Board meetings and Trust meetings. Information can also be found in the Headteacher's Report to Governors.

Governors ensure an appropriate level of insurance and liability cover is in place.

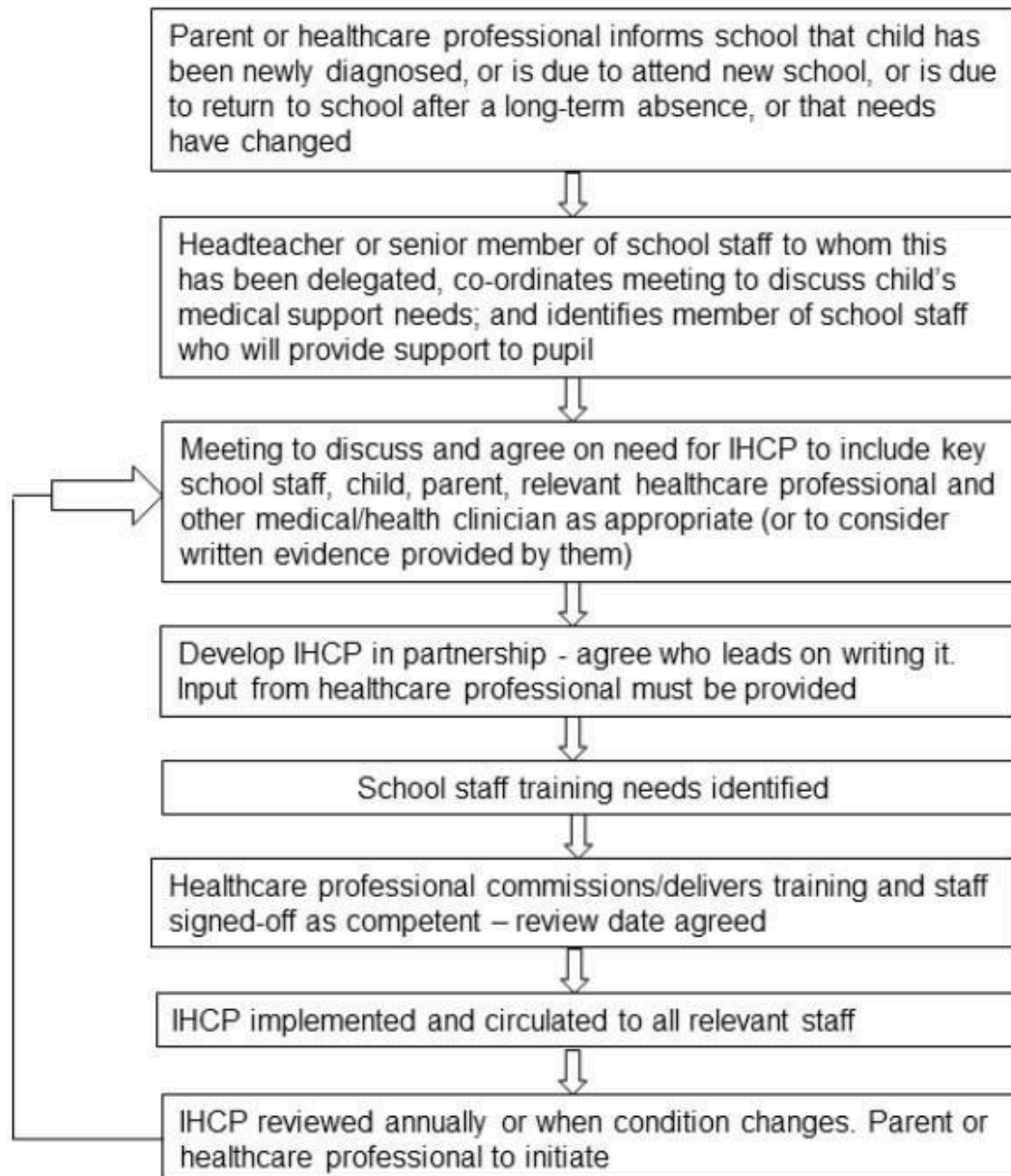
This policy will be reviewed three yearly or in the light of changes to legal requirements.

CONCLUSION:

This policy also needs to be in line with other school policies and therefore should be read in conjunction with the following school policies:

- Equal Opportunities Policy
- **First Aid Policy**
- Health and Safety Policy
- Personal Care Policy
- Therapeutic Touch Policy
- GPDR Policy
- Coronavirus Risk Assessment

Appendix A: Model process for developing individual healthcare plans¹



¹ <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Appendix B – Procedures for the Gateway Centre, Clarendon and Capella House Schools.

Storage of Medicines

All items in the locked cabinet/refrigerator should be checked weekly by the Health and Wellbeing Lead TAs responsible for medicines in school. The keys for locked cabinets/refrigerator should be kept separately in a coded key box (the code changed regularly) and only given to those who dispense the medication. No out of date medicines should be kept at school. The parents/carers of pupils receiving ongoing medication should be notified immediately if items are running out. Time should be allocated to check all first aid kits to make sure they are complete.

Schools will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, with the exception of paracetamol and Calpol as detailed below.

Medication handed in at the school office will be recorded and stored in a locked cabinet in the medical room at Clarendon & Capella House sites and in the Head of School's office at the Gateway Centre.

All drugs received by staff at school will be checked and logged into the drug registration book – all batches finished or returned will also be logged into this book.

Transport Medication

Some pupils will have emergency medication for SEND transport. In this case, a Home – School Transport medication agreement will be signed and stored as an appendix to their healthcare plan.

Medicines returned to the parent/carer via transport will need to be signed for.

Emergency Salbutamol Inhaler

The emergency salbutamol inhaler should only be used by pupils, 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 (for example because it is broken, or empty).

Please see Appendix D for the executive summary and additional information taken from The Department of Health - Guidance on the use of emergency salbutamol inhalers in schools .

Emergency Adrenaline Auto-Injectors

The same procedures must be in place as for the above.

Non-Prescriptive Medication

The school will only hold supplies of Paracetamol and Calpol. Medication for pain relief, for example, should never be administered without first checking maximum dosages and when the previous dose was taken. Only when parents/carers have given written instructions should paracetamol/Calpol be administered at school (e.g. headaches, period pains). These forms are completed as appropriate by the parents of pupils starting at The Gateway, Clarendon & Capella House. If a pupil has been given paracetamol/Calpol before school, the parent/carer must inform the school (if in doubt a parent should be rung to check). Parents/carers must be informed when paracetamol/Calpol is administered.

Medication and First Aid Kits for School Trips

TAs are responsible for the organisation of medication in line with the Individual Healthcare Plans when taking pupils in their care on day visits and school journeys. A general first aid kit is also taken on these occasions. The kit should be checked by TAs before leaving school. The Health & Wellbeing Lead TAs have the responsibility for overseeing first aid resources. Other staff should inform this TA directly should any supplies run out or become low.

When medication needs to be administered to a pupil whilst out on an educational visit, trip or school journey, only the dosage required for the duration of the trip or journey should be carried by a responsible adult. In the case of tablets, these must be counted and checked by two members of staff into separate clearly labelled containers. On a school journey of more than one day's duration, all medication is kept in a locked box. Recording of the administration of medicines whilst away from school must follow the same procedures and be signed off on the prepared labels or sheets.

Medical Attention

At Clarendon and Capella House Schools, when a pupil is placed in the medical room feeling unwell, a TA with first aid training will accompany and oversee that pupil. The office staff must be told and will cover for short periods, if necessary. If there is no-one in the office area, the TA must stay with the pupil. A notice will be placed on the medical room door in order to avoid disturbances. If any pupil does not recover within a reasonable amount of time, the Headteacher or Deputy, in consultation with a First Aider, will decide on the course of action to be taken (e.g. contacting parents, taking to hospital). Parents/Carers should be informed on the day if their pupil has been unwell at school and a record of the notification made.

The Gateway pupils are taken to the medical room in Twickenham School and follow their procedures with a phone call to parents to inform them or request they collect their son/daughter should they need to go home.

The **First Aid Book/Arbor** is used to record all first aid treatments. A note or sticker should be put in the pupil's homework planner/school diary. **Head injuries** must be also reported to other staff and parents/carers as a matter of urgency because symptoms, of concussion for example, may take several hours to become apparent. If the responsible TA needs to leave the class or site, they should make sure that another TA continues with monitoring duties.

Medical Room

On each Clarendon and Capella House site, there is a dedicated medical room. When the bed in the room is needed, shoes must always be removed.

If the bed is used for a long period of time (more than 1 hour) the sheets and pillow cases should be changed and washed. The Health and Wellbeing Lead TAs are responsible and will ensure bedding is washed weekly.

In the event of more than one pupil becoming unwell at the same time, a suitable, quiet place should be found to place the second medical bed if required.

The Gateway students use Twickenham School's medical room, first aid staff and facilities.

Training & Monitoring

General whole school staff awareness at Clarendon, Capella House and the Gateway is maintained through staff briefing meetings held at least once per week and through information displayed in the staffroom or via emails. Induction of new staff is completed with the Health and Wellbeing Lead TAs at each centre whilst supply staff are always supported by permanent staff members.

Twickenham School staff have access to the student profiles which outline any health needs and signposts them to the Health Care Plan should they need specific information. They are also supported by the Gateway staff who have in-depth knowledge of their pupils.

Appendix C - Procedures for Strathmore School

Storage of Medication

Medication (with the two exceptions listed below) should be stored securely in the designated locked cupboard located in class bases, or, if required, in a refrigerator (St Richard Reynold's: in the Medical Room opposite the lift, Russell: in the shared medical room next to main reception, Grey Court: in the medical room on the ground floor). This includes nappy rash creams or any topical creams other than massage creams. Medicine cupboards/cabinets are not to be used for any other purpose, e. g. money storage.

1. Separate locked storage is provided for controlled drugs (St Richard Reynold's: in the Medical Room opposite the lift, Russell: in the shared medical room next to main reception, Grey Court: in the medical room on the ground floor).
2. Emergency Medication (e.g. oromucosal midazolam for epilepsy) can be stored in a zipped pouch worn by a member of trained staff as noted in the pupil healthcare plan or in the identified cupboard in the classroom. This needs to be out of pupil sight and reach but accessible for staff in the event of an emergency.

Medicine cabinets will be clearly labelled using the relevant Strathmore template which displays what medication is stored inside, the pupil it belongs to, and the expiration date. See appendix E.

Each pupil who receives medication will have a Pupil Medical File kept in the designated locked cupboard. The file will have a photograph on the front, so it is easily identifiable, and hold the permissions, Individual Healthcare Plan and records of administration of medication.

All medication received into school will be recorded in the duplicate book held in each class base, in the designated locked cupboard. Medication should **never** be sent into school or home from school in the school bag: it must be handed to a parent or transport assistant by a member of the class team or vice versa as appropriate. A receipt will be given to the bearer of the medication, which should be signed by both parties. Staff will inform the Head of Centre and Family Worker of any new medication on site so it can be recorded on a central database to monitor the coming and going and expirations of all medication across sites.

All medicines received should be recorded on each pupil's medication paperwork (forms A-F as appropriate). Administration and disposal of medication must be kept in each pupil's Medical File. Completed duplicate books and administration of

medicine sheets should be given to the Family Worker for retention in pupil files. The Family Worker will carry out regular checks of folders and move any no longer needed paperwork to pupil files.

Any spilt/wasted medicines should be signed for and recorded on the pupil's medicine sheet (Form E (a) or (b))

Controlled drugs will be stored in a locked medical cabinet, held in the medical room on each campus. The admin team on each campus will hold the key and a sign in/out sheet and lock it away at the end of every day.

Before long school holidays (Christmas, Easter, Summer), any medication that will expire over the break is to be sent home with the pupil on the last day of term (via parents or transport assistants) and the sign out book will be completed and stored in the folder. If the medication will still be within date and the pupil will still be at that school site when term resumes, the medication is to stay in the medicine cabinet unless parents specifically request it is returned.

Transport Medication

Some pupils will have emergency medication for SEND transport. In this case, a Home – School Transport medication agreement will be signed and stored as an appendix to their healthcare plan. The site reception will be given a supply of weekly sign in and out forms which will detail the pupil's name, the type of medication and the amount. Transport medication will be stored in a sealed and clearly labelled pouch with the pupil's name. When the pupil comes into school in the morning, the transport assistant on their bus will sign the medication into school and a member of the administration staff will sign to say it has been received. When the pupil is collected at the end of the day, a member of staff at reception will sign the medicine out and the transport assistant will sign to say it has been received. Completed weekly sheets will be routinely moved into the pupil folders.

Medicines returned to the parent/carer via transport will need to be signed for.

Healthcare Plans

Pupils requiring a school healthcare plan will be identified before their first day at Strathmore School, usually by a Medical Need Questionnaire sent in the new pupil pack. The Family Worker will meet with the parents to complete the healthcare plan, which will be formatted, signed by relevant staff, and forwarded to any medical professionals involved in that pupil's care. Training needs for class teams will be identified and organised at this stage.

Parents will receive a paper copy of the healthcare plan, the class team will have a paper copy to be stored in their Class Healthcare Folder, and a digital copy will be stored on Arbor. If the pupil requires Emergency Medication, the class team will also be given a small, laminated copy of the emergency medication plan on a keyring to store with the emergency medication and taken with them on trips or evacuations.

Medical reports including emergency plans written by paediatricians will be attached to pupil healthcare plans as appendices as required.

Personal Emergency Evacuation Plans (PEEPs)

All pupils at Strathmore School have a PEEP. Pupils with emergency medication will have it stated in their PEEP that a member of staff needs to bring their emergency medication and the small, laminated emergency medication plan keyring from the classroom to the assembly point in the case of an evacuation.

Storage of Supply / Spare Medications

Strathmore School will not hold a generic supply of any medications (including autoimmune injector pens). All medication given to pupils has to be sent in specifically for their own use.

Medication Labels

If the medication is Prescription Only (POM); this could be emergency medicine, antibiotics, routine medication; it must have a prescription label as mentioned above.

If the medication is over the counter / Pharmacy Medicine (P) or general sale medication (GSL); such as pain relief or nappy rash ointment if the pupil wears pads; it does not need to have a prescription label but it would be helpful if parents or staff could label it with the pupil's name when it arrives at school.

In the case a pupil has prescribed milk from a dietician which they are fed via a pump, we do not need prescription labels on each individual bottle, but the description on the bottle must align with the consent form and healthcare plan.

Whether the medication is POM / GSL / P staff must have consent from parents and the head teacher to administer.

Medical Attention

When a pupil is feeling unwell, they may access the medical room or the work room attached to the classroom as appropriate. Staff should seek the advice of the named first aiders (list available from Annushka St Paul, Head of HR). If the pupil does not recover within a reasonable amount of time, the adult supporting the pupil should seek advice from a member of SLT who may advise contacting parents, taking the pupil to hospital etc...) No pupil should be sent home without first consulting SLT, even if this requires a phone call to another campus. Parents / Guardians will be informed on the day if their pupil has been unwell, and a record of the notification made on Arbor.

A pupil should never be left alone if they have been identified by an adult as feeling unwell. They should be monitored and the teacher / HLTA should delegate this responsibility to a TA as appropriate.

Appendix D: Executive summary taken from The Department of Health - Guidance on the use of emergency salbutamol inhalers in schools

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 (for example, because it is broken, or empty). This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. Schools which choose to keep an emergency inhaler should establish a policy or protocol for the use of the emergency inhaler based on this guidance.

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school. Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

The protocol could be incorporated into a wider medical conditions policy which will be required by Supporting Pupils from 1st September 2014. The protocol should include the following – on which this guidance provides advice:

- arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the schools policy on supporting pupils with medical conditions
- having a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler
- having written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan
- ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use
- appropriate support and training for staff in the use of the emergency inhaler in line with the schools wider policy on supporting pupils with medical conditions

- keeping a record of use of the emergency inhaler as required by Supporting pupils and informing parents or carers that their child has used the emergency inhaler
- having at least two volunteers responsible for ensuring the protocol is followed

Further extracts from this guidance

From 1st October 2014 schools may obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies. This will be for any pupil with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

This guidance is non-statutory, and has been developed by the Department of Health with key stakeholders, to capture the good practice which schools in England should observe in using emergency inhalers and which should form the basis of any school protocol or policy. The guidance has been updated to take account of issues raised during the public consultation, and the Department is grateful to all who submitted comments and suggestions, which we have endeavoured to incorporate.

This guidance does not apply to schools in Wales, Northern Ireland and Scotland, however the principles of safe usage of inhalers in this guidance are universal and based on recognised good practice.

The Children and Families Act 2014 requires governing bodies of English schools to make arrangements for supporting pupils at school with medical conditions. This guidance is therefore designed to be read in conjunction with Supporting pupils, and every school's protocol or policy on use of the inhaler should have regard to it.

Supporting Pupils expects schools to:

- develop policies for supporting pupils with medical conditions and review them regularly;
- develop individual healthcare plans for pupils with medical conditions that identify the child's medical condition, triggers, symptoms, medication needs and the level of support needed in an emergency.
- have procedures in place on managing medicines on school premises;
- ensure staff are appropriately supported and trained.

Introduction

Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK.⁴ There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK.

Children should have their own reliever inhaler at 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.

However, an Asthma UK survey found that 86% of children with asthma have at some time been without an inhaler at school having forgotten, lost or broken it, or the inhaler having run out. However, before 1 October 2014, it was illegal for schools to hold emergency salbutamol inhalers for the use of pupils whose own inhaler was not available.

In 2013 in response to this, and following advice from the Commission of Human Medicines 2013 the Medicines and Healthcare Products Regulatory Agency (MHRA) recommended changes to legislation to enable schools to purchase and hold emergency salbutamol inhalers, without a prescription. A public consultation was held and there was overwhelming support for changing the regulations to allow schools to hold an emergency inhaler.

The regulations which enable this come into force on 1st October 2014. The MHRA also recommended that the use of emergency inhalers be supported by appropriate protocols and this guidance provides advice on what such a protocol should contain.

Any school which chooses to hold an emergency inhaler may wish to consider including a cross-reference to the asthma policy in the school's policy for supporting pupils with medical conditions. The use of an emergency asthma inhaler should also be specified in a pupils' individual healthcare plan where appropriate.

If any member of staff has reason to suspect a child has asthma or a respiratory condition, they should notify the parents, so they can take the child to a doctor.

A school's medical conditions policy or asthma policy may already cover elements of the emergency inhaler protocol, for example ensuring appropriate support and training for teachers. Policies will likely already cover elements such as arrangements for storage, care and disposal of medication, ensuring written consent for administration or supervision of administration of medication, keeping a record of administration of medication, and informing parents in relation to children's own inhalers, and could simply be expanded to cover the emergency inhaler.

Arrangements for the supply, storage, care and disposal of the inhaler

Supply

Schools can buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier, such as a local pharmacy, without a prescription, provided the general advice relating to these transactions are observed. Schools can buy inhalers in small quantities provided it is done on an occasional basis and the school does not intend to profit from it. Please note that pharmacies are not required to provide inhalers or spacers free of charge to schools: the school must pay for them as a retail item.

A supplier will need a request signed by the principal or head teacher (ideally on appropriately headed paper) stating:

- have procedures in place on managing medicines on school premises;
- the name of the school for which the product is required;
- the purpose for which that product is required, and
- the total quantity required.

Schools may wish to discuss with their community pharmacist the different plastic spacers available and what is most appropriate for the age-group in the school. Community pharmacists can also provide advice on use of the inhaler.

The emergency kit

An emergency asthma inhaler kit should include:

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers (see below);
- a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used).

Schools should consider keeping more than one emergency asthma kit, especially if covering more than one site, to ensure that all children within the school environment are close to a kit. The experience of some respondents to the consultation on this guidance suggested a stock of 5 spacers would be adequate for a typical school.

Salbutamol

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

The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential therefore, that schools ensure that the inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

Storage and care of the inhaler

A school's asthma policy should include staff responsibilities for maintaining the emergency inhaler kit. It is recommended that at least two named volunteers amongst school staff should have responsibility for ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- that replacement inhalers are obtained when expiry dates approach; replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

Schools will wish to ensure that the inhaler and spacers are kept in a safe and suitably central location in the school, such as the school office, or staffroom, which is known to all staff, and to which all staff have access at all times, but in which the

inhaler is out of the reach and sight of children. The inhaler and spacer should not be locked away.

The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature. The inhaler and spacers should be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler. An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.

However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

Disposal

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled, rather than being thrown away. Schools should be aware that to do this legally, they should register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. Registration only takes a few minutes online, and is free, and does not usually need to be renewed in future years.

To read this guidance in full follow the link:

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

Appendix E: Strathmore Template Forms



Administration of Medication

- Epilepsy with Emergency Medication
- Epilepsy (no Emergency Medication)
- Asthma with Emergency Inhaler
- Routine Medication
- Severe Allergy with Epi Pen
- Gastrostomy

Name
29.04.2010
Allergies N/A

Appendix F – Strathmore School Medicine Storage Signs



Medicine Cabinet

Pupil name	Medication	Expiry date	Notify parents
NAME		DATE	DATE
NAME		DATE	DATE
NAME		DATE	DATE

Emergency Medication Stored Here

	<p><u>John Smith</u></p>
<p>Expires: 10/2020 Notify Parents: 09/2020</p>	

Expiration Date	Notify Parents

Controlled Medication Stored Here

Pupil Name	Medication	Expiration Date	Notify Parents

Appendix G: Auriga Trust-Medicine Forms Template

Form A- Medical Information - Confidential, Parent Form
Sheet 1- Allergy Information, Parent Form
Sheet 2- Current Diagnosis, Parent Form
Form B- Consent to Administer Medication, Parent Form
Form B- Continued Record of Medicines, Parent Form
Form C (a) – Consent to Administer Emergency Medication Oromucosal Midazolam, Parent Form
Form C (b)-Consent to Administer Emergency Adrenaline Auto Injector Pen (Epipen), Parent Form
Form C (c)- Consent to Administer Emergency Reliever Inhaler, Parent Form
Form C (d)- Consent to Administer Emergency Hydrocortisone Tablets, Parent Form
Form C (e)- Consent to Administer Emergency Type 1 Diabetes, Parent Form
Form D – Individual Health Care Plan, School Form
Form E (a)- Record of Administration of Medication, School Form
Form E (b)- Record of Controlled Drug Administration Medication, School Form
Form E (c) – Record of Type 1 Diabetes Insulin Administered and Blood Glucose Medication, School Form
Form E (d)- Epilepsy Recording Chart, School Form
Form F- Record of Emergency Medication Administration, School Form
Form G- Accident & Incident Report Form
Form H – Staff Training Record, School Form
Form I – Medication Return Record, School Form
Health Care Plan Agreement, School Form
School & Transport Agreement

FORM A: Medical Information - C O N F I D E N T I A L

If you need any help, please let us know and we will arrange for someone to contact you.

The information you provide on this form will remain confidential to the school and shared with the professionals involved with your child. It will be used to help us look after your child and support their health and wellbeing in the best way possible.

NAME: _____ DOB: _____

1) Do you have any concerns related to your child's:

Eyesight Hearing Speech Wetting Physical Development (size, co-ordination, etc.)

Other

If so, please give details:

2) Does your child have any allergies? Yes No

(If 'Yes', please complete [Sheet 1](#))

3) Does your child have a diagnosis of any of the following? Yes No

(If 'Yes', please complete [Sheet 2](#))

ADHD Asthma Epilepsy ASD Cerebral Palsy Diabetes

4) Other

If your pupil has any current or past medical history, please give details of diagnosed conditions, with dates. (Please provide details of ALL medication or procedures for current conditions on Sheets)

5) Has your pupil been immunised (e.g. BCG, MMR, Tetanus, etc.)? If so, please specify, with dates.

6) Has your child been seen by a Clinic or Hospital Outpatients Department for particular problems? If so, please specify with dates.

7) Has your child ever been admitted to hospital as an in-patient? If so, please specify, with dates.

8) Name and address of GP:

9) Names of other Health Professionals:

Consultants

Physiotherapist

Speech & Language
Therapist

Occupational Therapist

Others

10) Is there any further information that you feel would be helpful for the school to know in order to look after the pupil?

11) Special Dietary Requirements

PLEASE SUPPLY ANY MEDICAL LETTERS RELATING TO THE PUPIL'S
CONDITION.

I give my consent for the school to hold data about my child's health and use it in matters to support my child's health and wellbeing, which could include sharing it with other health professionals.

Signed: _____ **Date:** _____
Responsible Parent/Carer

SHEET 1 - ALLERGY INFORMATION

If your child has an ALLERGY to specific foods, **Elastoplast**, **Penicillin** or suffers from **Hay Fever**, **Eczema** etc, please complete the boxes below.

NAME: _____ DOB: _____

ALLERGY TO	WHAT HAPPENS IN THE ALLERGIC REACTION	TREATMENT
		Routine: In an emergency:
		Routine: In an emergency:
		Routine: In an emergency:
		Routine: In an emergency:

PLEASE SUPPLY ANY MEDICAL LETTERS RELATING TO YOUR CHILD'S ALLERGIES. THANK YOU.

Signed: _____ Date: _____
 Parent/Carer

SHEET 2 - CURRENT DIAGNOSES

If your child has diagnosed medical conditions such as **ADHD**, **Asthma**, **Diabetes**, **Epilepsy**, **ASD**, **Cerebral Palsy**, etc. please complete the boxes below.

NAME: _____ DOB: _____

DIAGNOSIS	MEDICATION AND DOSE and/or SPECIFIC PROCEDURES	TIME OF DAY

**PLEASE SUPPLY ANY MEDICAL LETTERS RELATING TO YOUR CHILD'S
CONDITION. THANK YOU.**

Signed: _____ Date: _____
Parent/Carer

FORM B: Parental Agreement for Clarendon School to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

MEDICINES: Name of medicine and dose _____

Please complete the attached form outlining your child’s medication.

NB: Medicines must be in the original container as dispensed by the pharmacy with your child’s name clearly displayed, checked that it is in date and the prescription label cleared visible.

Contact Details

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

The above information is, to the best of my knowledge, accurate at the time of writing.

I give consent to school/setting staff administering medicine in accordance with the school/setting policy.

I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped with supporting evidence from the hospital, consultant or GP.

Signature(s) _____
Responsible Parent/Carer

Date _____

WHO HAS PARENTAL RESPONSIBILITY?

- Mothers automatically have parental responsibility for their children;
- Fathers also have parental responsibility if they were married to the mother when the child was conceived or born, or if they got married to her later;
- Unmarried fathers do not automatically have parental responsibility for their child, but a court order or a “parental responsibility agreement” can give it to them”
- People looking after your child such as child minders or grandparents do not have parental responsibility, but you can authorise them to take medical decisions for your child, if you wish.

The National Family and Parenting Institute produce a leaflet “Is it Legal? A parents’ guide to the law” which gives more information about parental responsibility and how to acquire it (www.eparents.org or telephone 0207 4243460)

Reference: www.doh.gov.uk/consent/parentsconsent.htm

A guide for parents “What you have a right to expect” 2002

Please continue to the third sheet, complete and sign again.

FORM B continued: Record of Medicine for: _____

Name of school/setting

Name of Medicine	Dose: eg 100ml or 5mg	Instructions: e.g. Injection, tablet or other	Frequency and Times e.g. twice daily, @ 7am/7pm	Completion date of course, if known	Expiry date of medicine	Batch Number of medicine	Special precautions and other instructions	Any side effects that the school needs to know	Procedures to take in an emergency	Self administer yes/no

Signature: _____
Responsible Parent/Carer

Date: _____

FORM C (a): Consent for Administration of Emergency Medication: Oromucosal Midazolam

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Name of school/setting

Name of child

Date of birth

Group/class/form

Name of GP

GP Telephone no.

Consultant name

Medicine:

The above child will need Oromucosal Midazolam as treatment for an epileptic seizures under the following circumstances

- | |
|--|
| <ul style="list-style-type: none"> a) _____ minutes after a seizure has begun. b) After seizures. c) Other circumstances – see Hospital Care plan and Individual Healthcare Plan. |
|--|

I agree to trained members of staff administering Oromucosal Midazolam for epilepsy as directed over on page 2:

Two adults should always be present.

Signed _____ Date _____
Responsible Parent/Carer

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

IT IS THE PARENTS’/CARERS’ RESPONSIBILITY TO UPDATE THIS AS NECESSARY

Name of Medicine	Dose	Maximum Dose

Any other information:

I give my consent for the school to hold data about my child’s health and use it in matters to support my child’s health and wellbeing, which could include sharing it with other health professionals.

Signed: _____ **Date:** _____

Responsible Parent/Carer

WHO HAS PARENTAL RESPONSIBILITY?

- Mothers automatically have parental responsibility for their children;
- Fathers also have parental responsibility if they were married to the mother when the child was conceived or born, or if they got married to her later;
- Unmarried fathers do not automatically have parental responsibility for their child, but a court order or a “parental responsibility agreement” can give it to them”
- People looking after your child such as child minders or grandparents do not have parental responsibility, but you can authorise them to take medical decisions for your child if you wish.

The National Family and Parenting Institute produce a leaflet “Is it Legal? A parents’ guide to the law” which gives more information about parental responsibility and how to acquire it. <http://www.cumbria.gov.uk/elibrary/Content/Internet/537/1459/6514/4124116102.pdf>

Reference:

A guide for parents “What you have a right to expect” 2002
http://webarchive.nationalarchives.gov.uk/20120106011230/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005202 Parental rights and responsibilities <https://www.gov.uk/parental-rights-responsibilities>

FORM C (b): Consent for Administration of Emergency Medication: Adrenaline Auto Injector Pen (Epipen)

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Name of GP	
Telephone no.	
Consultant name	

Medicine:

The above child will need an AAI, e.g Epipen, to prevent severe allergic reaction to:

- | |
|--|
| <ul style="list-style-type: none"> • Minor reaction: • Major reaction: |
|--|

I agree to trained members of staff administering Adrenaline Auto-Injector (AAI) for an allergic reaction as directed over on page 2.

I agree to the school's spare AAI being used in the case of an emergency and reimbursing the cost to the school for the replacement.

The spare will only be used when your child's own prescribed AAI is not immediately available (e.g. broken, out-of-date or misfired).

Two adults should always be present.

Signed _____ **Date** _____
Responsible Parent/Carer

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

IT IS THE PARENTS'/CARERS' RESPONSIBILITY TO UPDATE THIS AS NECESSARY

Name of Medicine	Dose	Maximum Dose

Any other information:

I give my consent for the school to hold data about my child's health and use it in matters to support my child's health and wellbeing, which could include sharing it with other health professionals.

Signed: _____ **Date:** _____

Responsible Parent/Carer

WHO HAS PARENTAL RESPONSIBILITY?

- Mothers automatically have parental responsibility for their children;
- Fathers also have parental responsibility if they were married to the mother when the child was conceived or born, or if they got married to her later;
- Unmarried fathers do not automatically have parental responsibility for their child, but a court order or a "parental responsibility agreement" can give it to them;
- People looking after your child such as childminders or grandparents do not have parental responsibility, but you can authorise them to take medical decisions for your child if you wish.

The National Family and Parenting Institute has produced a leaflet "Is it Legal? A parents' guide to the law" which gives more information about parental responsibility and how to acquire it.

<http://www.cumbria.gov.uk/elibrary/Content/Internet/537/1459/6514/4124116102.pdf>

Reference:

A guide for parents "What you have a right to expect" 2002

http://webarchive.nationalarchives.gov.uk/20120106011230/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005202 Parental rights and responsibilities <https://www.gov.uk/parental-rights-responsibilities>

FORM C (c): Consent for Administration of Emergency Medication: Reliever Inhaler

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Name of GP	
Telephone no.	
Consultant name	

Medicine:

The above pupil will need their **BLUE** reliever inhaler to reduce symptoms when:

·	Minor Asthmatic Reaction:
·	Major Asthmatic Reaction:

In the case of a mild reaction, my child is able to self-administer their Salbutamol.

I agree with the school's spare Salbutamol inhaler being used in the case of an emergency.

The spare will only be used when your child's own prescribed inhaler is not immediately available (e.g. broken, out-of-date or misfired).

Signed _____ Date _____
Responsible Parent/Carer

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

IT IS THE PARENTS’/CARERS’ RESPONSIBILITY TO UPDATE THIS AS NECESSARY

Name of Medicine	Dose	Maximum Dose

Any other information:

I give my consent for the school to hold data about my child’s health and use it in matters to support my child’s health and wellbeing, which could include sharing it with other health professionals.

Signed: _____ **Date:** _____

Responsible Parent/Carer

WHO HAS PARENTAL RESPONSIBILITY?

- Mothers automatically have parental responsibility for their children;
- Fathers also have parental responsibility if they were married to the mother when the child was conceived or born, or if they got married to her later;
- Unmarried fathers do not automatically have parental responsibility for their child, but a court order or a “parental responsibility agreement” can give it to them
- People looking after your child such as childminders or grandparents do not have parental responsibility, but you can authorise them to take medical decisions for your child if you wish.

The National Family and Parenting Institute produced a leaflet “Is it Legal? A parents’ guide to the law” which gives more information about parental responsibility and how to acquire it.
<http://www.cumbria.gov.uk/elibrary/Content/Internet/537/1459/6514/4124116102.pdf>

Reference:

A guide for parents “What you have a right to expect” 2002
http://webarchive.nationalarchives.gov.uk/20120106011230/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005202 Parental rights and responsibilities
<https://www.gov.uk/parental-rights-responsibilities>

FORM C (d): Consent for Administration of Emergency Medication: Hydrocortisone Tablets

The school will not give the pupil medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Name of GP	
GP Telephone no.	
Consultant name	

Medicine:

The above pupil will need their Hydrocortisone Tablets to reduce symptoms when:

a.) Minor reaction:
b.) Major reaction:

I agree to train members of staff administering additional synthetic hydrocortisone doses if my child develops adrenal suppression and is at risk of adrenal crisis.

**Please see the individual health care plan for further information.
Two adults should always be present.**

Signed _____ Date _____
Responsible Parent/Carer

Parent Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

IT IS THE PARENTS'/CARERS' RESPONSIBILITY TO UPDATE THIS AS NECESSARY

Name of Medicine	Dose	Maximum Dose

Any other information:

I give my consent for the school to hold data about my child's health and use it in matters to support my child's health and wellbeing, which could include sharing it with other health professionals.

Signed: _____ **Date:** _____

Responsible Parent/Carer

WHO HAS PARENTAL RESPONSIBILITY?

- Mothers automatically have parental responsibility for their children;
- Fathers also have parental responsibility if they were married to the mother when the child was conceived or born, or if they got married to her later;
- Unmarried fathers do not automatically have parental responsibility for their child, but a court order or a "parental responsibility agreement" can give it to them
- People looking after your child such as childminders or grandparents do not have parental responsibility, but you can authorise them to take medical decisions for your child if you wish.

The National Family and Parenting Institute produced a leaflet "Is it Legal? A parents' guide to the law" which gives more information about parental responsibility and how to acquire it.
<http://www.cumbria.gov.uk/elibrary/Content/Internet/537/1459/6514/4124116102.pdf>

Reference:

A guide for parents "What you have a right to expect" 2002
http://webarchive.nationalarchives.gov.uk/20120106011230/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005202 Parental rights and responsibilities <https://www.gov.uk/parental-rights-responsibilities>

FORM C (e): Consent for Administration of Emergency Medication: Type 1 Diabetes

The school will not give the pupil medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of school/setting

Name of child

Date of birth

Group/class/form

Name of GP

GP Telephone no.

Consultant name

Medicine:

The above pupil will need their **correction dose of insulin** to reduce symptoms when:

a.) Blood glucose levels are high: b.) Blood glucose levels are low:

I agree to train members of staff administering a correction dose of insulin if my child develops blood glucose levels above target levels.

**Please see the individual health care plan for further information.
Two adults should always be present.**

Signed _____
Responsible Parent

Date _____

Parent Contact Details

Name

Daytime telephone no.

Relationship to child

Address

IT IS THE PARENTS'/CARERS' RESPONSIBILITY TO UPDATE THIS AS NECESSARY

Name of Medicine	Dose	Maximum Dose

Any other information:

I give my consent for the school to hold data about my child's health and use it in matters to support my child's health and wellbeing, which could include sharing it with other health professionals.

Signed: _____ **Date:** _____

Responsible Parent/Carer

WHO HAS PARENTAL RESPONSIBILITY?

- Mothers automatically have parental responsibility for their children;
- Fathers also have parental responsibility if they were married to the mother when the child was conceived or born, or if they got married to her later;
- Unmarried fathers do not automatically have parental responsibility for their child, but a court order or a "parental responsibility agreement" can give it to them
- People looking after your child such as childminders or grandparents do not have parental responsibility, but you can authorise them to take medical decisions for your child if you wish.

The National Family and Parenting Institute produced a leaflet "Is it Legal? A parents' guide to the law" which gives more information about parental responsibility and how to acquire it.
<http://www.cumbria.gov.uk/elibrary/Content/Internet/537/1459/6514/4124116102.pdf>

Reference:

A guide for parents "What you have a right to expect" 2002
http://webarchive.nationalarchives.gov.uk/20120106011230/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005202 Parental rights and responsibilities <https://www.gov.uk/parental-rights-responsibilities>

FORM D: Individual Healthcare Plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Allergies Y/N

Date written

Date of last adjustment

Review Date

Annual Review due date

Family Contact Information

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contacts

Specialist Nurse (if applicable)

Consultant Paediatrician (if applicable)

General Practitioner (GP)

Name & Address (if known):	Telephone number:

SCHOOL FORM

Who is responsible for providing support in school

Class Team: Teacher and Teaching Assistants

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Triggers:
 Signs or Symptoms:
 Any facilities, equipment or devices required:
 Any environmental adjustments required:

 Medical History:

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

IN SCHOOL (0830am - 1530pm)
 Medication:
 Dosage:
 Method of Administration:
 Any Side Effects, including any effects on concentration or behaviour?

OUT OF SCHOOL
 Medication:
 Dosage:
 Method of Administration:
 Any Side Effects, including any effects on concentration or behaviour?

Procedures to follow if the pupil refuses or is unable to take the prescribed medication

Daily care requirements

M
 Any special Diet: Y/N. If Yes -
 Timetable of Medication:
 Activities that may need adaptation:
 Personal Care Plan Y/N
 Record Seizures
 Record asthma attacks

Specific support for the pupil's social, emotional and mental health needs

SCHOOL FORM

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency if not part of the staff trained team (*state if different for off-site activities*)

Plan developed with

Health & Wellbeing Lead, Class team, School nurse, any medical professionals and information provided by parents/carers.
This will be updated on an annual basis, alongside any EHCP.

Staff training needed/undertaken – who, what, when

Form copied to

Class/Annual Review

FORM F: Record of Emergency Medication Administration

NAME: _____ DOB: _____ AGE: _____

Date medication given _____

Type of seizure/ allergic reaction/ cortisol deficiency

For Seizures:

Time seizure started _____ Number of seizures (if occurring in a cluster) _____

Time seizure stopped _____ Length of seizure _____

Emergency drug name _____ Dose _____

Route given _____ By whom _____

Time emergency drug given _____

Comments: _____

Time ambulance called (if required) _____ Called by _____

Second dose of emergency drug given at _____ Dose _____

Route given _____ By whom _____

Comments _____

Time parents/carers informed _____ By whom _____

Person responsible for another supply of emergency medication _____

Comments _____

Follow up information _____

FORM G: Accident & Incident Report Form

Private and Confidential

Please type into this form and then email it to:
ams@clarendon.richmond.sch.uk

Type of incident / accident		Tick appropriate box	
3 day RIDDOR reportable		Major injury	
Dangerous occurrence		Medical attention	
Fatal		Minor	
First aid		Near miss	
Hospital admission		Verbal abuse / physical aggression	

Details	
Date of incident / accident:	
Time of incident / accident:	
Name of injured person (if applicable):	
Company of injured person:	
Details of the Incident / Accident (including how and where it happened and any injuries or damage incurred)	

Assign primary cause		Tick appropriate box	
Aggressive behaviour		Chemical / hazardous substance related	
Collapse of building / structure		Crush / trapped by moving / falling object	
Dust / grit / gas / smoke related		Electrical / fire / heat / explosion	
Fall / slip from height		Handling using power tools / equipment	
Handling using tools / equipment		Machinery related	
Manual handling		Noise related	
Not known		Physical assault - minor	
Physical assault - serious		Repetitive motion / action	
Seizure / collapse		Sports Injury	
Stepping on / striking against object		Struck by moving / falling object	
Transport related		Trip / slip / fall	
Verbal Abuse			

Assign primary effect		Tick appropriate box	
Amputation		Back injury	
Bruising		Burn / scald	
Choking / asphyxiation		Cut / graze	
Distress		Ear / hearing damage	
Eye injury		Fatality	
Fracture / crack / break		Internal injuries	
None		Property / equipment damage only	
Skin irritation		Splinter / puncture	
Sprain / strain		Unconscious / concussion	
Other (Specify in Details Section)			

Location		<i>Tick appropriate box</i>	
Admin/office		Classroom	
Corridor		External/yard areas	
Gymnasium		Home working	
Lab/technology		Main building	
Playground/play equipment		School journey	
Storage/distribution		Workshop	
Other (Specify in Details Section)			

Follow up investigation recommended	
	Yes / No

Injured person		<i>Tick appropriate box</i>	
One of your employees		On a training scheme	
On work experience		A student	
A volunteer		A service user	
Employed but someone else		Self employed and at work	
A member of the public			
None of the above			

Area of injury		<i>Tick appropriate box</i>	
		Left	Right
Head		Shoulder	
Eyes		Upper arm	
Neck		Elbow	
Chest		Lower arm	
Lungs		Wrist	
Back		Hand	
Groin		Fingers	
Buttocks		Thumb	
		Upper leg	
		Knee	
		Lower leg	
		Ankle	
		Foot	
		Toes	

Injured person's details		Your details	
Address		Name	
Home phone number		Company name	
Age		Title / role	
Gender			
Occupation			

Witness details (if any)	
Name	
Address	
Contact number	
Statement	

FORM H: Staff Training Record: Administration of Medicines

Name of school/setting		
Name		
Type of training received	<input type="checkbox"/> External	<input type="checkbox"/> Internal
Date of training completed		
Training provided by		
Profession and title		

EXTERNAL TRAINER: Please refer to any documents or certification provided by the external training provider as proof of competency.

INTERNAL TRAINER:

I, the Trainer, confirm that the above mentioned member of staff has received training in The Administration of Medicine. I can confirm that they are competent to carry out any necessary treatment, care and administration of medicines for pupils within the school community.

I recommend that the training be renewed on an annual basis.

Trainer's signature

Date

I confirm that I have received the training detailed above.

Staff signature

Date

Suggested review date

INTERNAL USE ONLY: Has the CPD Log been updated?	Y/N
--	-----

FORM I - Medication Return Record

Name of Pupil: _____ DOB: _____

Medication _____

Expiry Date _____ Batch Number _____ Quantity Returning: _____

This medicine been passed to the following responsible person:

Signed: _____ Escort / Driver / Parent / Carer / Pharmacist/Pupil aged 16

Signed: _____ Staff Member

Dated: _____

In the case of an Escort / Driver, by signing above they confirm to now take responsibility for the medication and the passing of medicine back to the Parent / Carer or the aforementioned child.

Health Care Plan Agreement

I have read and agree with the above health care plan for _____. This plan will be reviewed annually unless there is a change in the pupil's health needs.

Name	Role	Signed	Date
	Parent		
	Head Teacher		
	Deputy Head Teacher		
	Teacher		
	School Nurse		
	General Practitioner		
	TA		

School Transport Agreement

Pupil Name	
Name of Medication	

Emergency Medication may be required on the journey to / from school for this pupil. Emergency Medicine for use during this time will be stored in a sealed plastic wallet labelled with the pupil's initials and "*emergency medication only for use on transport*".

The transport assistant will collect the medication wallet from the parents as they collect the pupil in the morning, they are responsible for this medication until it is handed into the school reception where it will be stored for the duration of the school day, Medication will be stored safely by the on-site admin team. The transport assistant will sign to say that the medication was left at reception in the morning,

At pick up time, the transport assistant will collect the medication from the school reception where a member of the admin team will sign it out of school and into the care of the transport team.

I have read and agree to the above outlines for managing pupil medication on the journey to and from school.

Name	Role	Signed	Date
	Parent		
	Head Teacher		

Appendix F: Executive summary taken from The Department of Health - Guidance on the use of emergency salbutamol inhalers in schools

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 (for example, because it is broken, or empty). This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. Schools which choose to keep an emergency inhaler should establish a policy or protocol for the use of the emergency inhaler based on this guidance.

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school. Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

The protocol could be incorporated into a wider medical conditions policy which will be required by Supporting Pupils from 1st September 2014. The protocol should include the following – on which this guidance provides advice:

- arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the schools policy on supporting pupils with medical conditions
- having a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler
- having written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan
- ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use
- appropriate support and training for staff in the use of the emergency inhaler in line with the schools wider policy on supporting pupils with medical conditions
- keeping a record of use of the emergency inhaler as required by Supporting Pupils and informing parents or carers that their child has used the emergency inhaler
- having at least two volunteers responsible for ensuring the protocol is followed

Further extracts from this guidance

From 1st October 2014 schools may obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies. This will be for any pupil with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

This guidance is non-statutory, and has been developed by the Department of Health with key stakeholders, to capture the good practice which schools in England should observe in using emergency inhalers and which should form the basis of any school protocol or policy. The guidance has been updated to take account of issues raised during the public consultation, and the Department is grateful to all who submitted comments and suggestions, which we have endeavoured to incorporate.

This guidance does not apply to schools in Wales, Northern Ireland and Scotland, however the principles of safe usage of inhalers in this guidance are universal and based on recognised good practice.

The Children and Families Act 2014 requires governing bodies of English schools to make arrangements for supporting pupils at school with medical conditions. This guidance is therefore designed to be read in conjunction with Supporting pupils, and every school's protocol or policy on use of the inhaler should have regard to it.

Supporting Pupils expects schools to:

- develop policies for supporting pupils with medical conditions and review them regularly;
- develop individual healthcare plans for pupils with medical conditions that identify the child's medical condition, triggers, symptoms, medication needs and the level of support needed in an emergency.
- have procedures in place on managing medicines on school premises;
- ensure staff are appropriately supported and trained.

Introduction

Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK.⁴ There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK.

Children should have their own reliever inhaler at 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.

However, an Asthma UK survey found that 86% of children with asthma have at some time been without an inhaler at school having forgotten, lost or broken it, or the inhaler having run out. However, before 1 October 2014, it was illegal for schools to hold emergency salbutamol inhalers for the use of pupils whose own inhaler was not available.

In 2013 in response to this, and following advice from the Commission of Human Medicines 2013 the Medicines and Healthcare Products Regulatory Agency (MHRA)

recommended changes to legislation to enable schools to purchase and hold emergency salbutamol inhalers, without a prescription. A public consultation was held and there was overwhelming support for changing the regulations to allow schools to hold an emergency inhaler.

The regulations which enable this come into force on 1st October 2014. The MHRA also recommended that the use of emergency inhalers be supported by appropriate protocols and this guidance provides advice on what such a protocol should contain.

Any school which chooses to hold an emergency inhaler may wish to consider including a cross-reference to the asthma policy in the school's policy for supporting pupils with medical conditions. The use of an emergency asthma inhaler should also be specified in a pupils' individual healthcare plan where appropriate.

If any member of staff has reason to suspect a child has asthma or a respiratory condition, they should notify the parents, so they can take the child to a doctor.

A school's medical conditions policy or asthma policy may already cover elements of the emergency inhaler protocol, for example ensuring appropriate support and training for teachers. Policies will likely already cover elements such as arrangements for storage, care and disposal of medication, ensuring written consent for administration or supervision of administration of medication, keeping a record of administration of medication, and informing parents in relation to children's own inhalers, and could simply be expanded to cover the emergency inhaler.

Arrangements for the supply, storage, care and disposal of the inhaler

Supply

Schools can buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier, such as a local pharmacy, without a prescription, provided the general advice relating to these transactions are observed. Schools can buy inhalers in small quantities provided it is done on an occasional basis and the school does not intend to profit from it. Please note that pharmacies are not required to provide inhalers or spacers free of charge to schools: the school must pay for them as a retail item.

A supplier will need a request signed by the principal or head teacher (ideally on appropriately headed paper) stating:

- have procedures in place on managing medicines on school premises;
- the name of the school for which the product is required;
- the purpose for which that product is required, and
- the total quantity required.

Schools may wish to discuss with their community pharmacist the different plastic spacers available and what is most appropriate for the age-group in the school. Community pharmacists can also provide advice on use of the inhaler.

The emergency kit

An emergency asthma inhaler kit should include:

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;

- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers (see below);
- a list of children permitted to use the emergency inhaler as detailed
- in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used).

Schools should consider keeping more than one emergency asthma kit, especially if covering more than one site, to ensure that all children within the school environment are close to a kit. The experience of some respondents to the consultation on this guidance suggested a stock of 5 spacers would be adequate for a typical school.

Salbutamol

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

The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential therefore, that schools ensure that the inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

Storage and care of the inhaler

A school's asthma policy should include staff responsibilities for maintaining the emergency inhaler kit. It is recommended that at least two named volunteers amongst school staff should have responsibility for ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- that replacement inhalers are obtained when expiry dates approach; replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

Schools will wish to ensure that the inhaler and spacers are kept in a safe and suitably central location in the school, such as the school office, or staffroom, which is known to all staff, and to which all staff have access at all times, but in which the inhaler is out of the reach and sight of children. The inhaler and spacer should not be locked away.

The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature. The inhaler and spacers should be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler. An inhaler should be

primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.

However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

Disposal

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled, rather than being thrown away. Schools should be aware that to do this legally, they should register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. Registration only takes a few minutes online, and is free, and does not usually need to be renewed in future years.

To read this guidance in full follow the link:

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>