



Oratory R.C. Primary and Nursery School

**'Shine as to be a light to
others'**

Supporting pupils with Medical Conditions Policy

Date of this Policy:	Reviewed by:	Date to be ratified by FGB	Date for next review:	Date to be next ratified by FGB:	Review Frequency
February 2016	Safeguarding, Premises, Health and Safety	March 2016	Autumn 2018	Dec 2018	2-3 years
How will Governors assure the Oratory community that this policy is being implemented:	<ul style="list-style-type: none">• Internal and external audits• Questionnaires from parents / carers				

The School's mission:
'Shine as to be a light to others'

Blessed John Henry Newman

supported by the statement below:

The Oratory Roman Catholic Primary School builds upon strong foundations inspired by the teaching of Blessed John Henry Newman, an advocate of personalised learning.

It is committed to creating a safe, happy and innovative learning environment based upon the living tradition of the Catholic Church; drawing upon current educational thinking.

The school prepares children for the challenges and opportunities of the 21st Century through a curriculum that is tailored to meet the needs of all.

A community of lifelong learners, the school, works closely with families, the Oratory Fathers and brothers, Oratory Parish and local community to enable all children to achieve their full potential: spiritually, academically, emotionally and socially.

The school's vision:

- ❖ **Christ is at the Centre of all we do.**
- ❖ **The Oratory is a learning community for all - pupils, staff, governors, parents, carers, outside agencies and the locality.**
- ❖ **A strong culture of unconditional support of one another's learning, where all listen respectfully and constructive criticism and challenge is welcomed.**
- ❖ **A vibrant exciting curriculum and learning experience ensures ALL pupils, regardless of their starting points when they come to the school, make at least good progress.**
- ❖ **We believe that everyone has a right to equal access and opportunity and have an equal chance to work, learn and be free from discrimination and prejudice.**
- ❖ **Our practices promote the right for all to participate in school life by actively promoting equality and social inclusion.**

Whilst the prime focus of the Oratory R.C. Primary and Nursery School is to secure the best spiritual and educational provision for the child, the school recognises that the safety, welfare and care of the children are paramount.

We are therefore committed to the highest standards in protecting and safeguarding the children entrusted to our care at all times.

We recognise our responsibility to safeguard all who access school and promote the welfare of all our pupils by protecting them from physical, sexual and emotional abuse, neglect and bullying.

Foreword

The Oratory R.C. Primary and Nursery school has used the model policy and guidance 'Supporting Pupils with Medical conditions' from Northumberland County Council as a starting point in creating its **personalised** policy for supporting pupils with Medical Conditions.

This will ensure that the governing body have accurate, up-to-date information and guarantee that no statutory requirements to which they must adhere have been overlooked. Additionally, by implementing robust arrangements governors can be satisfied that such measures align with their wider safeguarding duties.

The County Council's Corporate Health and Safety Team prepared the guidance in consultation with paediatricians from Northumbria Healthcare NHS Foundation Trust. It chiefly refers to essential prescribed medication. The contents fully complement information contained in the Department for Education's (DfE's) document entitled '[Supporting pupils at school with medical conditions](#)' which was published in April 2014 and subsequent updated guidance issued in December 2015 and 'Supporting pupils with medical needs, a good practice guide.'

From 1 September 2014 section 100 of the Children and Families Act 2014 placed a statutory duty on governing bodies (rather than Local Authorities) to ensure that arrangements are in place to support pupils with medical conditions whilst they are at school.

From 1 October 2014, the Human Medicines (Amendment) (No. 2) Regulations 2014 allowed schools to purchase salbutamol inhalers, without a prescription, for use in emergencies. The recommendations contained in the Department of Health document '[Guidance on the use of emergency salbutamol inhalers in school](#)', dated March 2015, have been incorporated into this policy. The recommendations provide detailed advice to schools that wish to keep an emergency inhaler on-site.

Roles and Responsibilities

Role and Responsibilities of the Governing Body:

- To ensure that arrangements are in place to support pupils with medical conditions so they can access and enjoy the same opportunities at school as any other child.
- To take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening so the focus of action taken is on the needs of each individual child and how their medical condition impacts on their school life.
- To make arrangements to give parents, carers and pupils confidence in the school's ability to provide effective support for medical conditions in school; showing an understanding of how medical conditions impact on a child's ability to learn, as well as increasing confidence and promoting self-care and finally ensuring staff are properly trained to provide the support that pupils need.
- To monitor arrangements put in place to ensure that policies, plans, procedures and systems are properly and effectively implemented in accordance with statutory requirements - in particular procedures for administration of medicines.
- To ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

- To ensure that the school's policy is explicit about what practice is not acceptable when administering medicines in school.
- To ensure complaints may be made and will be handled concerning the support provided to pupils with medical conditions.
- To review regularly the policy for supporting pupils with medical conditions and ensure it is readily accessible to parents and school staff.
- To ensure the policy is implemented effectively by the Oratory Medical Needs Team led by the Head Teacher (Appendix 2) who has overall responsibility for policy implementation.

Role and Responsibilities of the Head Teacher:

- The Head Teacher ensures that the school's policy for supporting pupils with medical conditions is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- The Head Teacher ensures that all staff who need to know are aware of the child's condition and that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- The Head Teacher has overall responsibility for the development of individual healthcare plans, informing staff that they are appropriately insured to support pupils in this way.

The Role of the Oratory Medical Needs Team:

The Oratory Medical Needs team led by the Head Teacher is responsible for ensuring:

- implementation of this policy and delivery against all individual healthcare plans, including in contingency and emergency situations.
- that sufficient staff are suitably trained,
- a commitment that all relevant staff will be made aware of the child's condition,
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- briefing for supply teachers,
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable, and
- monitoring of individual healthcare plans.

Each request for medicine to be administered to a pupil in school is considered on its merits. The Oratory Medical Needs Team led by the Head Teacher gives consideration to the best interests of the pupil and the implications for the school.

Role and Responsibility of School Staff

It is generally accepted that school staff may administer prescribed medication whilst acting in loco parentis. However, it is important to note that this does not imply that there is a duty upon staff to administer medication and the following is taken into account:

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.

- School staff are to receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- No member of staff is compelled to administer medication to a pupil.
- No medication can be administered in school without the agreement of the Head Teacher or nominated representative from the Medical Needs Team.
- The Medical Needs Team led by the Head Teacher has overall responsibility for the implementation of this policy.
- If it has been agreed that medication can be administered, named staff volunteers are identified to undertake this task
- Staff volunteers receive the appropriate guidance and training (where necessary)
- Parents and carers requesting administration of medication for their children are referred to the school's webpage where they can access a copy of this document. Parents and carers are asked to complete Part 1 of the form 'Administration of Medication to Pupils – Agreement between Parents/ Carers and School' (Appendix 1).
- School staff may consult with the prescriber to ascertain whether medication can be given outside of school hours.

Responsibility of Health Care Professionals including School Nursing Service:

- In situations where the condition requires a detailed individual healthcare plan or specific specialist training is required for school staff this will often require direct input from Healthcare Professionals with clinical responsibility for the child. Examples include community, specialist nurses or educational psychologists and, in the case of children with mobility needs, occupational therapists or physiotherapists.
- Often the specific details in an individual healthcare plan can only be provided by professionals who have access to the confidential notes that the Consultants and other healthcare professionals working with the child in question have prepared.
- The school nursing services are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.
- School staff regularly receive training through Birmingham Community Healthcare (from April 2016, School Health Advisory service), Medical Needs in Schools Service providing training for epilepsy, asthma, defibrillator training, allergy awareness and administering an epi pen.

Responsibility of Parents and Carers:

- Parents and carers have the principal responsibility for the administration of medication to their children, who have the right to be educated with their peers, regardless of any short or long-term needs for medication whilst at school.
- It is preferable that medication be given at home whenever possible. If prescribed medicines are to be taken three or more times per day, parents and carers should ask the prescribing doctor if the administration of the medication can occur outside normal school hours. Non-prescription medication (such as cough medicines) should not be administered in school. However, in certain circumstances analgesics can be given (see page 4).

- Parents and carers have the principal duty to inform the school of their children's medical conditions and to make a request to the school to make arrangements for medication to be administered in school.
- This can occur if the child:
 - has been newly diagnosed
 - is due to return after a long absence and has a chronic illness or long-term complaints, such as asthma, diabetes, epilepsy or another condition
 - is recovering from a short-term illness and is well enough to return to school whilst still receiving a course of antibiotics or other medication.
 - has needs that have changed
 - is due to attend a new school

Parents and carers should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents and carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting.

The Role of the Pupil:

- Pupils of an appropriate age with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible, depending on their age, to the development of, and comply with, their individual healthcare plan.
- Other pupils in class are sensitive to the needs of those with medical conditions.

General Procedures

1. If medication cannot be given outside of school hours, parents and carers fill in the Medication Request Form (Appendix 1) giving the dose to be taken, the method of administration, the time and frequency of administration, other treatment, any special precautions and signed consent.
2. The parent or carer (not the pupil) brings all essential medication to school. It should be delivered personally to school via the front office and collected at the end of the day in the same way. Only the smallest practicable amount should be kept in school. ***At no time should children be given medicines to bring in or take home from school.***
3. All medication taken in school must be kept in a clearly labelled pharmacy bottle, preferably with a child safety top, which must give the owner's name, the contents and the dosage to be administered.
4. Whilst medication is in school it is to be kept in a Medical cupboard or fridge (if so required), in the staffroom or main front office. In the event of an emergency it is readily accessible to the named volunteer or young person, when required. The exceptions to this are inhalers, adrenaline auto-injectors and insulin. These medications may be carried by the child or kept in the classroom, depending on the child's age and developing independence.
5. Medication to be taken orally should be supplied with an individual measuring spoon or syringe. Eye drops and ear drops should be supplied with a dropper. A dropper or spoon must only be used to administer medicine to the owner of that implement.
6. When medication is given, the name of the drug, the dose, the mode of administration, the time that treatment is required to be given and date of expiry

- should be checked. A written record should be kept of the time it was given and by whom to avoid more than one person ever giving more than the recommended dose. This is kept with the parental / carer consent form. See form in Appendix 1.
7. Where any change of medication or dosage occurs, clear written instructions from the parent / carer should be provided. If a pupil brings any medication to school for which consent has not been given, school staff can refuse to administer it. In such circumstances the Head Teacher or nominated representative from the Medical Needs Team will contact the parent / carer as soon as possible.
 8. Renewal of medication which has passed its expiry date is the responsibility of the parent. Nevertheless, schools should have robust procedures in place to ensure that out of date medication is not administered in error. If parents are unable to collect expired medication then staff should take it to the local pharmacy so that it can be disposed of safely. The medication must not be disposed of in any other way.
 9. In all cases where, following the administration of medication, there are concerns regarding the reaction of the pupil, medical advice should be sought immediately and the parents / carers informed.
 10. **No pupil under 16 should be given medication without his or her parent's written consent.**
 11. It is the responsibility of the Medical Needs team to ensure that First Aid stocks are checked and replenished regularly and that all first aid equipment is maintained. Where deficiencies are identified new stock is ordered by placing an order with the Senior Office Manager.

If members of staff are in doubt about any of the above procedures they should check with the Oratory Medical Needs Team who will then contact parents / carers or a health professional before taking further action.

Refusal or Forgetting to Take Medication

If pupils refuse medication or forget to take it, the school should inform the child's parent / carers as a matter of urgency. If necessary, the school should call the emergency services.

Non-prescribed Medication

As a rule, non-prescribed (over-the-counter) medication, such as cough medicines, should not be administered. However, there is one notable exception to this rule, namely, Calpol.

At the discretion of the Head, this can be issued, provided the practice is strictly controlled by adopting the same standards as for prescribed medication. Once again, a formal agreement should be made between the school and the parents (see Appendix 1). The Head Teacher or nominated representative from the Medical Needs Team can authorise specific members of staff to dispense the liquid. In order to monitor and prevent the danger of any individuals overdosing on the medication the nominated member of staff should keep a record of when it was issued, giving such information as name of the pupil and the time and the dose which was administered (see Appendix 5). Before administering the medication members of staff should always ask the child whether any side effects or allergic reactions have been previously experienced.

Calpol must be kept securely under lock and key and dispensed with care since over-dosage is dangerous.

In the main, children of Primary School age should only be given Calpol in exceptional circumstances under the supervision of their GP. However, in certain circumstances, such as

if a child has a raised temperature, the Head Teacher can authorise the use of Calpol via a formal agreement with the parent / carer, as described above.

On no account should aspirin or preparations that contain aspirin be given to pupils unless a doctor has prescribed such medication.

Emergency Procedures

All staff are trained on how to call the emergency services. All staff to be updated on a regular basis as to whom is responsible for carrying out emergency procedures in the event of need. A pupil taken to hospital by ambulance should be accompanied by a member of staff who should remain until the pupil's parent arrives.

Generally staff should not take pupils to hospital in their own car. However, in an emergency it may be the best course of action. The member of staff should be accompanied by another adult and have public liability vehicle insurance

Individual Healthcare Plan

This section of the policy covers the role of individual healthcare plans in supporting pupils at school who have long-term, severe or complex medical conditions. The new statutory guidance imposes a requirement to identify the member of staff who is responsible for the development of these plans.

The governing body should ensure that there are robust school arrangements to:

- establish the need for a plan
- ensure that plans are adequate
- review plans at least annually or earlier if evidence indicating that the child's needs have changed is brought to its attention.

The main purpose of an individual health care plan for a pupil with medical needs is to identify the level of support that is needed at school. A written agreement with parents and carers clarifies for staff, parents/carers and the pupil the help that the school can provide and receive. Schools should agree with parents/ carers how often they should jointly review the health care plan. It is sensible to do this at least once a year.

The Head Teacher is responsible for ensuring that procedures are in place and followed (see procedures below) whenever the school is notified that a pupil has a medical condition. The named person for the development of health care plans and their use in supporting pupils at school is the Inclusion Leader (also the Deputy Head).

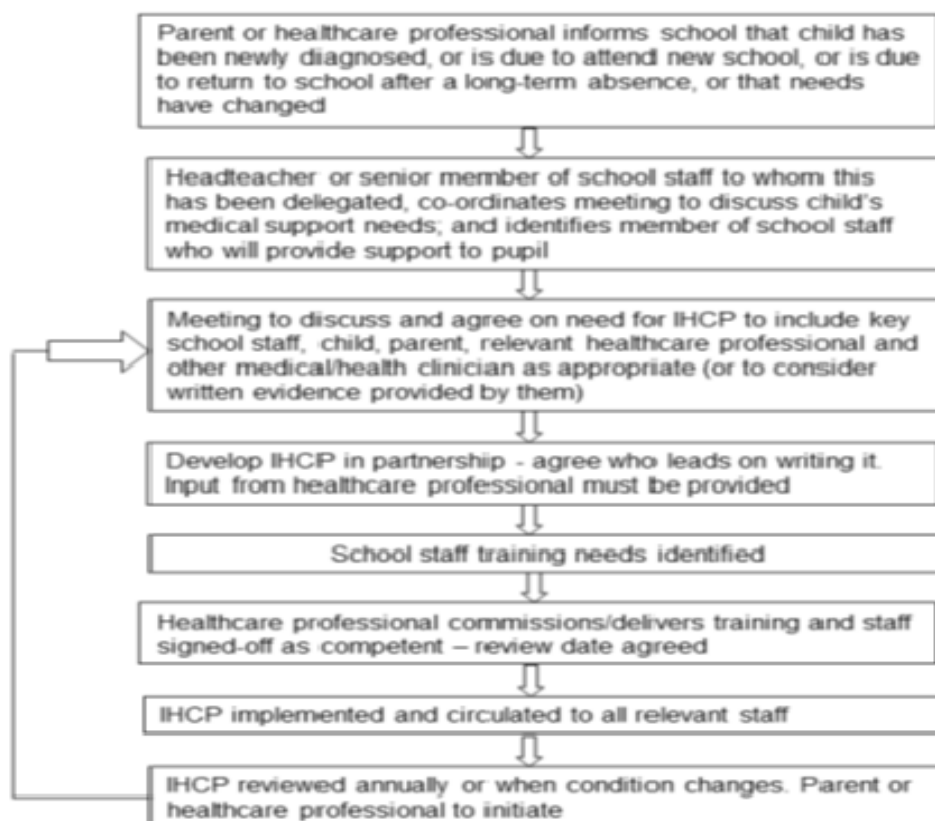
Individual Health Care plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They are developed with the child's best interests in mind and assess and manage risks to the child's education, health and social well-being and minimises disruption.

When deciding what information should be recorded on individual healthcare plans, the named person considers the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg. crowded corridors, travel time between lessons;

- specific support for the pupil's educational, social and emotional needs – for example, absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
 - the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
 - who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
 - who in the school needs to be aware of the child's condition and the support required;
 - arrangements for written permission from parents/carers and the Head Teacher or a nominated representative from the school's medical needs team for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
 - separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments;
 - where confidentiality issues are raised by the parent/carer/child, the designated individuals to be entrusted with information about the child's condition; and
 - what to do in an emergency, including whom to contact, and contingency arrangements.
- Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Model Process for Developing Individual Healthcare Plans



Educational Visits:

A portable First-Aid kit and individual pupils' medicines must be taken on all Educational Visits. This is the only time medication will be allowed outside the designated storage area for medicines in school. On such visits medicines are transported and administered by a designated member of staff (see Educational Visits Policy and relevant authorised Risk Assessments for each visit).

Unacceptable Practice when handling medicines in school:

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition eg. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents / carers to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents / carers to accompany the child.

Practical Advice for Common Conditions

A small number of children need medication to be given by injection, auto-injectors or other routes. The most appropriate arrangements for managing these situations effectively are best determined by agreement between the school, parent, school nurse (where there is one) and the doctor who prescribed the medication. Experience suggests that it is helpful to have a meeting of all interested parties in school, as it is essential that parents and teaching staff are satisfied with the arrangements that are made.

Members of staff willing to administer medication should be made fully aware of the procedures and should receive appropriate training from competent healthcare staff.

The majority of parents will be aware of the contact details for their child's specialist nurse. Schools should contact them directly in the first instance. The School Nursing service is contacted for advice and is able to direct inquirers to other health agencies, where necessary.

The medical conditions in children that most commonly cause concern in schools are asthma, epilepsy, diabetes and anaphylaxis. More detailed information can be obtained from the following organisations:

- [Asthma UK](#)

- [Epilepsy Society](#) (formerly The National Society for Epilepsy)
- [Epilepsy Action](#) (formerly the British Epilepsy Association)
- [Diabetes UK](#)
- [Anaphylaxis Campaign](#)
- [National Electronic Library for Medicines](#) (NHS)
- [Resuscitation Council \(UK\)](#)

This policy must be read in conjunction with the school's First Aid, Asthma and Health and Safety Policy.



Administration of Medication to Pupils
Agreement between Parents and School (Appendix 1)
'Shine as to be a light to others'

Part 1 – To be Completed by Parent/Carer	
To the Head Teacher: Mrs C. Dickinson	School: Oratory R.C. Primary and Nursery
My child (<i>name</i>) _____	
Date of birth: _____	
Class _____ has the following medical condition _____	
I wish for him/her to have the following medicine administered by school staff, as indicated below:	
Name of Medication:	
<i>Note: Medicines must be kept in the original container as dispensed by the pharmacy.</i>	
Dose/Amount to be given:	
Time(s) at which to be given:	
Means of administration:	
How long will the child require this medication to be administered?	
Known side effects and any special precautions (please attach details)	
Procedures to take in case of emergency (please attach details)	
<i>Emergency Contact 1</i>	<i>Emergency Contact 2</i>
Name: _____	Name: _____
Telephone <i>Work:</i> _____	Telephone <i>Work:</i> _____
<i>Mobile:</i> _____	<i>Mobile:</i> _____
Relationship: _____	Relationship: _____
<i>I undertake to deliver the medicine personally to the Headteacher or Medication Coordinator and to replace it whenever necessary. I also undertake to inform the school immediately of any change of treatment that the doctor or hospital has prescribed.</i>	
Name: _____ Signature: _____	
Relationship to child: _____ Date: _____	

Part 2 - To be completed by Head Teacher / Medication Coordinators

Confirmation of agreement to administer medicine

It is agreed that *(child)* _____ will receive *(quantity and name of medicine)*
_____ every day at *(time medicine to be administered, for example,*
lunchtime or afternoon break) _____.

(Child) _____ will be given medication or supervised whilst he/she takes it by
(name of member of staff) _____.

This arrangement will continue until _____ *(either the end date*
for the course of medicine or until the parents instruct otherwise).

Name: _____ Signature: _____

Head Teacher/member of Medical Needs Team

School: Oratory R.C. Primary and Nursery

Parental Request for Child to Carry and Self-administer Medicine (Appendix 2)

This form must be completed by a parent/carer

To: Head Teacher: Mrs C. Dickinson	
School: Oratory R.C. Primary and Nursery	
Name of child:	Class:
Address:	
Name of Medication:	
Procedures to be taken in an emergency:	
Contact Information	
<i>I would like my child to keep his/her medicine on him/her for use, as necessary.</i>	
Name: _____ Signature: _____	
Daytime Tel no(s): _____ Date: _____	
Relationship to child: _____	

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

Healthcare Plan for a Pupil with Medical Needs (Appendix 3)

Details of Child and Condition	
Name of child:	<i>Add photo here</i>
Date of birth:	
Class/Form:	
Medical Diagnosis/Condition:	
Triggers:	
Signs/Symptoms:	
Treatments:	
Has the Parental Consent Form been completed? <i>(Medication cannot be administered without parental approval)</i>	
<i>Yes/No</i>	
Date:	Review Date:
Medication Needs of Child	
Medication:	
Dose:	
Specify if any other treatments are required:	
Can the pupil self-manage his/her medication? <i>Yes/No</i> If <i>Yes</i> , specify the arrangements in place to monitor this:	
Indicate the level of support needed, including in emergencies: <i>(some children will be able to take responsibility for their own health needs)</i>	

Known side-effects of medication:
Storage requirements:
What facilities and equipment are required? <i>(such as changing table or hoist)</i>
What testing is needed? <i>(such as blood glucose levels):</i>
Is access to food and drink necessary? <i>(where used to manage the condition): Yes/No</i> Describe what food and drink needs to be accessed
Identify any dietary requirements:
Identify any environmental considerations <i>(such as crowded corridors, travel time between lessons):</i>
Action to be taken in an emergency <i>(If one exists, attach an emergency healthcare plan prepared by the child's lead clinician):</i>
Staff Providing Support
Give the names of staff members providing support <i>(State if different for off-site activities):</i>
Describe what this role entails:
Have members of staff received training? <i>Yes/No</i> <i>(details of training should be recorded on the Individual Staff Training Record, Appendix 4)</i>

Where the parent or child have raised confidentiality issues, specify the designated individuals who are to be entrusted with information about the child's condition:

Detail the contingency arrangements in the event that members of staff are absent:

Indicate the persons (or groups of staff) in school who need to be aware of the child's condition and the support required:

Other Requirements

Detail any specific support for the pupil's educational, social and emotional needs
(for example, how absences will be managed; requirements for extra time to complete exams; use of rest periods; additional support in catching up with lessons or counselling sessions)

Emergency Contacts

Family Contact 1

Name: _____

Telephone

Work: _____

Home: _____

Mobile: _____

Relationship: _____

Family Contact 1

Name: _____

Telephone

Work: _____

Home: _____

Mobile: _____

Relationship: _____

Clinic or Hospital Contact

Name: _____

Telephone:

Work: _____

GP

Name: _____

Telephone:

Work: _____

Signatures	
<i>Signed</i> _____ <i>(Headteacher)</i>	<i>Signed</i> _____ <i>(Medication Coordinator)</i>

Record of Medication Administered in School (Appendix 5)

School: _____

Date	Pupil's Name	Time	Name of Medication	Dose Given	Any Reactions	Signature of Staff	Print Name

Parental Consent: Use of Emergency Salbutamol Inhaler Appendix 6

School Name: _____

Name of child: _____

Date of birth: _____

Class/Form: _____

Child showing symptoms of asthma/having an asthma attack

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

Name: _____ Signature: _____

Date: _____ Relationship to child: _____

Address: _____

Daytime Tel no(s): _____

Specimen letter to inform parents that the emergency salbutamol inhaler was used (Appendix 7)

(The Head or Medication Coordinator should feel free to tweak this letter so as to reflect the school's own tone and style when writing to parents)

Child's name: _____

Class: _____

Date of Incident: _____

Dear *[enter name of parent(s)]*

I thought I would drop you a line to let you know that *[enter child's first name]* experienced problems with *his/her breathing today. This happened when *[enter details]*

*A member of staff helped *[enter child's first name]* to use *his/her asthma inhaler.

*Unfortunately, *[enter child's first name]* did not have *his/her own asthma inhaler with *him/her, so a member of staff helped *him/her to use the school's emergency asthma inhaler, which contains salbutamol. *[Enter child's first name]* took *[enter number]* puffs on the inhaler.

* Unfortunately, *[enter child's first name]* own asthma inhaler was not working, so a member of staff helped *him/her to use the school's emergency asthma inhaler which contains salbutamol. *[Enter child's first name]* took *[enter number]* puffs on the inhaler.

Although *[enter child's first name]* soon felt a lot better, I think it might be a good idea if you were to take *him/her to see the family doctor for a check-up.

Yours sincerely

[Enter signature]

*Headteacher/Medication Coordinator

*[*Delete as appropriate]*

Emergency Action in the Event of an Asthma Attack (Appendix 8)

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

Emergency Action: Epilepsy - First Aid for all Seizures (Appendix 9)

- Ensure that the child is out of harm's way. Move the child only if there is danger from sharp or hot objects or electrical appliances. Observe these simple rules and let the seizure run its course
- Check the time the child starts to fit
- Cushion the head with something soft (a folded jacket would do) but do not try to restrain convulsive movements
- Do not try to put anything at all between the teeth
- Do not give anything to drink
- Loosen tight clothing around the neck, remembering that this could frighten a semi-conscious child and should be done with care
- Arrange for other children to be escorted from the area, if possible
- Call for an ambulance if:
 - a seizure shows no sign of stopping after a few minutes
 - a series of seizures take place without the individual properly regaining consciousness
- As soon as possible, turn the child onto his/her side in the semi-prone (recovery/unconscious) position, to aid breathing and general recovery. Wipe away saliva from around the mouth
- Be reassuring and supportive during the confused period which often follows this type of seizure. If rest is required, arrangements should be made for this purpose
- If there has been incontinence cover the child with a blanket to prevent embarrassment. Arrange to keep spare clothes at school if this is a regular occurrence

If a child is known to have epilepsy:

- It is not usually necessary for the child to be sent home following a seizure, but each child is different. If the Headteacher feels that the period of disorientation is prolonged, it might be wise to contact the parents. Ideally, a decision will be taken in consultation with the parents when the child's condition is first discussed, and a Healthcare Plan drawn up
- If the child is not known to have had a previous seizure medical attention should be sought
- If the child is known to have diabetes this seizure may be due to low blood sugar (a hypoglycaemic attack) in which case an ambulance should be summoned immediately

Emergency Action: First Aid for Children Known to Have Epilepsy and Prescribed Rectal Diazepam (Appendix 10)

- Ensure that the child is out of harm's way. Move the child only if there is danger from sharp or hot objects or electrical appliances. Observe these simple rules and let the seizure run its course.
- Check the time the child starts to fit
- Cushion the head with something soft (a folded jacket would do) but do not try to restrain convulsive movements
- Do not try to put anything at all between the teeth
- Do not give anything to drink
- Loosen tight clothing around the neck, remembering that this could frighten a semi-conscious child and should be done with care
- Arrange for other children to be escorted from the area, if possible
- Rectal diazepam must only be given to a child with a prescription that a Consultant Paediatrician has endorsed and updated annually
- Rectal diazepam must only be administered in an emergency by an appropriately trained member of staff in the presence of at least one other member of staff
- Rectal diazepam must only be administered if a trained First Aider is on site
- If the child has been convulsing for five minutes and there is no suggestion of the convulsion abating, the first dose of rectal diazepam should be given. The medication should indicate the name of child, the date of birth, date of expiry, contents and the dosage to be administered
- If after a further five minutes
 - (a) a seizure shows no sign of stopping or
 - (b) a series of seizures takes place without the individual properly regaining consciousness, then call an ambulance
- As soon as possible, turn the child onto his/her side in the semi-prone (recovery/unconscious) position to aid breathing and general recovery. Wipe away saliva from around the mouth
- Be reassuring and supportive during the confused period which often follows this type of seizure. Many children sleep afterwards and if rest is required, arrangements could be made for this purpose
- If there has been incontinence cover the child with a blanket to prevent embarrassment. Arrange to keep spare clothes at school if this is a regular occurrence
- A child should be taken home after a fit if he/she feels ill

Individual Care Plan for the Administration of Rectal Diazepam (Appendix 11)

This care plan should be completed by or in consultation with the medical practitioner

(Please use language appropriate to the lay person)

Details of Child and Condition	
Name:	Class:
Date of birth:	
Identify the seizure classification and/or description of seizures which may require rectal diazepam <i>(Record all details of seizures, for example goes stiff, falls, convulses down both sides of body, convulsions last 3 minutes etc. Include information re: triggers, recovery time etc. If in status epileptics, note whether it is convulsive, partial or absence)</i>	
Usual duration of seizure?	
Other useful information:	
Diazepam Treatment Plan	
When should rectal diazepam be administered? <i>(Note here should include whether it is after a certain length of time or number of seizures)</i>	

Initial dosage: how much rectal diazepam is given initially? *(Note recommended number of milligrams for this person)*

What are the usual reactions to rectal diazepam?

What action should be taken if there are difficulties in the administration of rectal diazepam such as constipation/diarrhoea?

Can a second dose of rectal diazepam be given? Yes/No

If **Yes**, after how long can a second dose of rectal diazepam be given? *(state the time to have elapsed before re-administration takes place)*

How much rectal diazepam is given as a second dose? *(state the number of milligrams to be given and how many times this can be done after how long)*

When should the person's usual doctor be consulted?

When should 999 be dialled for emergency help?

- if the full prescribed dose of rectal diazepam fails to control the seizure Yes/No
- Other (Please give details)

Who Should:

- administer the rectal diazepam? *(ideally someone should be trained in at least 'Emergency Aid,' preferably 'First Aid at Work')*:
- witness the administration of rectal diazepam? *(this should normally be another member of staff of the same sex):*

<p>Who/where needs to be informed?</p> <p>Parent _____ Tel: _____</p> <p>Prescribing Doctor: _____ Tel: _____</p> <p>Other: _____ Tel: _____</p>
<p>Precautions: under what circumstances should rectal diazepam not be used? (for example, Oral Diazepam already administered within the last.....minutes)</p>

All occasions when rectal diazepam is administered must be recorded on the "Record of Use of Rectal Diazepam" log sheet (Appendix 12)

This plan has been agreed by the following:

Prescribing Doctor

Name _____ Signature _____ Date _____

Authorised person(s) trained to administer rectal diazepam

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Parent

Name _____ Signature _____ Date _____

Headteacher/Medical Coordinator

Name _____ Signature _____ Date _____

This form should be available at every medical review of the patient and copies held by the GP and the school.

Expiry date of this form: _____

Copy holders to be notified of any changes by: _____

Record of Use of Rectal Diazepam (Appendix 12)

Name of Child: _____ Class: _____

Date:					
Recorded by:					
Type of seizure:					
Length and/or number of seizures:					
Initial dosage:					
Outcome:					
Second dosage (if any):					
Outcome:					
Observations:					
Parent informed:					
Prescribing doctor informed:					
Other information:					
Witness:					
Name of Parent re-supplying dosage:					
Date delivered to school:					