



# Lanesend Primary School

## Supporting Children in School with Medical Conditions Policy

### Statutory Policy

**Signed:** ..... **Date:**  
**(Headteacher)**

**Signed:** ..... **Date:**  
**(Chair of Trustees)**

**Review Date:** September 2022 (Yearly)

**Reviewed By:** Board of Trustees and Headteacher

## CONTENTS

<b>INTRODUCTION</b>	<b>3</b>
<b>ROLES AND RESPONSIBILITIES</b>	<b>3</b>
<b>PROCEDURE WHEN NOTIFICATION IS RECEIVED THAT A CHILD HAS A MEDICAL CONDITION</b>	<b>7</b>
<b>INDIVIDUAL HEALTH AND RISK ASSESSMENTS</b>	<b>7</b>
<b>ADMINISTERING MEDICINES: Protocol, training and storage</b>	<b>9</b>
<b>ACTION IN EMERGENCIES</b>	<b>15</b>
<b>ACTIVITIES BEYOND THE USUAL CURRICULUM</b>	<b>16</b>
<b>UNACCEPTABLE PRACTICE</b>	<b>16</b>
<b>COMPLAINTS</b>	<b>17</b>
<b>EQUALITY IMPACT STATEMENT</b>	<b>17</b>
<p><b>APPENDICES:</b></p> <p>A - Individual Health and Risk Assessment including examples of possible supporting content</p> <p>B – Family Awareness Of Protocol For Administering Medication In School</p> <p>C – Family Request For Medicine To Be Administered In School</p> <p>D - Record Of Medicine Administered To An Individual Child</p> <p>E – Child Medicine awareness form</p> <p>F<sub>1</sub> - List Of Medications Including Details Of Side Effects</p> <p>F<sub>2</sub> - Communicable Disease Control (Exclusion Periods)</p> <p>G - ADHD Observation Template</p> <p>H - Staff Training Record – linked to ‘Supporting Children with Medical Conditions’ policy and the Administration Of Medicines protocol</p> <p>I - Contacting Emergency Services</p> <p>J - Sample letter inviting families to contribute to the health and risk assessment document</p> <p>K - Signposting to useful resources</p> <p>L – Record Of Contact Seeking Consent To Administer Non-Controlled/ Non- Prescribed Medication – Occasional Use Of Calpol Or Piriton</p> <p><b><u>Procedure Flowcharts:</u></b></p> <ul style="list-style-type: none"> <li>· Accepting Medicines in School Procedure Flowchart</li> <li>· Administering Non Asthma Medication Procedure Flowchart</li> <li>· Asthma Process Accepting Medicine and Administering of Flowchart</li> <li>· Child Presents as Unwell in School Procedure Flowchart</li> <li>· Request to use the school Spare Salbutamol Inhaler on a child experiencing Asthma attack or Asthma Symptoms when own Medication is unavailable</li> <li>· Request to use the school Spare Adrenaline Auto Injector on a child experiencing Anaphylaxis when own Medication is unavailable</li> </ul>	<b>18-54</b>

## INTRODUCTION

Lanesend Primary School has an inclusive ethos that aims to support and welcome children with medical conditions, providing an inclusive environment with equal opportunities for all of our children. This includes educational activities, the physical environment, social and sporting activities.

- The Children and Families Act 2014 includes a duty for schools to support children with medical conditions.
- All children have a right to access the full curriculum, adapted to their medical needs and to receive the on-going support, medicines or care that they require at school to help them manage their condition and keep them well.
- Where children have a disability, the requirements of the Equality Act 2010 will also apply. Where children have an identified special need, the SEN Code of Practice will also apply.
- We recognise that medical conditions may impact social and emotional development as well as having educational implications.
- Lanesend Primary School will build relationships with healthcare professionals and other agencies in order to effectively support children with medical condition.

## ROLES AND RESPONSIBILITIES

### The Board of Trustees is responsible for:

- Determining the school's general policy and ensuring that arrangements are in place to support children with medical conditions.
- Reviewing the policy on an annual basis. (Mid-year reviews will be held should evaluation or guidance indicate recommended changes to policy and practice).
- Reviewing actions and updates that are linked to the delivery and upkeep of this policy via the Child Centred Group Trustee and the Head Teacher.

### The Headteacher:

- The person with responsibility for children with medical conditions in the school is the Head teacher. The Head teacher in partnership with the Board of Trustees will ensure the 'Supporting Children with Medical Conditions' policy is in line with local and national guidance and policy frameworks
- The Headteacher's role will be undertaken by one of the Assistant Headteachers in the absence of the Head teacher or as requested by the Head teacher.

### The Head teacher is responsible for:

- Overseeing the management and provision of support for children with medical conditions. Including signing every week that the Team Around the Child (TAC) Team have checked the administration of parental requests for the administration of medication for that week.
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver individual medical health and risk assessments, including cover in relation to absence and staff turnover.
- Ensuring that school staff are appropriately insured and are aware that they are insured.
- Provide opportunities for training for identified staff, to include or for example: administration of medicine, care of children with diabetes, care of children with asthma and first aid.
- Assisting in the development of individual child's health and risk assessments, including those that relate to school visits and other activities outside of the normal timetable.
- Co-ordinating the effective communication of this policy to children, families, staff and relevant health and external professionals. Communications will include: use of the school newsletter, texts and letters to families, use of the school prospectus, staff handbook and website, staff meetings, displaying appropriate information in key positions around school to include classrooms, staff room, office, inclusion room(s), family support room, first aid room and the kitchen.
- Head teacher responsibilities are achieved in partnership with all staff in school.
- Staff and team roles and responsibilities are detailed within this document.

### The Named Person is responsible for (in addition to the listed 'all staff' responsibilities):

- Supporting the Head Teacher and governing body in updating the ‘Supporting Children in school with Medical Conditions’ policy as requested in keeping with changes to school practice and local/national guidance.
- Displaying information relating to children’s medical conditions in prominent areas. This information will be shared with the Head teacher/Named Person for agreement prior to display. Information will include: a list of all children with a known medical condition and for children with a high-risk medical condition - supporting information and identifying photograph with specific emergency procedures.
- Using appendices A and J to prepare electronic individual health and risk assessments that support children’s medical conditions. To share this information with the Head teacher, Office Team (as applicable), appropriate staff in school that support the child, and families.
- Checking the expiry dates of all medicines in school, three times a year. This covers all medicines in school at the time of the check.
- Collating and maintaining a current list of children with medical conditions and their associated documents – detailing the child name, year group, class and condition. In partnership with the Head teacher and Inclusion Team to cascade this information as it changes within the school environment.
- Working together with families, children, healthcare professionals and other agencies.
- Providing half termly information sessions for all staff to discuss the policy, concerns or questions.
- Collating and maintaining a current list of children who are permitted to use the spare school Salbutamol inhaler and spare school Adrenaline Auto Injector (AAI) device. In partnership with the Head teacher and Inclusion Team to cascade this information as it changes within the school environment.
- Collating and updating a list of identified staff who have agreed to take responsibility to provide support to a child with a medical condition, including administering medicines, is maintained in school and updated as changes occur.
- The list will be held centrally on the shared drive and a copy will be placed in the main school office and first aid room. The list of identified staff will be reviewed and updated annually or at the request of the Head teacher.
- Providing induction for new members of staff on the medical policy and administration of medicines.

All staff are responsible for:

- Attending training and half termly updates on the ‘Supporting Children in school with Medical Conditions’ policy and seeking support as required to understand the policy, Attendance at this is completed on Form H and retained by the HR Team.
- Knowing which children in their care have a medical condition including asthma and being familiar with child’s individual health and risk assessments and how to access health and risk assessments in response to the child’s medical need.
- Allowing children to have access to their personal emergency medication i.e. asthma pumps, epi-pens, insulin and epilepsy rescue medication.
- Maintaining effective communication with families, advising when a child has been unwell in school and if medication has been given during the school day, including the use of asthma inhalers. Form D is used to record the details of medication administered.
- Ensuring children who carry medication with them, have it accessible to them when out of the classroom/off site.
- Ensuring children have the appropriate medication or food with them during any exercise and are allowed to take it when needed.
- Sharing information within school regarding any changes that are known or observed in connection to a child’s medication, health or wellbeing. All medical information will be shared with the Head teacher, Named Person and Office Team for record keeping and the implementation of appropriate action.
- Staff may be asked to provide support to a child with a medical condition, including administering medicines. However, no member of staff can be required to provide this support, unless contracted and trained to do so.

Teachers and Support Staff are responsible for (in addition to the listed ‘all staff’ responsibilities)

- The day to day management of the medical conditions of children they work with, in line with training received and as set out in the child’s Individual Health and Risk Assessment.
- Sharing information in school (with the Head Teacher, Named Person and Office Team) and with families if the child’s presentation changes which may be attributed to their medical needs and use of medication – for example changes in appetite, behaviour, mood, energy levels.

- Working with the Head Teacher and Named Person to ensure that health and risk assessments carried out for school visits and other activities outside of the normal timetable include medical information in keeping with the individual health and risk assessments of children.
- If the staff member has given consent to administer medication, you may be required to be the nominated member of staff who brings children down to the medical room. If you have been nominated to do this via Form C, that staff member will bring the child down to the medical room at the allotted time to have their medication.
- Providing information about medical conditions to supply staff who will be covering roles within their class/year group.
- Teachers and support staff will store asthma medication and complete the recording sheet D within their classroom.

The Office Team are responsible for (in addition to the listed 'all staff' responsibilities):

- Maintaining a current list of training undertaken by staff in school that links to the requirements of this policy. Appendix H.
- Communicating medical information that is received in school with the Head teacher/Named Person and the Team Around the Child (TAC) Team and other staff, where appropriate.
- Cascading information shared by Mid-Day Supervisors to the Head teacher, class teacher and TAC Team.
- Issuing and receiving from families the completed parental awareness and request to administer medication forms B and C and ensure this is completed in keeping with school policy guidance. To action the onward communication and appropriate storage of this information.
- In agreement with the Head teacher, the Office Team will as part of their role maintain a list on the office wipe board and Squirrel's Den daily registration file of children in school who require controlled or prescribed medication during the school day – detailing the child initials and the time medication is required.
- Collecting a child if they have not been sent up for their medication by the class teacher.
- Administering medicines such as asthma pumps, epi-pens and epilepsy rescue medication or specific long-term controlled medication i.e. medication for ADHD, which is administered by a child's adult support or year group Learning Support Assistant following the agreed protocol.
- The Office Team will take responsibility for checking that the medication has been administered. Should a child's medication be missed, this information will be shared with immediate effect with the Head teacher/Named Person. A call will be made to the family to raise awareness and the class team will be made aware.
- The Office Team will be the deputy representative for controlled medication in school, should a staff member be absent and unable to take on this role.
- At the end of the school lunch period (1:30pm), the Office Team will complete the secondary check alongside the primary check completed by a member of the TAC Team that the administration of family requests for the administration of medication has taken place for all listed children and a record sheet will be signed.
- Be a part of the Medical Rota team (if given consent to administer medication in school) between the medical administration period.
- Maintaining fridge temperatures – At the end of the school lunch period (1:30pm), the Office Team will complete the secondary check alongside the primary check completed by a member of the TAC Team that the fridge is between two and eight degrees Celsius and record in the medical room.
- Taking medication to the local pharmacy for safe disposal during the school summer holiday period.
- Supporting the Head teacher/Named Person with the communication needs and actions arising in the delivery of this policy throughout the academic year– e.g. newsletter inserts, prospectus, staff handbook, induction process, texts, letters and phone calls.

The Team Around the Child (TAC) Team is responsible for (in addition to the listed 'all staff' responsibilities):

- Knowing which children in school have a medical condition and which of these children have an Additional Educational Need in relation to this condition
- Working in partnership with class teachers and the school Family Liaison Officer to support children who may have missed school work as a result of their medical need.
- Being part of the Medical Rota team (if given consent to administer medication in school) between the medical administration period.

- Ensuring the school 'Safeguarding Policy' refers to the 'Supporting Children in school with a Medical Condition' policy.
- Sharing information relating to a child(s) health and medical needs that are raised in family meetings with the Head teacher/Named Person.
- At the end of the school lunch period (1:30pm), The Team Around the Child (TAC) Team will complete the primary check that the administration of family requests for the administration of medication has taken place for all listed children and a record sheet will be signed.
- A half-termly check of the Squirrel's Den medicine administration record sheet.
- Maintaining fridge temperatures – At the end of the school lunch period (1:30pm), The Team Around the Child (TAC) Team will complete the primary check that the fridge is between two and eight degrees Celsius and record in the medical room that this has been completed.
- Referring to this policy in the Induction procedure – informing the Named Person of any specific training required.

Mid-Day Supervisors are responsible for (in addition to the listed 'all staff' responsibilities):

- Ensuring children are able to visit the first aid room during the lunch period to access their medication.
- Ensuring children with medical conditions are supported to access lunch and play provisions during the lunch period in keeping with their individual medical needs.
- Communicating any concern or observed change in a child's presentation – including behaviour, mood, appetite – to share this in the first instance with the office team and class teacher, if easily available. The office team will cascade information to the Head teacher, class teacher, Inclusion and Family Team.
- Knowing which children in their class have an asthma pack, Epi-Pen pack or Epilepsy rescue medication pack and taking this medication outside with the children during lunchtime play, before returning it back to the classroom after lunch time.

The Squirrel's Den and Holiday Club staff are responsible for (in addition to the listed 'all staff' responsibilities):

- At the end of the Squirrel's Den session at 6:00pm, a member of staff from the Squirrel's Den will check that medication required has been administered and the record sheet will be signed.
- Administering any medicines required during the child's time in the den, informed via the registration book.
- The member of staff per class who is responsible for taking the children to the Den after school will take medication with them to the Den, which is then signed in on the register.
- It is the responsibility of the supervisor and the play worker to return the items back to class at the end of each session and sign out of the registration book.
- During Holiday Club, it is the responsibility of the supervisor to go and get the medication from class and return it at the end of the session. They must check the register when they come in for shift and collect the medication from the agreed place in class.
- All medicine is signed out to families at the start of the Summer Holidays. If medicine is required during the Summer Holiday Club, it is brought in specifically for this and normal procedure applies.

After School Club Leaders are responsible for (in addition to the listed 'all staff' responsibilities):

- The member of staff per class who is responsible for taking the children to after school clubs will take medication with them to the club, which is then signed in on the register by the club lead.
- It is the responsibility of the club leader to return the items back to class at the end of each session or to take them to the Den with the child.

The School Nurse is responsible for:

- Notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible this should be done before the child starts at our school.
- Providing support for staff on implementing a child's individual health and risk assessment.
- Providing advice including relevant training delivery or signposting to training providers and supporting Health Professionals. This will include recommendations and safe practice guidelines that support this policy and the protocol for the administration of medicine in school.

The Family are responsible for:

**The overall responsibility for managing the medical needs of their child(ren) lies with the family.**

*(Family is used to describe the person or body of people with parental responsibility for the child which may include foster carers, carers, guardians or the local authority).*

- Advising the school in writing (using school enrolment forms or in letter format) that their child has a medical condition.
- Informing the school of medication needs that are required during the school day or when participating in out of school activities. In these circumstances form C *'parental request for medicine to be administered in school'* must be completed – one form per medication required for each child – this form will be fully updated by the family for any change in medication.
- Receiving and reading individual health and risk assessments and communicating changes required with the named person in line with that specified on the child's individual health and risk assessment.
- Informing the school in writing via the alteration section of Form D of any change to their child's medical condition and/or medication.
- Ensuring all medication brought into school has:
  - been provided in the original labelled box as prescribed for their child as named on the label
  - a batch number on the medication that matches the batch number on the medication box
  - the correct dosage and is in date, with the pharmacy/manufacturer's administration instructions, including associated side effects if provided. In the event that information on associated side effects is not provided, we will endeavour to research this information to inform named adults in school.
- Supporting their child(ren) with learning that may be impacted by their medical needs.
- Ensuring their child(ren) has regular medical reviews with their doctor, specialist or health practitioner.

### **PROCEDURE WHEN NOTIFICATION IS RECEIVED THAT A CHILD HAS A MEDICAL CONDITION**

All information relating to a child's medical needs received at any point in time by a member of staff must be shared in the first instance with the Head teacher.

When children transition into school, an enrolment form is completed by the family which includes information relating to health and medical needs. The enrolment form is held centrally in the school office. Medical information from this form is shared with relevant members of staff in school including the Head teacher, Class teacher (for team cascade within the class/year group) and the Named Person.

**Should a child's medical circumstances change, families and professionals are asked to update school with this information in writing. The communication process as outlined above will be triggered.**

Once medical information has been shared with the Head teacher, identification of, and liaison with, relevant staff, including the Named Person and Office Team will be actioned to implement next steps in support of the child's medical needs.

The Named Person will liaise as appropriate with families, the individual child, health professionals and other agencies to decide on the support to be provided to the child and where appropriate, an Individual Health and Risk Assessment will be drawn up. The child's needs may also be recorded on the 'Asthma and Other Medical Document' as part of a central recording system for staff to access information recording medical conditions, SEN, food allergies or other allergies for school-based activities.

The Office Team will work in partnership with the Head teacher and Named Person to ensure processes are in place to support the medical needs of the child. This includes ensuring all paperwork is completed, actioned and safely stored that is necessary to support the child need, including the parental consent and request forms B and C.

Appendix A – An example of the template used to record individual health and risk assessments detailing examples of the information this may contain.

### **ALLERGY AND INTOLERANCES POLICY**

If families inform the school of a child's allergy, then this is recorded on their Individual Health and Risk

Assessment and if medicine is to be given for an allergy then the procedure for notification that a child has a medical condition begins. For a more detailed representation of Lanesend Primary School's policy regarding allergies in school, please refer to our separate 'Allergy and Intolerances Policy'.

### **INDIVIDUAL HEALTH AND RISK ASSESSMENTS**

Individual risk assessments must be incorporated in school trip/activity risk assessments. Please refer to appendix A for an example.

Individual health and risk assessments will be created electronically and will be reviewed once a year in September or earlier if evidence is provided from families or health professionals that a child's needs have changed.

An individual health and risk assessment will be written for children with known medical conditions including children with asthma. It will clarify what needs to be done, when and by whom and include information about the child's condition, special requirements, medicines required, what constitutes an emergency and action to take in the case of an emergency.

Where a child in school has one or more of the following: medical need requiring a formal plan or procedure; physical/mobility need(s) or significant emotional/behavioural need(s) requiring adaptation or additional control measures, an individual health and risk assessment will be sought.

Individual Health and Risk Assessments will be shared with families. It is the responsibility of the family to request changes to this document by submitting the information in writing to the named person.

### **ADMINISTERING MEDICINES**

For medication where no specific training is necessary, identified members of staff may administer prescribed and non-prescribed medication to children under the age of 16, but only with the written consent of the child's family and in keeping the school protocol. This applies to members of staff who are able to take on the voluntary role of administering medication, if they are over the age of 18.

Consent from families must be received before administering any medicine to a child in school. Without consent, the responsibility for the administration of medicines is the responsibility of the child's family.

**Under common law duty of care, all members of staff are required to act like any reasonably prudent parent in an emergency situation. This may include taking action in an emergency such as administering medication.**

### **TIMINGS TO ADMINISTER MEDICINES WITHIN SCHOOL**

Due to increased numbers in school and more children requiring medication, it has been agreed by Trustees and the school that there will be an administration of medicine time period between 12.00 noon and 1.00pm. Families are requested to adjust their children's medication so that it can fit within this time period. This will allow medicines to be completed with appropriate members of staff during a set time to ensure they are not disturbed or distracted from this task. Medicines needing to be administered outside of this time period, will not be administered unless agreed with medical professionals or the Headteacher. During this time period, members of staff administering medicines will be wearing red tabards to indicate to others that they must not be disturbed.

### **The protocol for administering medication in school is as follows:**

Upon entry to school or as a child transitions into school, families will be asked to complete a set of enrolment forms within which there is Form B 'Family Awareness of Protocol For Administering Medication in School'. This form will be used to confirm families are aware of the protocol for administering medication in school and first aid.

Should a child become unwell during the school day they will receive care from a first aid trained member of



staff.

There may be occasions when non-controlled/non-prescribed medication such as Calpol or Piriton may be considered as a possible means of support for the child. Please note, the child will be ALWAYS be administered the LOWER DOSE medication relevant to their age. For example, if the child is 6 years old, they will be administered the infant Calpol which is for 4-6 year-olds as opposed to the 6+ Calpol which is 6-8 years old.

In these circumstances:

- The staff member supporting the child will make a phone call home from school to the family to share information regarding the child's health and wellbeing and agree next steps.
- Form L "*Record of Contact Seeking Consent to Administer Non-Controlled/ Non-Prescribed Medication (Occasional Calpol or Piriton Use)*" must be completed.
- Consent to administer Calpol or Piriton can only be provided by an adult with parental responsibility for the child.
- School will check with the family if the child has taken the medication previously, the last time they took the medication, the dose taken and if the child has any known allergy or health condition that would impact on the safety of administering the medication. Form L "*Record of Contact Seeking Consent to Administer Non-Controlled/ Non-Prescribed Medication (Occasional Calpol or Piriton Use)*" will be used to record this information.
- When completing Form L, if for any reason questions are not answered satisfactorily, medication should not be given and advice should be sought from the Headteacher.
- Calpol and Piriton cannot be administered by school staff if the child has not taken the medication previously.
- When completing Form L, a record of the agreed outcomes including time, date and parental consent will be recorded and signed by the staff member making the call. Form L is then attached to Form D "*Record of Medicine Administered (Including Asthma Inhaler Use) to an Individual Child*".
- The family member providing consent to administer the non-controlled/non-prescribed medication will be given a copy of the form when collecting the child at the end of the school day. In some instances, children walk home from school unsupervised. A copy of the form will be given to them to pass on to the family member who gave consent. The original form will be kept in the main medical administration file.
- All procedures and requirements detailed within this policy will apply when administering non-controlled/non-prescribed medication – including the requirement that a second member of staff is present at the time of the telephone call and confirming that the telephone call was made by signing Form L. Two members of staff must also be present and double sign record sheets.

If a child for any known reason requires medication whilst they are at school, families must fill form C '*Family Request for Medicine to be Administered in School*' which is available from the main school office, the blue folder in the school reception area and additional copies are held in the first aid room. A record of the amount of medication held in school will be recorded on form D "*Record of Medicine Administered (Including Asthma Inhaler Use) to an Individual Child*" and a running record of the medication received and used in school will be maintained.

If a child's medication changes or is discontinued, or the dose or administration method changes, the family should notify the school immediately and Form C '*Family Request for Medicine to be Administered in School*' must be updated.

**The school will hold no responsibility for administering incorrect doses if the family fail to inform the school and provide school with consent.**

Medicines will only be accepted for administration if they are:

- Prescribed
- In-date
- Labelled with the name of the child and dosage required
- Provided in the original packaging/container as dispensed by a pharmacist and include instructions for administration, dosage, storage and associated side effects if provided. In the event that information on

associated side effects is not provided, we will endeavour to research this information to inform named adults in school.

- The batch number of the medication matches the batch number on the medication packaging/container.

The Headteacher has the authority to receive medication without a box in exceptional circumstances and a danger to the child's health if the medication is not available in school.

Controlled and/or prescribed medication can ONLY be administered in keeping with the guidelines on the medication packaging/container. If the administration instructions requested by a family are in any way different to the package instructions, medication cannot be administered until clarification has been received from a health professional. If this situation occurs, school will ask the family to seek signed consent agreeing to the request for alternative means of administration from the GP, Pediatrician or Pharmacist. Once this signature and confirmation has been received, the medication can then be administered in school. Until this signed document has been received, administration will continue to be the responsibility of the family.

- The exception to this is insulin which must be in date but will generally be available inside an insulin pump, rather than in its original container
- All use of medication defined as a controlled drug, even if the child can administer the medication themselves, is completed under the supervision of two members of staff who will both sign form D "*Record of Medicine Administered (Including Asthma Inhaler Use) to an Individual Child*"

## **STORAGE**

The medical room is situated at the front of the school. It has a high handle and children are not allowed to be in the medical room unsupervised. Prescribed medicines are locked away either in a cupboard or in a locked fridge, except medicine that requires emergency administration i.e. epi-pens, asthma, insulin and epilepsy rescue medication, which is placed in a high cupboard. Un-prescribed medicines are stored in the medical room, which should not be accessible to children.

All medicines should be stored safely. Children should know where their medicines are at all times.

- Diabetes – Medication is held in accordance with the needs of the child.
- Asthma inhalers - will be placed with individual child record files on the top shelf of the cupboard of each classroom, unless stated otherwise if no cupboard available or the cupboard is not suitable for children to access.
- Epilepsy rescue medication - will be placed with individual child record files on the top shelf of the cupboard of each classroom unless stated otherwise if no cupboard available or the cupboard is not suitable for children to access. If the child has more than one dose of rescue medicine provided to school, the medication will be split. The relevant dosage prescribed for the child will be held in the classroom for emergency use and any additional dosages will be stored in the unlocked cabinet in the first aid room.
- Epi-Pen – each child will have two Epi-Pens in school. One Epi-Pen will be held in the classroom and the second Epi-Pen will be stored in the unlocked cabinet in the first aid room.
- All other child medicines - will be stored in the first aid room in the locked cupboard or fridge.

## **RECORDING**

The latest copy of the signed consent form C "*Family Request for Medicine to be Administered in School*" must be referred to prior to administering the medication – this is necessary to ensure that the medication type and dosage details are correct. Each time medication is administered, one child at a time with the accompanying members of staff will access the first aid room. Two signatures are required when administering all medicines in school and when a child is witnessed to take medication.

Staff members must not be interrupted and the following checks will be made:

- Check child's name

- Check consent and date of consent

Check medicine:

- Is named
- The dose on the box
- The dose on the blister pack/bottle
- The dose prescribed
- The medication is in date
- The batch number of the medication matches the batch number on the medication box
  
- Administer medication
- Sign form and date
- Count number of (controlled/prescribed) drugs (current running total)

Written records will be kept of all medicines administered to children, using the Form D “*Record of Medicine Administered (Including Asthma Inhaler Use) to an Individual Child*”.

If a child requiring the administration of medicine is absent, this will be recorded on the Form D. This will be recorded using the wording: ‘**Child absent from school**’.

If a child refuses to take medication, this will be recorded on Form D “*Record of Medicine Administered (Including Asthma Inhaler Use) to an Individual Child*” and the family will be informed immediately. This will be recorded using the wording: ‘**Child refused medication**’.

Once the period of medicine is completed a cross is to be drawn over the form to illustrate that this form is no longer required. The back of Form D should also be completed, indicating if the medication has ceased entirely, changed or has been returned to family.

All medication packaging – including boxes, bottles and blister packs will be returned to the family once the medication has run out and/or the period of required administration has been completed. A record will be made on Form D “*Record of Medicine Administered (Including Asthma Inhaler Use) to an Individual Child*”, that the packaging has been returned to the family so that this action corresponds with the running total and record sheet held in school.

A list of children who are required to take controlled/prescribed medication during the school day is written and maintained on the school office wipe board. When staff have administered a child’s controlled medication, following the completion of necessary paperwork in the first aid room, a tick is then placed against the child’s name on the office wipe board. All staff involved in the administration of controlled medication should report any concerns immediately if it is noted on the wipe board that a child’s medication has been missed and procedures followed including recording this information and informing the families and class team with immediate effect. At the end of the school lunch period (1.30pm) The Office and Team Around the Child (TAC) Team will review the board to double check that the administration of controlled/prescribed drugs has taken place for all listed children – the team member who is responsible for writing medication on the board will also complete this check.

Children in school will only be allowed to take their own prescribed or personal medication – under no circumstances will substitutions be made.

Children who are competent to manage their own health needs and medicines, after discussion with families will be allowed to carry their own medicines and relevant devices or will be allowed to access their medication for self-medication. Signed confirmation by family and Head teacher is required to support this process. Form C “*Family Request for Medicine to be Administered in School*” will be used to record this information and form E “*Permission for Children to Self-Administer (Child and Family Form)*” will be completed.

Staff must advise family members if inhalers are used and record the communication on Form D. If a family member does not collect a child at the end of the day, a call home must be made and a record of

communication written on Form D. Staff to inform the Headteacher or Named Person if pattern of use of inhaler increases dramatically over a short period of time.

Children who require emergency medication know where their medication is stored and how to access it. Children are supported to understand the arrangements for a member of staff to assist in helping them take their medication safely.

If a child misuses medication, either their own medication or another child's, families are informed as soon as possible.

## **ASTHMA**

For those children who use an asthma pump in school, a record will be maintained of when the pump has been used using Form D "*Record of Medicine Administered (Including Asthma Inhaler Use) to an Individual Child*". For each child the following items and forms will be held in the classroom: Asthma medication; spacer (if required); form C "*Family Request for Medicine to be Administered in School*"; form D; Health and Risk Assessment and form E "*Permission for Children to Self-Administer, if required (Child and Family Form)*". A copy of form C is also held in the main medical file located in the first aid room.

All asthma pumps held in school will be regularly checked to ensure that they are in date. If a pump is noted as being out of date it will not be used and contact will be made with the family to request an up to date replacement. A current copy of the required dosage will be provided by the family for school use – this may be copied from the original box or a letter sought from GP or asthma nurse/specialist – this information will be captured on form C "*Family Request for Medicine to be Administered in School*".

During periods of time when children are out of the classroom, including break time play, lunch time play, PE or are off site for extracurricular activities and school trips, asthma pumps will be taken from the classroom to the location of the activity to ensure children are able to promptly access asthma medication should the need to do so arise.

## **SPARE SALBUTAMOL INHALER PROCEDURE**

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows any school to buy salbutamol inhalers, without a prescription, for use in emergencies. The emergency salbutamol inhaler will 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 child's prescribed inhaler is not available (for example, because it is broken, or empty).

### **Protocol for obtaining consent to administer spare Salbutamol inhaler:**

- Written consent will be sought via Form C "*Family request for medicine to be administered in school*" detailing the agreed spare salbutamol dosage permitted to be used in the case of emergency (See flowchart for administration)
- A central list of consent to administer the spare salbutamol inhaler will be attached to the Asthma and Other Medical document. This document will be circulated to every class, MSAs, Office, Medical room, Den, Staff room and an additional copy stored with the spare emergency AAI kit.
- Consent will only be sought for those children who already have a prescribed inhaler.

Our spare salbutamol inhaler will be stored in one pack. This medication will be clearly labelled and stored separately to the child's own prescribed medication. **The kit will be stored in an unlocked cupboard in the medical room and contain:**

- a salbutamol metered dose inhaler;
- a plastic spacer
- instructions on - manufacturer's information including cleaning and storing the inhaler;
- a checklist of the inhaler, batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers

- a list of children permitted to use the emergency inhaler
- a copy of each asthmatic child's 'Form C' for dosage and administration purposes
- a record of administration (i.e. when the inhaler has been used)
- flow chart for administration

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 consent has been given.

#### Storage and care of the Salbutamol inhaler

The Named Person has responsibility for ensuring that:

- on a monthly basis the inhaler and spacer are present and in working order, and the inhaler has sufficient number of doses available;
- 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.

To avoid possible risk of cross-infection, the plastic spacer should be sterilised after use.

In the event of a possible asthma attack in a child who does not meet these criteria and is undiagnosed, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency Salbutamol inhaler is appropriate.

#### EPI-PENS

##### **Epi-Pen use in emergency situations:**

Should a situation occur where a child (who has not displayed symptoms previously, has no prescribed epi pen or known medical condition requiring an epi pen) experiences or displays signs of anaphylactic shock an ambulance must be called immediately and advice taken on next steps. The staff member calling emergency services may explain to the ambulance team that we have a spare Epi-pen or Epi-pens belonging to another child in school and seek advice. **ONLY** if the medical/ambulance team advise that an Epi-pen held in school or belonging to another child should be used can this action be taken. A record of the medical advice given to school and subsequent action taken should be accurately recorded and maintained.

##### **Epi-Pen use outside of the classroom**

During periods of time when children are out of the classroom including break time play, lunch time play, PE or are off site for extracurricular activities and school trips, Epi-Pens will be taken from the classroom to the location of the activity to ensure children are able to promptly access their medication should the need to do so arise. Epi Pens are permitted to be stored in their original box, either in a tough pack or a pencil case. The Epi Pen should be accompanied by the child's emergency administration instruction paperwork and their Individual Health and Risk Assessment in a zip lock bag. Extreme temperatures should be avoided, i.e. leaving them in direct sunlight, hot vehicles, on radiators, cold weather etc.

#### SPARE SCHOOL ADRENALINE AUTO INJECTOR PROCEDURE

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 permits any school to hold a spare Adrenaline Auto injector (AAI) to use on children at risk of anaphylaxis, but their own device is not available or not working (e.g. because it is broken, or out-of-date).

Lanesend Primary School have two spare AAI devices – one EpiPen Junior 0.15mg and one EpiPen 0.3mg.

The school's spare AAI will only be used on children known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. The school's spare AAI can be administered to a child whose own prescribed AAI cannot be administered correctly without delay. However, if the Emergency Services advise the use of our Epi-pen on an undiagnosed adult or child, this advice will be followed.

**The Resuscitation Council (UK) recommends that healthcare professionals treat anaphylaxis using the age based criteria, as follows:**

- For children aged under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. using an EpiPen Junior (0.15mg), Emerade 150 or Jext 150 microgram device).
- For children aged 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g. using an EpiPen (0.3mg), Emerade 300 or Jext 300 microgram device).

**Protocol for obtaining consent to administer spare AAI:**

- Written consent will be sought via the child's Form C 'Administering Medication to Children in School' detailing the agreed spare AAI dosage permitted to be used in the case of emergency (See flowchart for administration)
- A central list of consent to administer the spare AAI will be attached to the Asthma and Other Medical document. This document will be circulated to every class, MSAs, Office, Medical room, Den, Staff room and an additional copy stored with the spare emergency AAI kit.
- Consent will only be sought for those children who already have AAI in school for their allergy or medical condition and are at risk of anaphylaxis.

Our spare AAI's will be stored in one pack. This medication will be clearly labelled and stored separately to the child's own AAI medication. The kit will be stored in an unlocked cupboard in the medical room and contain:

- 2 AAI separate dosages
- Instructions on how to use the device(s).
- Instructions on storage of the AAI device(s).
- Manufacturer's information.
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded.
- A note of the arrangements for replacing the injectors.
- a list of children permitted to use the emergency inhaler
- a copy of each asthmatic child's 'Form C' for dosage and administration purposes
- a record of administration (i.e. when the inhaler has been used)
- flow chart for administration

**Storage and care of the AAI**

The Named Person has responsibility for ensuring that:

- on a monthly basis the AAIs are present and in date.
- replacement AAIs are obtained when the expiry dates approach (this can be facilitated by signing up to the AAI expiry alerts through the relevant AAI manufacturer).

The AAI devices should be stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

In the event of a possible severe allergic reaction in a child who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

**EPILEPSY RESCUE MEDICATION**

During periods of time when children are out of the classroom including break time play, lunch time play, PE or are off site for extracurricular activities and school trips, Epilepsy Rescue Medication will be taken from the classroom to the location of the activity to ensure staff are able to promptly access to their medication should the need to do so arise. The medication should be accompanied by the child's emergency administration instruction paperwork and their Individual Health and Risk Assessment in a zip lock bag.

**DIABETES**

Children with diabetes have their own diabetic pack and members of staff are trained to work alongside that child. Their insulin is available to them when needed at particular times of the day. More detail of how we support children with diabetes can be found in our Diabetes Policy.

## **OFF SITE VISITS**

All staff attending off-site visits must ensure they are aware of children with medical conditions on the visit, including the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed. Identified members of staff, will take responsibility for administering medication, on a school trip or residential. This will be noted on the health and risk assessment for offsite activities or on the Asthma and Other Medical Document. The school recording procedures for administering medication apply on and off the school site.

Medication and original recording forms (form C and D) are taken on any off-site visits ensuring enough medication is taken for the duration for the visit. A photocopy of form C and D will be placed in either the medical file or classroom asthma file (asthma use only) to ensure this information is always held on the school site. On return to school medication will be stored safely and the original forms C and D returned to the appropriate file. The photocopied forms C and D at this point will be shredded.

## **CHILD OBSERVATION**

Staff will ensure that they report any observed changes in behaviour or mood exhibited by children in their care who are known to take controlled medication. Any changes will in the first instance be reported to the Head teacher and the child's families.

Appendix F1 provides a list of medications and their side effects.

Appendix G provides a template to record observations in relation to a child taking medication in support of a diagnosis of ADHD, if required.

## **TRAINING:**

Communication of this policy; associated protocol and supporting documents will be cascaded in school for all school staff. Further communication will comprise internal cascade with School Nurse supported delivery as appropriate.

School first aid training will be provided to staff.

Training will be given to specific staff members who agree to administer medication to children, where specific training is needed – for example, supporting children with diabetes.

In addition to diabetes training, which is accessed by specific staff, training relating to other high-risk medical conditions, such as allergies and asthma will be delivered to all staff so that in an emergency situation staff are able to support the most serious medical conditions in school to the best of their ability. Examples of training may include epi-pen training and training from the asthma nurse. Training linked to emergency medical conditions is refreshed for all staff at least once a year in line with training provider recommendations.

Half termly 'Supporting Children with Medical Conditions' optional staff meetings will be held, these are open to all staff.

A current record of all training undertaken will be held in school and any gaps in provision will be communicated to the Head teacher and Named Person with immediate effect. (See Appendix G)

## **STORAGE:**

Controlled and prescribed medication is stored in accordance with the prescribed instructions paying particular attention to temperature requirements.

Non-refrigerated controlled medication is stored in the allocated locked cupboard. Only permitted members of staff have access to the cupboard, even in circumstances when children administer their own medication.

An allocated locked fridge is available in the first aid room, for the storage of medication requiring refrigeration. This fridge is for use by staff only.

All medication packaging – including boxes, bottles and blister packs will be returned to the family once the

medication has run out and/or the period of required administration has been completed.

In addition to staff members checking the expiry date of medication on each occasion of administration, a review of the expiry dates of all medication held on site will take place three times a year – this will be undertaken by the Named Person.

Children accessing the Squirrel's Den during the summer holidays will be required to bring medication to the Den with them during each visit within which medication is required. Current/request forms completed by the family must be in place for administration of medicine to be actioned.

Sharps boxes are used for the disposal of needles. Boxes are sourced by the family from their GP. All sharps boxes are stored on the first aid room unless alternative safe arrangements are made on a case by case basis.

If a sharps box is needed for an offsite activity, a nominated member of staff is responsible for its safe storage and return to a local pharmacy, to school or to the child's family.

Sharps boxes are collected and returned to Cowes Medical Centre as required.

### **ACTION IN EMERGENCIES**

A copy of this information will be displayed in the school office, first aid room, staff room, kitchen and all classrooms, Team Around the Child (TAC) Team office. (See Appendix I)

Request an ambulance – dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked.

- The school's telephone number: 01983 293 233
- Your name:
- Your location: Lanesend Primary School, Love Lane, Cowes, Isle of Wight, PO31 7ES
- Provide the exact location of the patient within the school
- Provide the name of the child and a brief description of their symptoms
- Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient
- Ask available staff to open relevant gates for entry
- Ask available staff to copy and/or provide details of relevant medical information to share with the ambulance team including as relevant to the situation – the current parental consent form, child health and risk assessment, medication needs and details of administered medication.
- Contact the families to inform them of the situation
- A member of staff should stay with the child until the parent/carer arrives.
- If a family member does not arrive before the child is transported to hospital, two members of staff should accompany the child in the ambulance and stay with them until they are accompanied by a member of their family – ideally members of staff will be familiar to the child.

### **ACTIVITIES BEYOND THE USUAL CURRICULUM**

Reasonable adjustments will be made to enable children with medical needs to participate fully and safely in day trips, residential visits, sporting activities and other activities beyond the usual curriculum.

When carrying out health and risk assessments, families, children and healthcare professionals will be consulted where appropriate.

### **UNACCEPTABLE PRACTICE**



The following are not generally acceptable practices with regard to children with medical conditions, although the school will use discretion to respond to each individual case in the most appropriate manner.

- preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assuming that every child with the same condition requires the same treatment
- ignoring the views of the child or their families; or ignoring medical evidence or opinion, (although this may be challenged)
- sending 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, sending them to the school office or first aid room unaccompanied or with someone unsuitable
- penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- preventing children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- requiring families, or otherwise making them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No family member should have to give up working because the school is failing to support their child's medical needs
- preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring families to accompany the child

## **COMPLAINTS**

An individual wishing to make a complaint about actions regarding the school's actions in supporting a child with medical conditions should discuss this with the school in the first instance

If the issue is not resolved, then a formal complaint may be made, following the complaints procedure which is available from the school shared drive, website or on request from the main school office.

## **10. EQUALITY IMPACT STATEMENT**

Lanesend Primary School will do all we can to ensure that this policy does not discriminate, directly or indirectly.

We shall do this through regular monitoring and evaluation of our policies.

On review, we shall assess and consult relevant stakeholders on the likely impact of our policies on the promotion of all aspects of equality, as laid down in the Equality Act (2010). This will include, but not necessarily be limited to: race; gender; sexual orientation; disability; ethnicity; religion; cultural beliefs and pregnancy/maternity. We will use an appropriate Equality Impact Assessment to monitor the impact of all our policies and the policy may be amended as a result of this assessment.

## **11. APPENDICES**

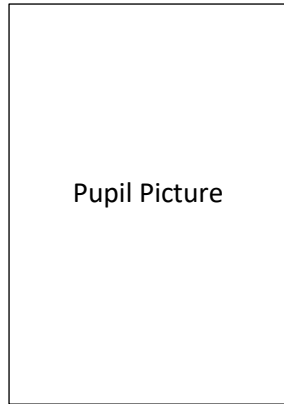


# LANESEND PRIMARY SCHOOL

## A – RISK ASSESSMENT AND EXAMPLES OF POSSIBLE SUPPORTING INFORMATION with effect from September 2019



Medical Plan for | Pupil Name | 1



Pupil Picture

### Medical Plan for Pupil Name

SEN Stage: N

Date of birth:                      Gender:                      Class:                      Year group:

Teacher: Miss Chloe Johnson    Start date: 11/9/2019    Review date: 10/12/2019    Plan number: 1

Free school meals: N    Pupil Premium: N    Medical needs: N    Attendance: 100.0%    Gifted & talented: N    First language: YOR    In care: N    EAL: Y    Armed forces: N



### Medical Conditions

Medical Conditions	SEN Diagnoses	Associated Professionals
--------------------	---------------	--------------------------

### Individual Health and Risk Assessment

Name of Medication	Possible Side Effects of Medication
--------------------	-------------------------------------

### Health and or medical needs

Hazards: (e.g. related to: medical/health difficulty, setting, activity, travel, accommodation, behaviour, weather)	Associated Risks:	Who is at Risk? (Including Risk Rating for the individual)	List existing controls or attach information. Identify action needed for risks for which these controls are not adequate: (e.g. school policy such as behaviour policy, positive handling policy, AEN Policy, supporting children in school with medical conditions policy, accident procedures)	Responsibility:
---	-------------------	--	--	-----------------

## Arrangements for offsite trips or residentials

Hazards: (e.g. related to: medical/health difficulty, setting, activity, travel, accommodation, behaviour, weather)	Associated Risks:	Who is at Risk? (Including Risk Rating for the individual)	List existing controls or attach information. Identify action needed for risks for which these controls are not adequate: (e.g. school policy such as behaviour policy, positive handling policy, AEN Policy, supporting children in school with medical conditions policy, accident procedures)	Responsibility:
---	-------------------	--	--	-----------------

## Declaration

### Family Responsibility:

Please note that risk assessments are reviewed in school once a year in September or earlier if evidence is provided from families or health professionals that a child's needs have changed. Medical Plans are written based on the information you have provided us for your child. It is the responsibility of families to update Caroline Sice, Headteacher, or the Medical named person, in a written format with any changes to their child's care including a change in diagnosis, control measures, procedures and/or change in medication.

### Sharing information:

This document will be held centrally for all staff on edukey before being shared with the Headteacher/Named person, appropriate staff within school that support the child and families using paper copies.



# LANESEND PRIMARY SCHOOL

## **B – FAMILY AWARENESS OF PROTOCOL FOR ADMINISTERING MEDICATION IN SCHOOL**



**(To be returned to school and held centrally on the Admin Drive and a copy to be placed in child's file)**

*Due to increased numbers in school and more children requiring medication, it has been agreed by Governors and the school that there will be an administration of medicine time period between 12.00 noon and 1.00pm. Families are requested to adjust their children's medication so that it can fit within this time period. Medicines needing to be administered outside of this time period, will not be administered unless agreed with medical professionals or the Headteacher.*

### **Families at Lanesend Primary School are responsible for:**

- Advising the school in writing (using school Enrolment forms or in letter format) that their child has a medical condition.
- Informing the school of medication needs that are required during the school day or when participating in out of school activities. In these circumstances form C '*parental request for medicine to be administered in school*' must be completed – one form per medication required for each child – this form will be fully updated by the family for any change in medication.
- Due to increased numbers in school and more children requiring medication, it has been agreed by Governors and the school that there will be an administration of medicine time period between 12.00 and 1.00pm. Families are requested to adjust their children's medication so that it can fit within this time period.
- Signing individual health and risk assessments and communicating changes required.
- Informing the school in writing via the alteration section of Form D of any change to their child's medical condition and/or medication.
- Ensuring all medication brought into school has:
  - been provided in the original labelled box as prescribed for their child as named on the label
  - a batch number on the medication that matches the batch number on the medication box
  - the correct dosage and is in date, with the pharmacy/manufacturer's administration instructions.
- Supporting their child(ren) with learning that may be impacted by their medical needs.
- Ensuring their child(ren) has regular medical reviews with their doctor, specialist or health practitioner.

### **As part of our 'Supporting Children with Medical Conditions' policy and to support children, our policy for administering Calpol or Piriton if your child becomes unwell whilst in our care is as follows:**

- The staff member supporting the child will make a phone call home from school to the family to share information regarding the child's health and wellbeing and agree next steps.
- If it is agreed by the family that medication is to be administered, Form L 'Record of Contact Seeking Consent to Administer Non-Controlled/Non-Prescribed Medication (Occasional Calpol or Piriton Use)' will be used.
- **School will check with the family if the child has taken the medication previously, the last time they took the medication, the dose taken and if the child has any known allergy or health condition that would impact on the safety of administering the medication.**
- A record of the agreed **outcomes including time, date and agreed consent will be recorded and attached to the child's administration of medicines form and signed by the team member making the call.**
- The family member providing consent to administer the non-controlled/non-prescribed medication **will be asked to double sign this form prior to collection of the child at the end of the school day (or to nominate an alternative adult within the family unit to do so).**
- All procedures and requirements detailed within the school 'Supporting Children with Medical Conditions' policy will apply when administering non-controlled/non-prescribed medication – including the requirement for two members of staff to be present and double sign record sheets.
- We will not give your child any medication if we do not have your consent.

Please sign this form to confirm you understand our procedures for administering Calpol or Piriton in school, should your child become unwell in school.

### **Child Details:**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **Family contact details:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Signed: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

*The above information is, to the best of my knowledge, accurate at the time of writing and I understand the procedure staff will follow when administering medicine in accordance with the school/setting policy. This form is only to be completed once during your child's time at Lanesend Primary School.*



**CHILD PHOTO TO BE ATTACHED – Request from Office Team Member**  
**THIS FORM MUST BE COPIED TO AEN – Chloe Johnson and CLASS TEACHER**



## LANESEND PRIMARY SCHOOL

### C – FAMILY REQUEST FOR MEDICINE TO BE ADMINISTERED IN SCHOOL

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Year: \_\_\_\_\_ Class: \_\_\_\_\_

My child has been diagnosed with: (Name of medical condition or illness) \_\_\_\_\_

**My child is considered fit to attend school, but requires the following medicine during school hours:**

Name/type of medicine	
Expiry Date and batch number:	
Dosage and method:	
Timing and frequency (e.g. 12noon, daily)	
Is this the first time your child has taken this medication? – yes/no	
<b>Medication will only be administered to children at the times you have specified. We cannot accept instructions of 'if needed' or 'as and when', unless the medication is an inhaler.</b>	
Please advise the date(s) you wish this medication to be administered (e.g. 26/11/15 – 28/11/15).	
Self-Administration – yes/no	
Are there any side effects that the school/setting needs to know about?	
Special precautions/other instructions:	
Procedures to take in an emergency:	
Include total number of tablets or total volume of medication received:	
<b>NB: Medicines must be in the original container, ensuring the prescription label is visible, as dispensed by the pharmacy. The batch number on the medication MUST match the batch number on the container. If non-prescribed medication is required for a period of time, in conjunction with a prescribed medication, a separate copy of this form MUST be completed.</b>	

**If Medication is an Asthma Inhaler or Epi-Pen ONLY (Please Circle):**

I give permission for my child to use the school spare device in the event of an emergency. I give permission for the device dosage to be the same as the details I have already provided on this form. I understand that the school spare device will only be used as a last resort if my child's own medication is unavailable, broken or expired.	<u>YES</u>	<u>NO</u>	<u>DOES NOT APPLY</u>
--	------------	-----------	-----------------------

**Family contact details:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

*The information is, to the best of my knowledge, accurate at the time of writing and 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. I take responsibility for the expiry date and keeping the school stocked with medicine that my child requires. The overall responsibility for managing the medical needs of their child(ren) lies with the family.*

Signed: \_\_\_\_\_ Print: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Staff Member Accepting medication: All checks complete in line with school policy.	Signature:
Advice sought from Headteacher (if applicable):	



# LANESEND PRIMARY SCHOOL



## D – RECORD OF MEDICINE ADMINISTERED (INCLUDING ASTHMA INHALER USE) TO AN INDIVIDUAL CHILD

This form is completed in conjunction with the CURRENT 'Family Request for Medicine to be administered in School' form.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Year: \_\_\_\_\_ Class: \_\_\_\_\_

### NOMINATED STAFF MEMBER(S) TO ADMINISTER THIS MEDICATION:

1. \_\_\_\_\_
2. \_\_\_\_\_

Date	Name of Medication	Dosage Given	Time Given	First Signature	Second Signature	Current Running Total No. of tablets/ volume of medicine	For Asthma Use Tick once family updated of asthma use

### **CHANGE IN MEDICATION NOTICE (Please Tick all that apply)**

- Medication ceased due to end of allotted timescale – medication bottle, box or inhaler returned to family
- Medication ceased due to amount of medication running out – medication bottle, box or inhaler returned to family
- Medication change – including dosage, change in prescription etc therefore new form C completed for new medication
- Medication returned to family at the end of an academic year
- Other reason (Please State) \_\_\_\_\_

DATE: \_\_\_\_\_ Family Name: \_\_\_\_\_ Family Signature: \_\_\_\_\_



# LANESEND PRIMARY SCHOOL

## E – CHILD MEDICINE AWARENESS FORM



This form will be completed with every child with asthma medication that is held in school or alternative medication for which the child requires support in understanding the procedure for their medication in school. This form is for emergency medications only, where the medicine is kept in the classroom.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Year: \_\_\_\_\_ Class: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

**Points 1-6 have been discussed and agreed with the child:**

- 1. I know the name of my medication and what it is for.**
- 2. I know when I should take my medication and how much I should take.**
- 3. I understand that it is important to always remember to take my medication.**
- 4. If I forget to take my medication, I must tell a member of staff.**
- 5. I know that my medication is kept in: (please insert) \_\_\_\_\_**
- 6. I will not share my medication with other children.**

Please read points 1-6 with the child and family prior to receiving the child signature and consent information below:

Child: I can confirm that I have discussed points 1-6 with \_\_\_\_\_ (staff name)

Child Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# LANESEND PRIMARY SCHOOL

## F1 – LIST OF POSSIBLE MEDICATIONS HELD IN SCHOOL

### INCLUDING DETAILS OF SIDE EFFECTS

**This is not an exhaustive list- for any queries, in first instance, speak to Headteacher to agree next steps of action.**

#### **Adcal D3**

**What is it for?** This medicine is a calcium and vitamin D supplement and helps correct low levels of calcium and vitamin D in the body. Calcium and vitamin D are essential for the growth of healthy bones and teeth. This medicine helps correct calcium and vitamin D deficiencies. Vitamin D also helps the intestine absorb both calcium and phosphorus which are needed for bone growth.

#### **Possible side effects of Adcal D3**

- Constipation.
- Nausea.
- Wind.
- Stomach pain.
- Diarrhoea.
- Rashes

#### **Aripiprazole**

**What is it for?** Aripiprazole is an anti-psychotic drug used for treating psychotic conditions and mood disorders. Aripiprazole blocks several receptors on the nerves of the brain and it is thought that the beneficial effect is due to its effects on dopamine and serotonin receptors.

#### **Possible side effects.**

Some of the most common side effects associated with aripiprazole are:

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• anxiety,</li><li>• blurred vision,</li><li>• constipation,</li><li>• cough,</li><li>• headache,</li><li>• insomnia,</li><li>• Light headedness,</li><li>• nausea,</li></ul> | <ul style="list-style-type: none"><li>• rash,</li><li>• restlessness,</li><li>• runny nose,</li><li>• sleepiness,</li><li>• tremors,</li><li>• vomiting,</li><li>• weakness</li><li>• weight gain</li></ul> |
|---|---|

#### **Asacol. (Mesalazine)**

**What is it for?** Asacol contains the active ingredient Mesalazine which is an anti-inflammatory drug used in the treatment of some bowel disorders including Ulcerative Colitis. Asacol helps to reduce inflammation in the bowel and prevent further episodes of inflammation. If you forget to take Asacol take it as soon as you remember. Do not take more than two doses in one hour and if it is nearly time for your next dose, wait until then and carry on as normal.

#### **Possible side effects.**

##### **Common side effects (Less than 1 in 10 people but more than 1 in a 100)**

- Diarrhoea.
- Abdominal pain.
- Nausea.
- Headache.

##### **Rare side effects. (less than 1 in 1000 people).**

- Problems with the heart, lungs, liver or kidneys)
- Numbness and tingling of the fingers and toes.
- Hair loss.
- Fever.



- Skin rash.

**Contact a Dr immediately if you experience any of the following:**

- Fever, sore throat, mouth or lip ulcers
- Skin rash with flaking, boils or sore lips and mouth.
- Swollen ankles.
- Bruising more easily than usual.

**Buccolam (midazolam)**

What is Buccolam used for? Treatment of prolonged convulsive epileptic seizures in children aged three months to 18 years. Buccolam pre-filled oral syringes contain the active ingredient midazolam, which is a type of medicine called a benzodiazepine.

**Possible side effects of Buccolam**

Medicines and their possible side effects can affect individual people in different ways. The following are some of the side effects that are known to be associated with this medicine. Just because a side effect is stated here, it does not mean that all people using this medicine will experience that or any side effect.

- Sleepiness.
- Sedation.
- Reduced levels of consciousness.
- Feeling sick or vomiting. (If the child is sick you should not give them another dose. If the seizure is not controlled you should call an ambulance.)
- Slow, shallow breathing (call for an ambulance if the child is having breathing problems).
- Rash.
- Itchy skin.
- Hives.
- Aggression or anger.
- Agitation.
- Confusion.
- Hallucinations.
- Temporary memory loss.
- Dizziness.
- Headache.
- Seizure.
- Difficulty coordinating muscles.
- Muscle spasms or tremor.
- Constipation.
- Dry mouth.
- Hiccups.
- Low blood pressure.
- Flushing.
- Slow heart rate, heart attack.
- Shortness of breath.
- Breathing stopping

**Cetirizine.**

**What is it for?** Cetirizine is an anti-allergic medication. It is used for the relief of hay fever and all year-round allergies such as dust or pet allergies. It can also be used for the relief of chronic nettle rash. If you forget to take a dose you should take one as soon as you remember but wait at least 24 hours before taking your next tablet.

**Possible side effects**

- **Fatigue.**
- Dry mouth.
- Dizziness.
- Headache.
- Sleepiness.
- Sore throat, sneezing and a blocked or itchy nose.
- Abdominal pain.
- Extreme fatigue.

- Tingling in hands and feet.
- Agitation.
- Itching, rash.

### **Clenil modulate inhaler.**

**What is Clenil Modulate inhaler?** Clenil Modulate is used to prevent the symptoms of asthma. The active ingredient is a steroid which will help to reduce the swelling and irritation in the walls of the small air passages in the lungs in order to ease breathing.

### **Possible side effects.**

Skin rashes,  
Hives.  
Itching.  
Thrush in the mouth and throat.  
Sore throat or tongue.

### **Clonidine.**

**What is it used for?** Clonidine lowers blood pressure by decreasing the levels of certain chemicals in the blood. This allows your blood vessels to relax and your heart to beat more slowly and easily. Clonidine is used to treat high blood pressure and is also used to treat attention, deficit, hyperactivity disorder (ADHD). It is sometimes used to treat anxiety disorders.

### **Possible side effects.**

- Drowsiness.
- Feeling tired or irritable.
- Cold symptoms such as a runny nose, sneezing, coughing, sore throat.
- Mood changes.
- Sleep problems.
- Headache or ear pain.
- Mild fever.
- Constipation.
- Dry mouth.
- Fast or pounding heart rate.
- A very slow heart rate.
- Feeling short of breath.
- Swelling or rapid weight gain.
- Confusion. Hallucinations.
- Flu symptoms.
- Feeling like you might pass out.
- Urination problems.

### **Concerta XL**

**What is it?** Concerta XL is a prolonged release tablet which means that it releases the active ingredient slowly. The active ingredient in Concerta XL is Methylphenidate. This is a stimulant that increases attention and decreases impulsiveness and hyperactivity in people with ADHD. Many teenagers and children will experience these symptoms at some time, however, for people with ADHD, these symptoms interfere with their ability to function in a variety of situations. Concerta XL should be taken in the morning as the effects of the drug will last throughout the day and into the evening.

### **Side effects.**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Headache.</li> <li>• Loss of appetite.</li> <li>• Insomnia.</li> <li>• Stomach ache.</li> <li>• Feeling weak.</li> <li>• High blood pressure.</li> <li>• Nausea and vomiting.</li> <li>• Weight loss.</li> </ul> | <ul style="list-style-type: none"> <li>• Twitching and muscle weakness.</li> <li>• Depression. Emotional highs and lows.</li> <li>• Anxiety.</li> </ul> |
|---|---|

### **Ditropan.**

**What is it?** Ditropan (Oxybutinin) reduces muscle spasms of the bladder and urinary tract. It is used to treat symptoms of

an overactive bladder such as frequency of urine and incontinence.

Possible side effects.

- Dry mouth.
- Dry eyes, blurred vision.
- Mild constipation.
- Dizziness.
- Drowsiness.
- Feeling very thirsty or hot.
- Heavy sweating.
- Being unable to urinate.
- Eye pain and/or blurred vision.
- Pain or burning when you urinate.

### **Desmopressin.**

What is it? Desmopressin is the most popular medicine used to treat bedwetting. A dose is given just before bedtime. It comes in two tablet forms:

- A tablet which is swallowed.
- A melt tablet which is put under the tongue to dissolve.

Desmopressin works by reducing the amount of urine produced in the body at night by the kidneys. This means that the bladder then fills with less urine during the night.

Possible side effects.

The most serious possible side effect is due to the way the medicine works. It reduces the amount of urine that is made. Very rarely this can lead to fluid overload which can lead to convulsions and serious problems. It has to be stressed that this is extremely rare and unlikely to happen. However, it is advised that when your child takes Desmopressin they should:

- Not drink too much in the evening. Normal amounts to ease thirst are fine but not extra drinks for pleasure.
- Not drink more than one cup of water from one hour before taking Desmopressin to eight hours afterwards.

### **Enalapril.**

What is it for? Enalapril tablets belong to a group of medicines known as ACE inhibitors. (A drug that is used to lower blood pressure). These medicines work by widening your blood vessels to make it easier for the heart to pump blood through them to all parts of your body.

Possible side effects.

- Headache.
- Depression.
- Blurred vision.
- Dizziness.
- Fainting.
- Chest pain.
- Irregular heartbeat.
- Cough.
- Shortness of breath.
- Nausea.
- Diarrhoea.

### **Epilim.**

What is it for? Epilim contains Sodium Valporate. It belongs to a group of medicines called anti-convulsant or anti-epileptic agents. It works by helping the brain to calm down. Epilim is used to treat epilepsy in adults and children. Epilim should be taken with or after food. This will help to stop the feeling of sickness which may happen after taking Epilim.

Possible side effects.

- Nausea, stomach ache and diarrhoea.
- Fainting.
- Hearing loss.
- Skin rashes and acne.
- Temporary hair loss.
- Changes in women's periods.
- Increased hair growth in women.

- Breast enlargement in men.
- Swelling of the legs and feet.
- Bedwetting or increased need to pass urine.
- Headache.
- Aggression, agitation, disturbance in attention.
- Abnormal behaviour, restlessness.
- Tingling in the hands and feet.

**More serious side effects.**

**If you experience any of the following you must tell your Doctor straight away.**

- Allergic reaction: joint pain, fever, difficulty in swallowing, swelling of lips and throat.
- Frequent vomiting, extreme lethargy (feeling sleepy).
- Severe abdominal pain.
- Skin rash or skin lesions with a pale centre and pink outer ring.
- Blistering or bleeding of the skin.
- Bruising or bleeding for no reason.

**Ethinylestradiol.**

What is it? Ethinylestradiol is a man-made form of the naturally occurring female hormone called Oestrogen. It is used to supplement or replace the body's natural Oestrogen.

Possible side effects.

- Nausea and vomiting.
- Headache.
- Dry eyes.
- Stomach cramps.
- Breast tenderness.
- Mood changes.
- Leg cramps.
- Fluid retention.
- Weight changes
- Sudden chest pain.
- Sudden shortness of breath.
- Swelling or pain in a leg.
- An unusually severe headache.
- Jaundice.

**Equasym XL capsules.**

Equasym capsules contain the active ingredient Methylphenidate hydrochloride, which is a type of stimulant. It is used to treat attention deficit hyperactivity disorder (ADHD) in children. Equasym XL capsules are a modified release form of Methylphenidate. The capsules are designed to release 30% of the methylphenidate immediately, giving an initial dose of medicine for the morning. The remaining 70% is released gradually through the afternoon. This means that the capsules provide enough medicine to cover the school day.

Possible side effects.

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Nervousness</li> <li>• Difficulty in sleeping</li> <li>• Decreased appetite</li> <li>• Headache</li> <li>• Drowsiness.</li> <li>• Dizziness</li> </ul> | <ul style="list-style-type: none"> <li>• Abdominal pain.</li> <li>• Nausea and vomiting</li> <li>• Dry mouth</li> <li>• Increased heart rate</li> <li>• Skin rash or itching</li> <li>• Irritability</li> </ul> |
|---|---|

**Fluoxetine.**

What is it for? Fluoxetine is from a group of anti-depressant medications known as serotonin re-uptake inhibitors. It is only available on a doctor's prescription.

Fluoxetine is mainly used in adults to treat severe emotional problems that interfere with normal life. These problems can include severe forms of depression, anxiety and obsessive-compulsive disorder.

It is occasionally used in children with severe emotional problems.

Possible side effects.

- Stomach upsets.
- Increased agitation.

- Restlessness
- Insomnia
- Headaches
- Weight gain or weight loss.
- Thoughts of wanting to die.
- Wanting to self-harm.

Children and adolescents with emotional problems often have these symptoms before taking antidepressants. However, these symptoms get worst, particularly in the first couple of months after the antidepressant is started, when doses are increased or if the medication is suddenly stopped.

### **Ferrous sulphate.**

What is it for?

Ferrous sulphates belong to a group of medicines called iron supplements. These work by replacing body iron. Iron is a mineral that the body needs to produce red blood cells. When the body does not get enough iron, it cannot produce the number of normal red blood cells needed to keep you in good health.

#### Possible side effects.

- Constipation.
- Diarrhoea.
- Stomach pain.
- Feeling sick.
- Blackened stools.

### **Lamotrigine.**

What is it?

Lamotrigine is used to treat epilepsy. People with epilepsy are prone to having periods of uncontrolled electrical activity in the brain. These periods of uncontrolled electrical activity may lead to seizures. Lamotrigine helps to control electrical activity in the brain. This reduces the chances of having seizures.

#### Possible side effects.

- skin rash.
- Fever.
- aggressive behaviour
- diarrhoea
- difficulty sleeping
- feeling dizzy
- feeling irritable
- nausea
- sleepiness
- tiredness
- tremors
- vomiting

### **Loratadine.**

What is it for? Loratadine is an anti-histamine that reduces the effects of the natural chemical histamine in the body. Histamine can produce symptoms of sneezing, itching, watery eyes and runny nose.

Loratadine is often used by people who are experiencing the symptoms of hay fever.

#### Possible side effects.

- Headache.
- Feeling tired or drowsy.
- Stomach pain.
- Vomiting.
- Dry mouth.
- Feeling nervous or hyperactive.
- Fast or uneven heart rate.
- Severe headache.
- Feeling light headed or passing out.

## **Lymecycline.**

What is it? Lymecycline is a medicine which is used in treating acne and certain types of bacterial infections.

This medicine has to be taken for at least eight weeks to treat acne. Do not take at the same time as taking antacids.

### Possible side effects.

- Diarrhoea.
- Nausea
- Vomiting.
- Stomach ache.

## **Magnesium Oxide**

What is it for? Magnesium is an element your body needs to function normally. Magnesium oxide may be used for different reasons. Some people use it as an antacid to relieve heartburn or acid indigestion. Magnesium oxide is also used as a dietary supplement when the amount of magnesium in the diet is not enough.

### Possible side effects.

- Cramps.
- Diarrhoea
- rash or hives
- itching
- dizziness or light-headedness
- mood or mental changes
- unusual tiredness
- weakness
- nausea
- vomiting

## **Medikinet.**

What is it for? Medikinet contains the active ingredient Methylphenidate hydrochloride which is a type of stimulant used to treat attention deficit hyperactivity disorder (ADHD).

Methylphenidate works by affecting some of the natural chemicals that are found in the brain. In particular it increases the activity of the chemicals called Dopamine and Noradrenaline in areas of the brain that play a part in controlling attention and behaviour.

### Possible side effects.

Very common (affects more than 1 in 10 people)

- Nervousness.
- Difficulty in sleeping.
- Headache.

Common. (Affects more than 1 in 100 people)

- Decreased appetite.
- Reduced weight.
- Increased blood pressure.
- Increased heart rate.
- Emotional highs and lows.
- Depression.
- Irritability.
- Aggression and agitation.
- Anxiety.
- Dizziness and drowsiness.
- Movement disorders.
- Dry mouth.
- Skin reactions.
- Hair loss.
- Pain in joints.

Uncommon. More than 1 in a 1000 people)

- Psychotic disorders.
- Hallucinations.
- Suicidal thoughts.
- Chest pain.
- Double or blurred vision.
- Constipation.
- Shortness of breath.
- Fatigue.
- Blood in the urine.

## **Melatonin.**

What is it for?

Melatonin is a natural hormone made by your body. It is produced from a small gland in the brain. At night time, when the sun goes down and it becomes dark, the gland starts to produce Melatonin which is released into the blood, making us sleepy.

Melatonin is used to boost the natural levels in people who are having difficulty in sleeping.

How to take melatonin.

Take the advised dose at bedtime or when you are getting ready to sleep. It is important that you try to develop a good bedtime routine and your bedroom is fairly dark so that your body knows it is night time.

Possible side effects.

Common (more than 1 in 100 people)

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Back pain.</li><li>• Headaches.</li></ul> | <ul style="list-style-type: none"><li>• Inflammation of the nose and throat.</li><li>• Joint pain.</li></ul> |
|---|--|

Uncommon (More than 1 in 1000 people)

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Chest pain.</li><li>• Difficulty sleeping.</li><li>• Dry mouth.</li></ul> | <ul style="list-style-type: none"><li>• Feeling anxious.</li><li>• Feeling dizzy. Indigestion.</li><li>• Lethargy.</li></ul> |
|---|--|

**Movicol**

Movicol (Mov-ik-ol) is a medicine which is used in constipation and faecal impaction. Movicol contains macrogol 3350/potassium chloride/sodium bicarbonate/sodium chloride.

Side-effects

Very common: More than 1 in 10 people who take Movicol

- anal discomfort
- borborygmi
- diarrhoea
- distension of the stomach
- stomach pain

**Omeprazole**

What is it for? Omeprazole decreases the amount of acid produced in the stomach. It is often given with other medications that can irritate the stomach lining. Do not give omeprazole to a child younger than 1 year old without the advice of a doctor.

Possible side effects.

Common side effects may include:

- stomach pain, gas;
- nausea, vomiting, diarrhoea; or
- headache.
- severe stomach pain, diarrhoea that is watery or bloody;
- seizure (convulsions);
- kidney problems--urinating more or less than usual, blood in your urine, swelling, rapid weight gain; or
- symptoms of low magnesium--dizziness, confusion; fast or uneven heart rate; tremors (shaking) or jerking muscle movements; feeling jittery; muscle cramps, muscle spasms in your hands and feet; cough or choking feeling.

**Prednisolone.**

What is it for? Prednisolone belongs to a group of medicines called steroids. Their full name is corticosteroids. These occur naturally in the body and help maintain health and well-being. Boosting your body with extra corticosteroid is an effective way to treat various illnesses involving inflammation in the body.

Prednisolone reduces this inflammation which could otherwise go on making your condition worse. You must take this medicine regularly to get the maximum benefit from it. If you stop taking Prednisolone suddenly you may develop joint or muscle pain, conjunctivitis, fever, weight loss, painful itchy skin or a runny nose. Your Doctor will advise you on how and when to stop taking the tablets.

Possible side effects.

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Increased appetite.</li><li>• Indigestion.</li><li>• Feeling full or bloated.</li><li>• Sore throat</li><li>• Oral thrush.</li></ul> | <ul style="list-style-type: none"><li>• Nausea</li><li>• Weight gain</li><li>• Stomach ulcers.</li><li>• Weakness and tiredness</li><li>• Headache</li></ul> |
|--|--|

- Irritability
- Unusual bruising
- Red skin
- Filling or rounding of the face

- Irregular periods
- Increase in hair growth.
- Muscle weakness

**Ritalin.** (This is a controlled drug)

What is it? Ritalin is used in the treatment of A.D.H.D (Attention Deficit Hyperactivity Disorder) and A.D.D (Attention Deficit Disorder). It specifically improves concentration, memory and the control of frustration and anger. Ritalin starts to work in 15-20 minutes and will last about 3 to 4 hours. The dosage is usually repeated every 3-4 hours in order to maintain a positive effect throughout the day.

Possible side effects.

- Suppressed appetite.
- Mild sleep disturbances.
- Weight loss.
- Irritability.

**Roaccutane**

What is it for? Roaccutane is used to treat acne. Roaccutane works by suppressing the activity of the sebaceous glands in the skin. It reduces the amount of oil produced by these glands. Roaccutane is given to people when their previous treatments for acne have not worked.

Possible side effects.

- Dry skin, especially of the face and lips. Use a moisturiser and lip balm.
- Redness of the skin.
- Raised liver enzymes in the blood. Regular blood tests required.
- High cholesterol.
- Worsening acne.
- Increased body hair

Rare side effects.

- Hair loss.
- Mental health problems, including depression and aggression.
- Thoughts of self-harm and suicide.

**Strattera (Atomoxetine)**

What is it used for? It is a non-stimulant medicine used to treat attention deficit hyperactive disorder (ADHD) It works in the brain where it increases the level of a natural chemical called Noradrenaline. Noradrenaline is considered to play an important role in regulating attention, impulsiveness and activity levels.

Main side effects.

- Depression.
- Jaundice.
- Possible side effects.
- Upset stomach.
- Decreased appetite and weight loss.
- Abdominal pain.
- Nausea and vomiting.
- Constipation.
- Fatigue.
- Cold or flu symptoms.
- Waking early.
- Irritability and mood swings.
- Dizziness.
- Skin reactions.
- Palpitations.
- Increased heart rate

**Tegretol (Carbamazepine)**

What is it? Tegretol is an anti-convulsant medicine used to prevent seizures. Tegretol works by decreasing nerve impulses that cause seizures and pain.

Side effects.

- Tegretol does not usually cause problems but like all medicines it can have some side effects.
- See your Doctor if you experience any of the following:
  - Fever, skin rash and joint pain.
  - Abdominal pain.
  - Swelling of ankles
  - Rash and red skin.
  - Sore throat.



- Mouth ulcers.

### **Telfast.**

What is it for? Telfast tablets contain an active ingredient called "fexofenadine". It is one of a group of medicines called antihistamines. Telfast is used to relieve the symptoms of hay fever (seasonal allergic rhinitis) such as sneezing, itchy, watery or red eyes, and itchy, blocked or runny nose. Telfast works by blocking the action of histamine which causes these unwanted effects. Telfast is a non-sedating antihistamine which means it has been shown not to make you drowsy or slow down your reactions.

All medicines can cause side effects. Although most people will not experience any, some of the side effects that may occur are:

- headache
- tiredness
- nausea
- indigestion
- dizziness
- drowsiness

### **Terbinifine 250mgs.**

What is it? Terbinafine is an antifungal medicine used to treat fungal skin and nail infections.

#### Possible side effects.

- Common (occur in less than 1 in 10 people)
- Loss of appetite.
- Mild stomach ache.
- Feeling sick, bloated or full.
- Rash or reddening of the skin with itching.
- Headache.
- Tiredness.
- Joint or muscle pain.
- Altered loss or taste loss.
- Dizziness, numbness and tingling.
- Reduced sense of touch.

### **Tranexamic Acid.**

What is it for? Tranexamic acid is part of a group of medicines called anti-fibrinolytic drugs. These are used to stop or reduce unwanted bleeding. When you bleed your body forms clots to stop the bleeding. In some people these break down causing too much bleeding. Tranexamic acid stops these clots dissolving and so reduces unwanted bleeding.

#### Possible side effects.

- Itchy, red or swollen skin.
- A blood clot in your blood vessels (thrombosis)
- Problems with your eyesight, especially your colour vision.
- Blood clot in the eye.
- Swelling of eyes, lips, tongue, face.
- Chest pain or tightness.
- Dizziness and sudden collapse.
- Convulsions.
- Nausea and vomiting
- Diarrhoea

### **Ventolin Inhaler.**

What is it? Ventolin is a medicine which is used in asthma and bronchospasm. Ventolin contains Salbutamol. In breathing disorders, Ventolin works by relaxing the muscles in the air passages of the lungs. It helps to keep the airways open, making it easier to breathe.

#### Common side effects.

- Headache and dizziness.
- Nervousness.
- Fast and pounding heartbeat.
- Insomnia.
- Cough and dry mouth.
- Muscle pain.
- Diarrhoea.

### **Clenil Modulate Inhaler.**

What is Clenil Modulate inhaler?

Clenil Modulate is used to prevent the symptoms of asthma. The active ingredient is a steroid which will help to reduce the swelling and irritation in the walls of the small air passages in the lungs in order to ease breathing.

#### Possible side effects.

- Skin rashes,
- Hives.
- Itching.
- Thrush in the mouth and throat.
- Sore throat or tongue.



# LANESEND PRIMARY SCHOOL



## F2 – COMMUNICABLE DISEASE CONTROL (EXCLUSION PERIODS) NATIONAL GUIDELINES

### Rashes and skin infections

Children with rashes should be considered infectious and assessed by their doctor.

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per " <u>Green Book</u> ")	Preventable by immunisation (MMR x2 doses). <i>See: Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child

Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

### Diarrhoea and vomiting illness

<b>Infection or complaint</b>	<b>Recommended period to be kept away from school, nursery or childminders</b>	<b>Comments</b>
Diarrhoea and/or vomiting	24 hours from last episode of diarrhoea or vomiting	School accepts one day from last episode.
<i>E. coli</i> O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

## Respiratory infections

<b>Infection or complaint</b>	<b>Recommended period to be kept away from school, nursery or childminders</b>	<b>Comments</b>
Flu (influenza)	Until recovered	<i>See: Vulnerable Children</i>
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary

## Other infections

<b>Infection or complaint</b>	<b>Recommended period to be kept away from school, nursery or child minders</b>	<b>Comments</b>
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis, A, your local PHE centre will advise on control measures

Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills see: <i>Good Hygiene Practice</i>
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

\* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.

Outbreaks: if an outbreak of infectious disease is suspected, please contact your local PHE centre



# LANESEND PRIMARY SCHOOL



## G – ADHD OBSERVATION TEMPLATE MONITORING FORM

Name of Child: \_\_\_\_\_

Year: \_\_\_\_\_ Class: \_\_\_\_\_

**Please record a number on a scale of 1 to 5 next to each section for each lesson/session.**

1 = excellent.

2 = good.

3 = average.

4 = poor.

5 = very poor.

Main effects seen in behaviour	Morning	Afternoon
Attention to task		
Listening to instruction		
Finishing assigned work		
Cooperation		
Organisation		
Calm (Not restless & fidgety)		
Appropriate talking i.e. Not interrupting		
Peer interaction		
Self-controlled		

### Comments:

This form was completed by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Sign: \_\_\_\_\_

This information will be shared with: \_\_\_\_\_



# LANESEND PRIMARY SCHOOL



## **H – STAFF TRAINING INDUCTION RECORD – ADMINISTRATION OF MEDICINES**

Copy of this form to be given to the School development Manager and Named Person.

Name of School	
Name	
Training received/ communication delivery	
Date of training/ communication completed	
Training/ communication provided by	
Role, title and signature	

I confirm that (name of member of staff) \_\_\_\_\_ has received the training/ communication detailed above.

Suggested review date: \_\_\_\_\_

**I can confirm that I have received the training/ communication detailed above.**

Staff signature: \_\_\_\_\_ Print: \_\_\_\_\_

Date: \_\_\_\_\_





# LANESEND PRIMARY SCHOOL



## I - CONTACTING EMERGENCY SERVICES

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

Speak clearly and slowly and be ready to repeat information if asked.

1. The school's telephone number: 01983 293 233
2. Your name:
3. Your location: Lanesend Primary School, Love Lane, Cowes, Isle of Wight, PO31 7ES
4. Provide the exact location of the patient within the school
5. Provide the name of the child and a brief description of their symptoms
6. Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient
7. Ask available staff to open relevant gates for entry
8. Ask available staff to copy and/or provide details of relevant medical information to share with the ambulance team including as relevant to the situation – the current parental consent form, child health and risk assessment, medication needs and details of administered medication.
9. Contact the families to inform them of the situation
10. A member of staff should stay with the child until the parent/carer arrives.
11. If a parent/carer does not arrive before the child is transported to hospital, two members of staff should accompany the child in the ambulance and stay with them until they are accompanied by a member of their family – ideally members of staff will be familiar to the child.

**J - SAMPLE LETTER INVITING FAMILIES TO CONTRIBUTE  
TO HEALTH AND RISK ASSESSMENT**



Dear (enter name of family member)

[WWW.LANESENDPRIMARY.IK.ORG](http://WWW.LANESENDPRIMARY.IK.ORG)

**RE: Your child's Individual Health and Risk Assessment**

An Individual Health and Risk Assessments has been developed for your child based on **one or more** of the following reasons:

- A Medical Condition where your child is medicated in school e.g. Asthma, Diabetes, regular controlled medication, etc
- A Medical Condition which potentially could cause significant harm to your child e.g. Asthma, Febrile Convulsions, Food allergies etc
- A Diagnosis of ADHD
- A Diagnosis of Autism Spectrum Disorder
- Significant Behavioural Difficulties causing risk to your child or others
- Physical challenges including mobility issues or coordination difficulties

A copy of the relevant school policies can be found on our school website.

Health and Risk assessments are developed in partnership between school, families & children. If required, we may contact relevant health care professionals who can advise on your child's condition. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Enclosed is your copy of your child's current Individual Health and Risk Assessment.

**Please note that Individual Health and Risk assessments are reviewed in school three times a year – once every full term. It is the responsibility of families to update Chloe Johnson, AEN Assistant with any changes to their child's care including a change in diagnosis and/or change in medication.**

**Please report any changes to your child's diagnosis, control measures, medication or Individual Health and Risk Assessment in writing to Chloe Johnson, AEN Assistant at the earliest opportunity.**

Yours sincerely

**Chloe Johnson  
AEN Assistant  
Lanesend Primary School**

## K - Departmental guidance and advice:

- [Special educational needs and disability code of practice 0 to 25](#)
- [The early years foundation stage](#) - sets out specific requirements on early years settings in managing medicines for children under 5 years of age
- [Working together to safeguard children](#) - statutory guidance on inter-agency working
- [Safeguarding children: keeping children safe in education](#) - statutory guidance for schools and colleges
- [Ensuring a good education for children who cannot attend school because of health needs](#) - statutory guidance for local authorities
- [Drug advice for schools](#) - published by DfE/Association of Chief Police Officers, this document provides advice on controlled drugs
- [Home to school transport](#) - statutory guidance for local authorities
- [Equality Act 2010: advice for schools](#) - to help schools understand how the Act affects them
- [School Admissions Code 2012](#) - statutory guidance that schools must follow when carrying out duties relating to school admissions
- [Health and safety](#) - advice for schools covering activities that take place on or off school premises, including school trips
- [Alternative provision](#) - statutory guidance for local authorities and headteachers and governing bodies of all educational settings providing alternative provision
- [First aid](#) - departmental advice on first aid provision in schools
- [Automated external defibrillators \(AEDs\)](#) - how schools can buy, install and maintain an automated external defibrillator
- [School exclusion](#) - statutory guidance for maintained schools, academies and child referral units (PRUs)
- [School premises](#) - departmental advice to help schools and local authorities understand their obligations in relation to the School Premises Regulations 2012
- [Mental health and behaviour in schools](#) - departmental advice to help schools identify and support those children whose behaviour suggests they may have unmet mental health needs
- [Department for Education](#) - contact details

## 2. Associated resources and organisations - wider government

- [NHS Choices](#) - provides an A to Z of health conditions and medicines
- [Managing children with health care needs: delegation of clinical procedures, training and accountability issues](#) - published by the Royal College of Nursing in 2008, this document highlights the clinical procedures which could be safely taught and delegated to unregistered health and non-health qualified staff
- [Getting it right for children, young people and families](#) - provides information on the Department of Health vision for the role of the school nurse
- [The NHS Information Prescription Service](#) - part of NHS Choices, this service provides personalised information on health conditions that families may wish to share with schools
- [Health and Safety Executive](#) - this website covers schools (state-funded and independent), further education establishments and higher education institutions.
- [School trips and outdoor learning activities: dealing with the health and safety myths](#) - provides information for managers and staff in local authorities and schools
- [Standards for medicines management \(2010\)](#) - produced by the Nursing and Midwifery Council this document sets standards for nurses, including over delegation of the administration of medicinal products
- [Healthy child programme 5 to 19](#) - this good practice guidance sets out the recommended framework of universal and progressive services for children and young people to promote health and wellbeing

- [Directors of children's services: roles and responsibilities](#) - statutory guidance for local authorities with responsibility for education and children's social services functions
- [Commissioning regional and local HIV sexual and reproductive health services](#) - guidance for commissioners of HIV, sexual and reproductive health services: includes prevention, treatment, information, advice and support
- [Protocol for emergency asthma inhalers in schools](#)
- [Department of Health](#) - contact details

### 3. Associated resources and organisations - external

- [Advice about emergency healthcare plans](#)
- [The School and Public Health Nurses Association \(SAPHNA\)](#) is dedicated to the health of children and young people in their communities
- [HeadMeds](#) - provides information about mental health medication for young people and to answer the difficult questions that young people may have about their medication but may not feel comfortable asking an adult or professional about
- [Medical conditions at school partnership](#) - includes an example school policy, a form for a healthcare plan, other forms for record keeping, and information on specific health conditions
- [The Council for Disabled Children \(2014\)](#) has published 2 practical handbooks to help local authorities, schools, early years settings and health providers develop policies and procedures to ensure that children with complex health and behavioural needs can access education, healthcare and childcare:
  - [Dignity and Inclusion: making it work for children with complex health care needs](#)
  - [Dignity and Inclusion: making it work for children with behaviour that challenges](#)
- [The Health Education Trust \(HET\)](#) - promotes the development of health education for young people
- [Mencap](#) provides support to people with learning disabilities, their families and carers
- [Contact a Family](#) provides support to the families of disabled children whatever their condition or disability
- [UNISON](#) - offers advice, support and help for school support staff at work, as well as providing training opportunities and welfare services
- [Medicines for Children](#) provides information about a wide range of medicines prescribed to children. It is run by the Royal College of Paediatrics and Child Health (RCPCH), the Neonatal and Paediatric Pharmacists Group (NPPG) and WellChild

### 4. Associated resources and organisations - medical conditions

- [Diabetes UK](#) – supports and campaigns for those affected by or at risk of diabetes
- [Children's Heart Federation](#) - a children's heart charity dedicated to helping children with congenital or acquired heart disease and their families in Great Britain and Northern Ireland
- [Education and Resources for Improving Childhood Continence \(ERIC\)](#) supports children with bladder and bowel problems and campaigns for better childhood continence care
- [Anaphylaxis Campaign](#) - supports people at risk from severe allergic reactions (anaphylaxis)
- [British Heart Foundation](#) - supporting those suffering from heart conditions
- [Little Hearts Matter](#) - offers support and information to children, and their families, with complex, non-correctable congenital heart conditions
- [CLIC Sargent](#) - a cancer charity for children and young people, and their families, which provides clinical, practical and emotional support to help them cope with cancer
- [Sickle cell and Young Stroke Survivors](#) - supports children and young people who have suffered a stroke or at risk of stroke as a result of sickle cell anaemia
- [Coeliac UK](#) - supports those with coeliac disease for which the only treatment is a gluten-free diet for life. The Coeliac UK website offers guidance and advice to everyone involved with supporting a child with coeliac disease in school, including training and tips for caterers as well as families

- [The Association of Young People with ME](#) - supports and informs children and young people with ME (myalgic encephalomyelitis)/CFS (chronic fatigue syndrome), as well as their families, and professionals in health, education and social care
- [The Migraine Trust](#) - a health and medical research charity which supports people living with migraine
- [Migraine Action](#) - an advisory and support charity for children and adults with migraine and their families
- [Stroke Association](#) - supports families and young people affected by stroke in childhood
- [Young Epilepsy](#) - supports young people with epilepsy and associated conditions
- [Asthma UK](#) - supports the health and wellbeing of those affected by asthma
- [Epilepsy Action](#) - seeks to improve the lives of everyone affected by epilepsy
- [East of England Children and Young People Diabetes Network](#) - provide diabetes guidelines for schools, colleges and early years settings



## LANESEND PRIMARY SCHOOL



### L – RECORD OF CONTACT SEEKING CONSENT TO ADMINISTER NON-CONTROLLED/ NON-PRESCRIBED MEDICATION (Occasional Calpol or Piriton Use)

A call must be made to the family if form C “Family Request for Medicine to be administered in School” is NOT completed.

Please note, the child will be ALWAYS be administered the LOWER DOSE medication relevant to their age. For example, if the child is 6 years old, they will be administered the infant calpol which is for 4-6 year-olds as opposed to the 6+ calpol which is 6-8 years old.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Year: \_\_\_\_\_ Class: \_\_\_\_\_

Date and time of telephone call: \_\_\_\_\_ Call made by (staff name): \_\_\_\_\_

Call made to (name of adult contact **with Parental Responsibility** for the child): \_\_\_\_\_

Reason for call (detail child ailment): \_\_\_\_\_

Record discussion details including administration of medication (if applicable) in support of the ailment (record medication required): \_\_\_\_\_

#### Questions asked and responses given:

1. Is this the first time that your child has had this medication? (Please circle) YES / NO

If YES: the medication cannot be administered in school. The parent will be given the option to come into school and administer the medication.

If NO: continue with questions below.

2. When was the last time they took the medication? \_\_\_\_\_

3. What dosage was administered? \_\_\_\_\_

4. Does the child have any known allergy or health condition that would impact on the safe administration of the medication? (Record response): \_\_\_\_\_

#### Outcome:

Can (name of medication) \_\_\_\_\_ be administered? (Please circle) YES / NO

Dose to be administered? \_\_\_\_\_ *(Please note you should administer the lowest dose available for the child in relation to their age)*

Infant Calpol/Paracetamol (Or non-branded equivalent)

6+ Calpol/Paracetamol (Or non-branded equivalent)

Piriton/Anti-histamine (Or non-branded equivalent)

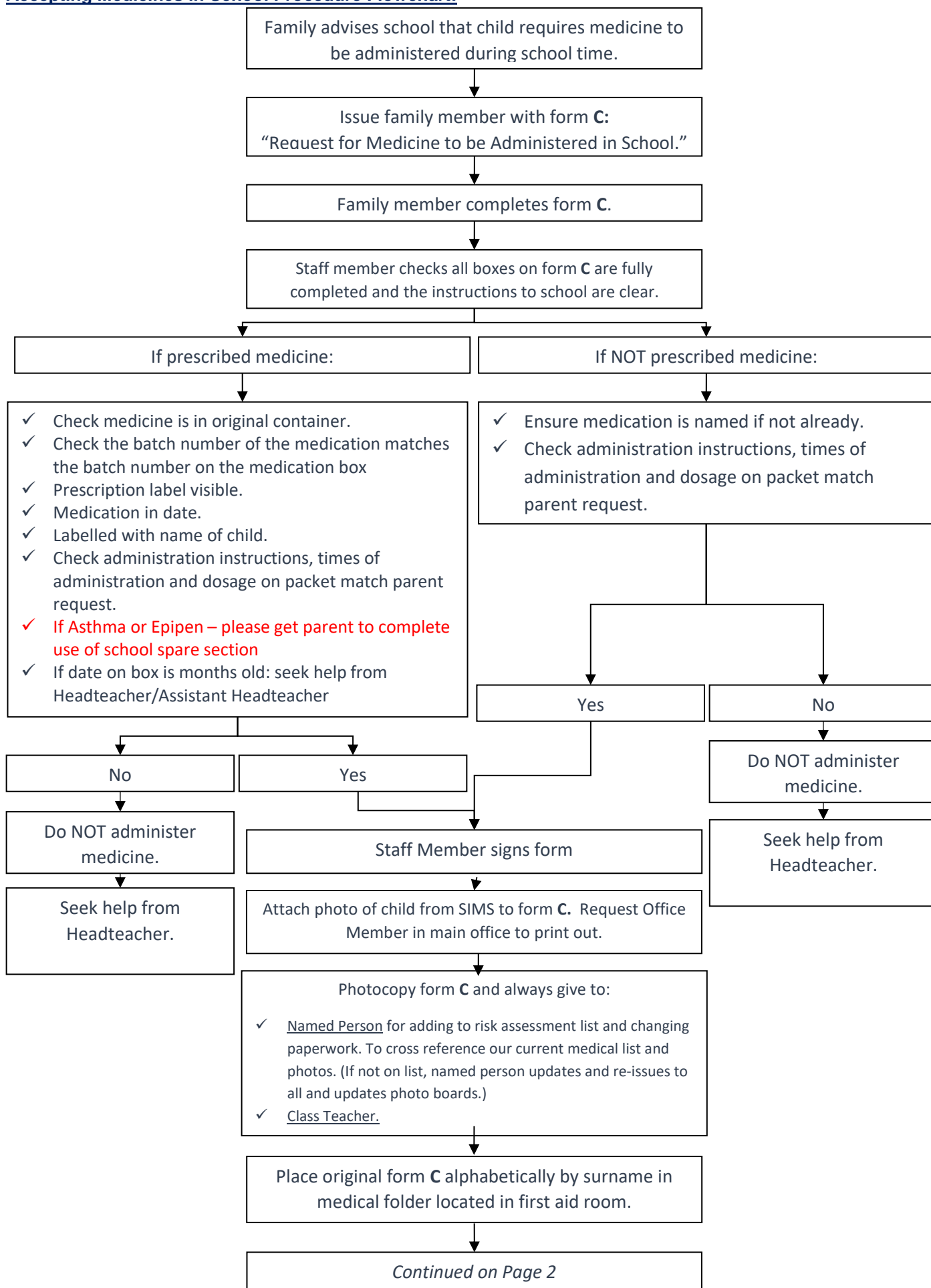
Other Medication

Staff Signature (making phone call): \_\_\_\_\_

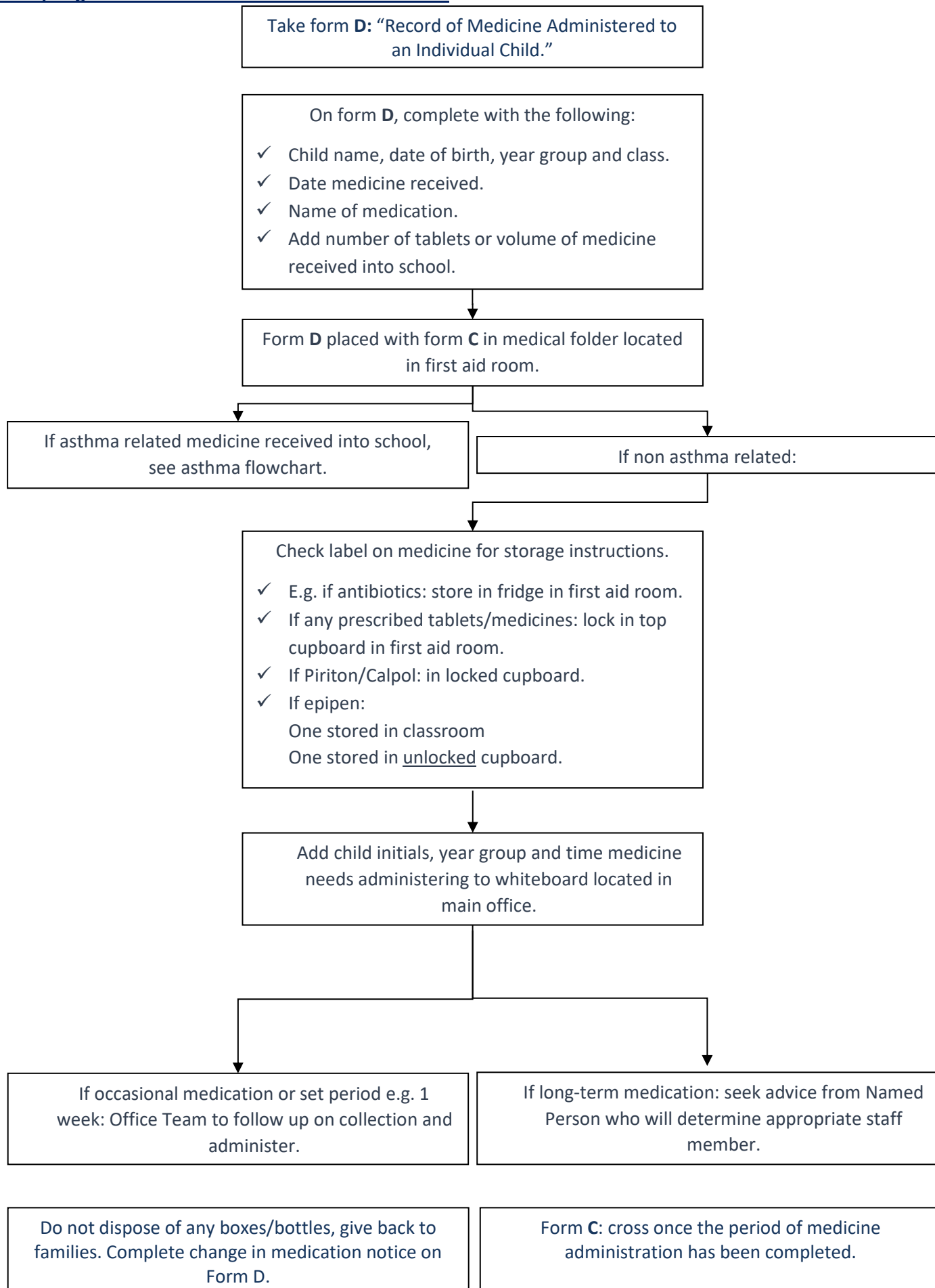
Staff Signature (confirming conversation): \_\_\_\_\_

**ON COMPLETION, THIS FORM MUST BE ATTACHED TO FORM D “RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD” IN THE MEDICAL FOLDER. A copy of the form must be sent home with the child and the original placed in the administration of medicine files by the staff member completing this form.**

## Accepting Medicines in School Procedure Flowchart:

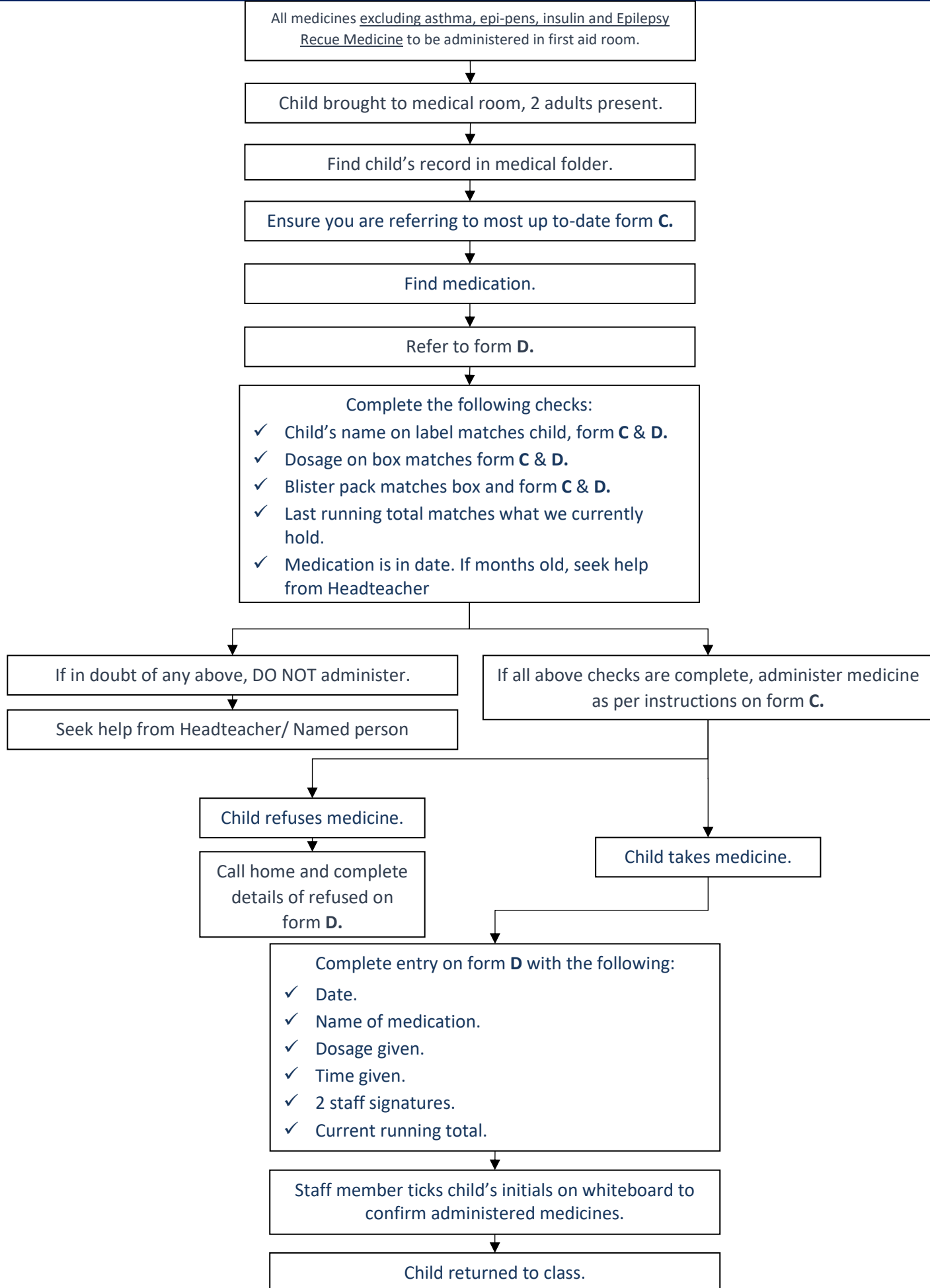


## Accepting Medicines in School Procedure Flowchart

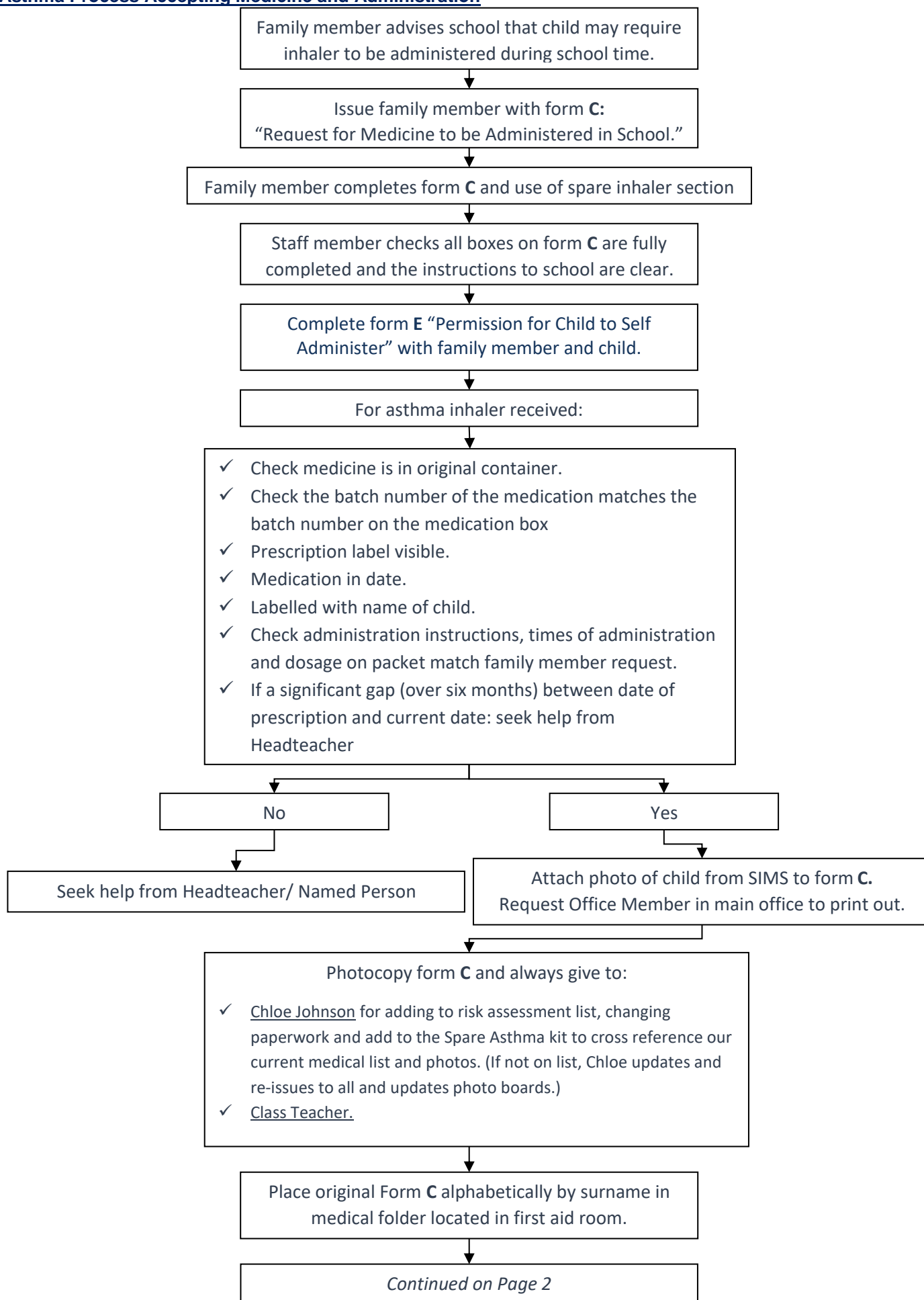




## Administering Medication Procedure Flowchart (Excluding Asthma, Epi-Pens, Insulin and Epilepsy Rescue Meds)



## Asthma Process Accepting Medicine and Administration



## Asthma Process Accepting Medicine and Administering of

Take form **D**: "Record of Medicine Administered to an Individual Child."

On form **D**, complete with the following:

- ✓ Child name, date of birth, year group and class.
- ✓ Date medicine received.
- ✓ Name of medication.
- ✓ Copy Form D and give to Chloe Johnson with medication

Chloe Johnson will make up pack for classroom in named zip wallet:

- ✓ Copy of form **C**
  - ✓ Original form **D**
  - ✓ Original form **E**
  - ✓ Inhaler
  - ✓ Spacer (if applicable)
- into plastic folder*      *place all in zip wallet*

Deliver plastic wallet to classroom:

- See teacher and teaching assistants.
- Place asthma pack on top shelf of teacher cupboard in classroom.

### ADMINISTERING OF INHALERS

Any child who requires their inhaler will find it in classroom cupboard

Supervise/ administer inhaler as per instructions in asthma pack.

Record any usage of inhaler on form D in asthma pack (to adults)

Must advise family daily if inhaler used and record communication on form D. If family member did not collect, a call home to be made and record of communication written on form D.

If child becomes unwell with asthma symptoms away from their own classroom carry out the following:

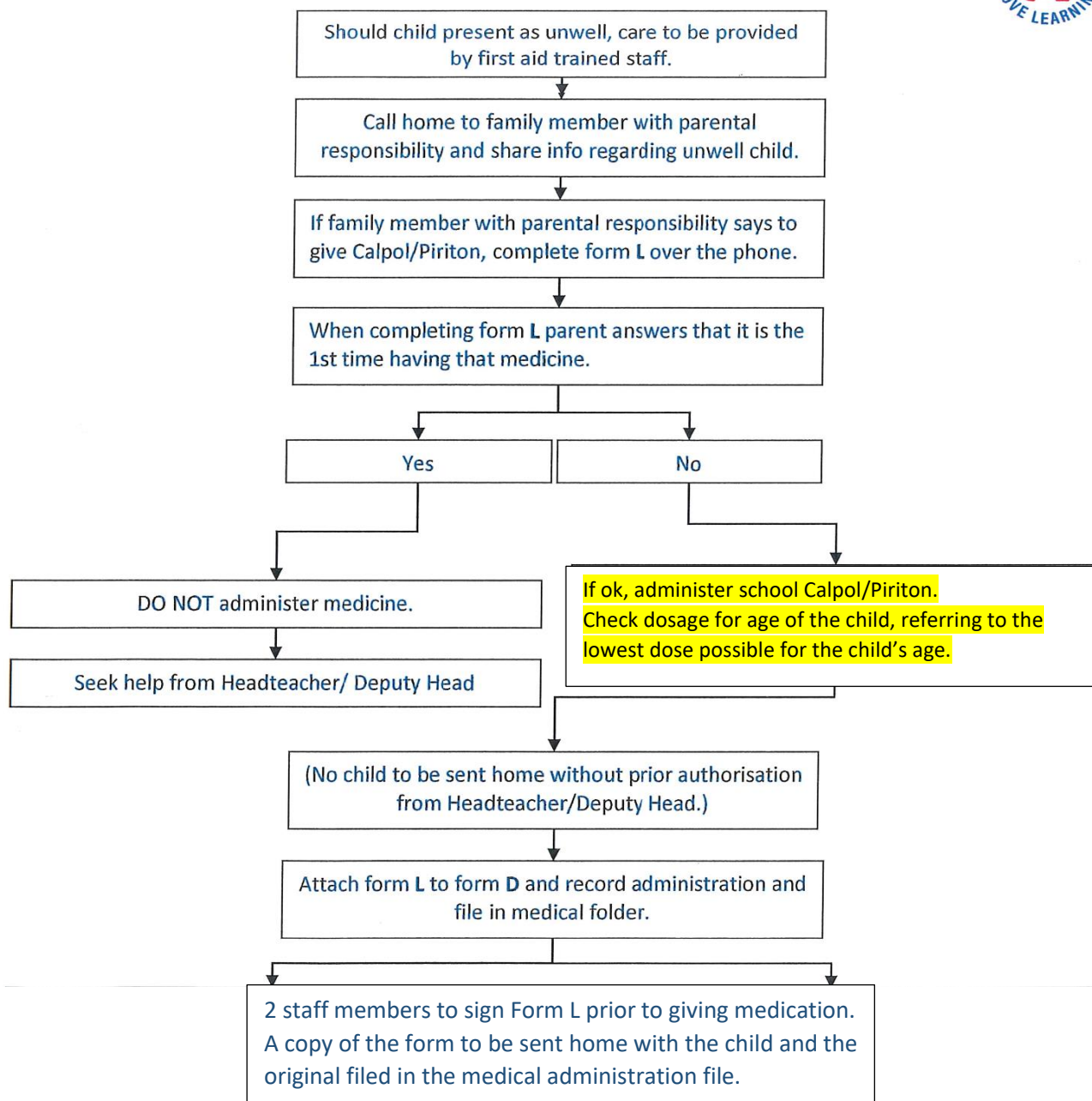
- One adult stays with child
- One to classroom to classroom to grab their asthma pack and return to child.
- Administering inhaler as per instructions in pack (check when inhaler last taken). If pack unavailable, broken inhaler or expired refer to Flow chart for administering spare asthma inhaler
- If required call 111, family, 999 in appropriate order as per common sense approach to first aid.

Do not dispose of any boxes/bottles, give back to families. Complete change in medication notice on Form D.

Form **C**: cross once the period of medicine administration has been completed.

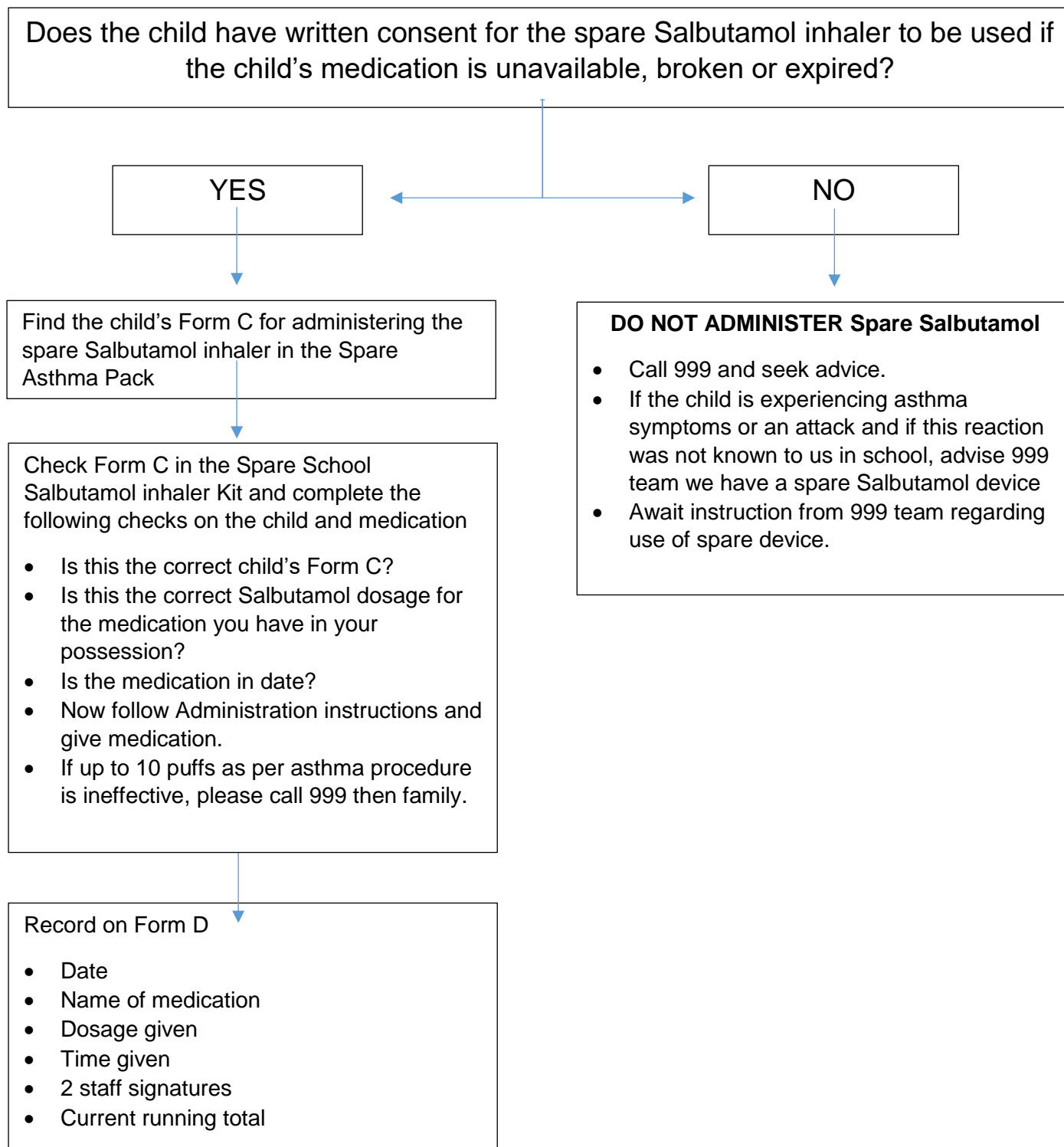
## Child Presents as Unwell in School Procedure Flowchart

### Child Presents as Unwell in School Procedure Flowchart



## **Request to use the school Spare Salbutamol Inhaler on a child experiencing Asthma attack or Asthma Symptoms when own Medication is unavailable**

A register of written consent can be found in the Asthma and Other Medical Document located in the Spare Salbutamol inhaler pack.



## Request to use the school Spare Adrenaline Auto Injector on a child experiencing Anaphylaxis when own Medication is unavailable

A register of written consent can be found in the Asthma and Other Medical Document located in the Spare AAI Pack.

**Always call an Ambulance in the event of Anaphylaxis**

